Background: Urinary tract infections (UTIs) are the most common nosocomial infection, accounting for up to 40% of infections reported by acute care hospitals. Up to 50% of UTIs are associated with the presence of an indwelling urinary catheter. Twenty-five percent of patients and up to 80% of patients in an Intensive Care Unit (ICU) have a urinary catheter during hospitalization, often without an appropriate indication and care and maintenance of existing Foley catheters. Complications associated with Catheter-Associated Urinary Tract Infection (CAUTI) cause discomfort to the patient, prolonged hospital stay, and increased cost and mortality. It has been estimated that each year more than 13,000 deaths are associated with UTIs. In the fourth quarter of 2013, the Progressive Care Unit (PCU), Mayo Clinic, Jacksonville, had three CAUTIs, which is above the national benchmark.

Objectives: To eliminate CAUTI on the Progressive Care Unit.

Methods: The CAUTI Prevention Workgroup developed and implemented the following interventions:

a. Education to all staff involved in bedside patient care. The education involved a 1-hour presentation discussing the risk factors and complications of CAUTI, indications for insertion and continued use, and implementation of evidence-based practice to prevent CAUTI.

b. Developed and implemented use of CAUTI prevention form.

c. Created informational poster that supplemented the presentation.

d. Weekly audits by workgroup to monitor staff compliance with CAUTI prevention protocol and use of CAUTI prevention form.

Results: Measurement of the CAUTI rate in 2014 showed a zero rate for the entire year. With ongoing implementation, we have maintained a zero rate as reflected in our data from January to October, 2015. Our sample size for year 2013 was 540 Foley Days and the sample size for year 2014 was 1,520 Foley Days.

Conclusions: The CAUTI prevention project showed successful outcomes. The CAUTI prevention protocol is unique to the Progressive Care Unit and has been proven effective. Implementation of this protocol in other high-risk areas is highly recommended. We found a 95% compliance with the utilization of the CAUTI prevention form.

Weekly audits have been deemed necessary to ensure compliance of protocol. Given the large impact we achieved on our CAUTI rates, the protocol in other high-risk areas is highly recommended. We found a 95% compliance with the utilization of the CAUTI prevention form.