Purpose:
In 2012, despite a 3 year, multi-modal, interdepartmental effort to decrease indwelling urinary catheter associated urinary tract infections (CAUTIs), initial improvements threatened to erode without Nursing empowerment and ownership. The goal was to decrease CAUTIs by 50% over prior years.

Relevance/Significance:
Hospital acquired urinary tract infections account for approximately 30% of all hospital acquired infections with >75% associated with instrumentation of the urinary tract i.e. indwelling catheters. These infections can lead to complications such as prostatitis, cystitis, pyelonephritis, bacteremia, endocarditis, and meningitis. These complications are associated with discomfort to the patient, increased morbidity, mortality, prolonged length of hospital stay and increased cost.

Catheter associated urinary tract infections (CAUTI) account for approximately 40% of all hospital acquired infections and 18% to 25% of all hospital acquired bacteremia. With an indwelling catheter in place, the daily risk of developing a urinary tract infection ranges from 3% to 7%. The best way to prevent CAUTIs is to avoid catheterization or, if needed, to remove as early as possible.

Evaluation:
The data showed over the course of 24 months that a nurse driven indwelling urinary catheter discontinuation protocol was successful in decreasing the incidence of CAUTI with a concomitant reduction in Urinary Catheter Utilization.

Implications for Practice:
The empowerment of the clinical bedside nurse is pivotal to the success of this initiative. The implementation of a concurrent review process conducted by an RN enabled ongoing compliance and a process to monitor for the inevitable “drift” that occurs after time and changes in staff members.

Strategy and Implementation:
In 2012, the Study, Act methodology, a multi-disciplinary team researched criteria for insertion, maintenance and removal based upon recommendations from professional organizations (SHEA and Agency for Healthcare Research & Quality-AHRQ). A process flow was developed to guide the clinical RN in the needs assessment for an indwelling urinary catheter. The use of physician order sets including an order to remove the catheter within 48 hours of insertion empowered the RN to remove the catheter in a timely fashion. The success of implementation was monitored through concurrent review by a clinical RN which provided supportive “Just in Time” education for both the nursing and physician staff. After protocol implementation, the data was reviewed which revealed that a process flow for the use of bladder scanner to reduce catheter reinsertion would be beneficial. The focus on the RN to remove the catheter in a timely fashion. The success of the RN who removed the catheter was identified as a clinical priority in the organization's Performance Improvement plan, highlighting leadership commitment and support.

OUTCOMES

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c.  Anticipated prolonged duration of surgery (catheters should be removed in PACU);

Provision of evidence-based information and education to prevent CAUTIs is a National Patient Safety Goal (NPSG.07.06.01). The Joint Commission and Agency for Healthcare Research & Quality (AHRQ) recommend that daily bladder scanning be used to reduce the incidence of CAUTI (SHEA/IDSA Practice Recommendation: Strategies to prevent catheter-associated urinary tract infections in acute care hospitals). The process flow was piloted and evaluated to determine the impact on catheter utilization.

In 2012, the Pilot project was initiated at Northern Westchester Hospital in order to determine if the implementation of a protocol for bladder scanning and straight catheter use would be beneficial. The focus was to reduce the incidence of CAUTIs and to decrease catheter utilization.

The empowerment of the clinical bedside nurse is pivotal to the success of this initiative. The implementation of a concurrent review process conducted by an RN enabled ongoing compliance and a process to monitor for the inevitable “drift” that occurs after time and changes in staff members.

References:

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