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PURPOSE

To address the Joint Commission National Patient Safety Goal of reducing CAUTIs within the hospital, with the ultimate goal of "Getting to ZERO"

RELEVANCE/ SIGNIFICANCE

- The presence of an indwelling urinary catheter places patients at increased risk for catheter-associated urinary tract infections
 - » 80% of hospital-acquired urinary tract infections are caused by the use of an indwelling urinary catheter (Clarke et al. 2013)
- CAUTIs:
 - » Most common healthcare-associated infection (Nicolle, 2014)
 - » Can cost an average of \$1,000 per CAUTI related to:
 - Potential increased length of stay
 - Non-reimbursement by Centers for Medicare and Medicaid Services (Meddings et al., 2012)

STRATEGY

- Formed interdisciplinary CAUTI Committee which reviewed and evaluated:
 - » Historical urinary catheter infection rates
 - » Current literature regarding best practice
 - » Existing urinary catheter products
 - » Clinical processes related to catheter insertion, maintenance, and removal
 - » Staff education needs
 - » Methods to assess compliance with implemented "Getting to ZERO" initiatives

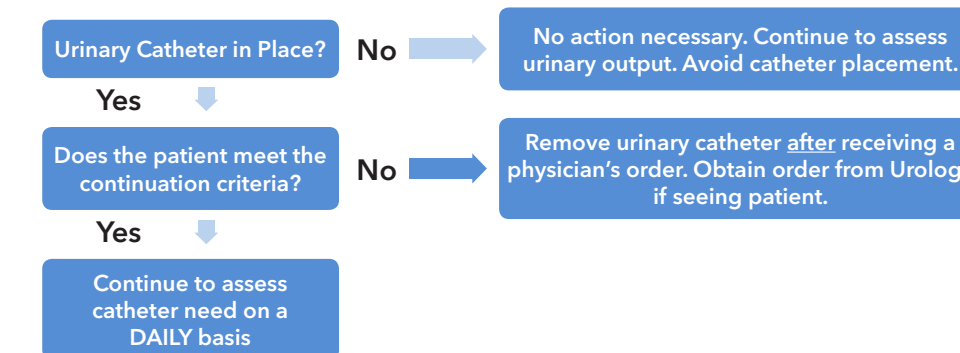


IMPLEMENTATION OF CAUTI PREVENTION INITIATIVES

- Instituted new urinary catheter insertion kit including:
 - » Closed catheter drainage system
 - » StatLock® securement device
 - Revised urinary catheter policy to:
 - » Define catheter care
 - » Standardize use of castile soap for cleaning catheter
 - Developed nurse driven protocol with support from physician champions
 - Conducted educational rounds in clinical areas
 - Integrated education into orientation, competency, and ongoing learning
 - Conducted quarterly surveillance audits monitoring:
 - » Tamper evidence catheter seal intact
 - » StatLock® in place
 - » No dependent loops in urinary catheter tubing
 - » Green sheeting clip in use
 - » Drainage tube and bag below level of bladder
 - Provided staff with immediate feedback regarding surveillance findings

PROTOCOL

Adult Indwelling Urinary Catheter: Protocol for Removal
Prevention of Catheter-Associated Urinary Tract Infection (CAUTI)



CAUTI INTERVENTIONS:

- Insert urinary catheter only when necessary:
- Must have physician order including approved insertion criteria before inserting urinary catheter
- Obtain urine culture upon insertion
- Document insertion in medical record
- Provide patient with CAUTI/FAD education and document
- Use catheter securement device
- Place communication label with date/time of insertion and initials on urine bag
- Obtain physician order for fecal management system if patient incontinent of stool
- Complete daily urinary catheter need assessment
- Complete catheter care daily and PRN
- Engage in proper hand hygiene when handling catheter
- Encourage urinary catheter bag on bed below the level of the bladder
- Ensure catheter tubing is free of obstructions and kinks
- Empty catheter every shift and PRN

INSERTION/CONTINUATION CRITERIA:

- * Meets SCIP Core Measure criteria
- * Acute urinary retention or bladder outlet obstruction
- * Continuous bladder irrigation
- * IV diuretics ordered every six hours or more frequently
- * Critically ill requiring accurate output measurements and core body temperature monitoring
- * Improve comfort for end of life care
- * Incontinent with Stage III or IV sacral pressure ulcer
- * Prolonged immobilization

Source: Clinical Care Improvement Strategies: Preventing Catheter-Associated Urinary Tract Infections (Joint Commission Resources).

8/2013

SURVEILLANCE TOOL

URINARY CATHETER SURVEILLANCE

DATE: _____
UNIT: _____

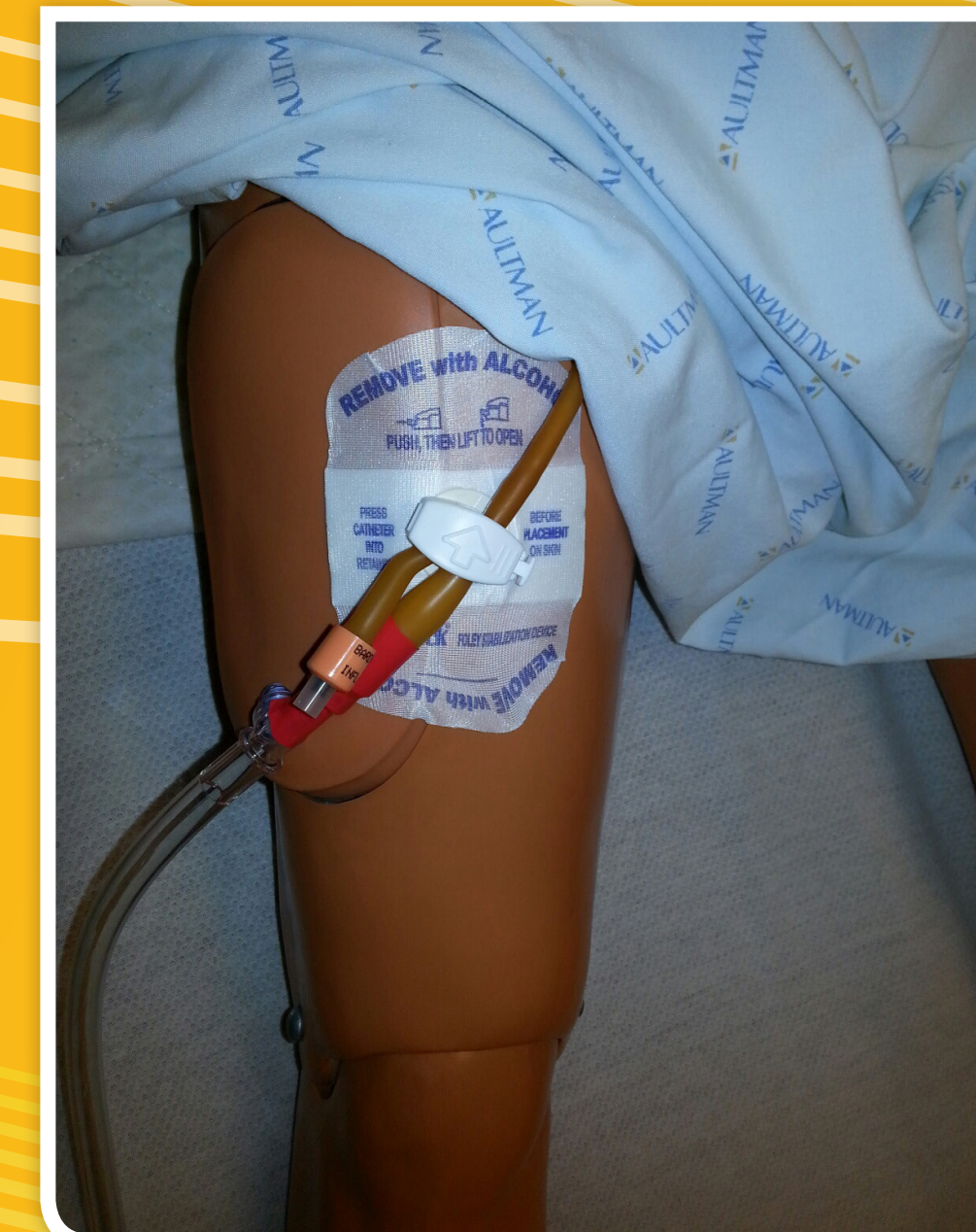
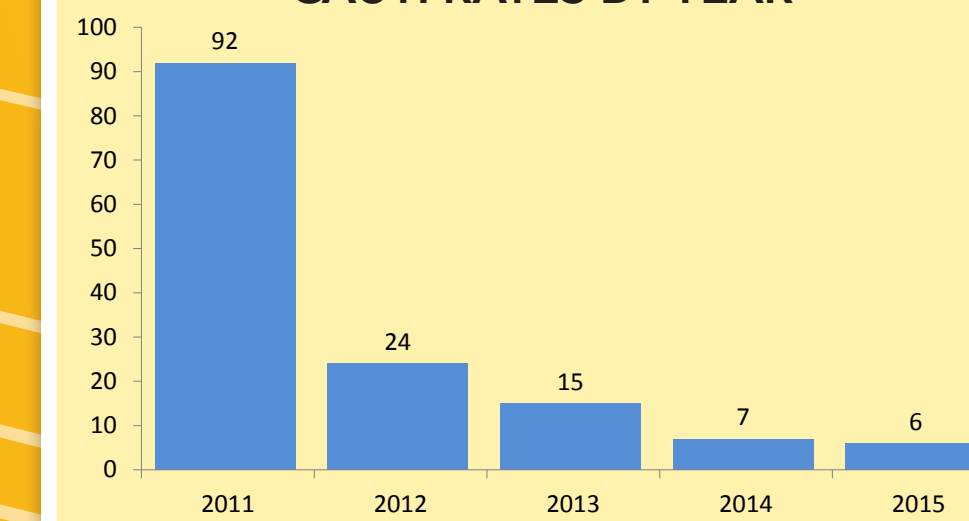
PLEASE ATTACH TO A PATIENT LIST

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EVALUATION

- 93.5% reduction in CAUTI rates from 2011 to 2015
- Reduction translates to:
 - » Lowered morbidity and mortality
 - » Decreased length of stay
 - » Prevented discharge delays
 - » Potential cost savings of \$86,000

CAUTI RATES BY YEAR



IMPLICATIONS FOR PRACTICE

- Utilizing a nurse driven protocol:
 - » Improves patient outcomes
 - » Encourages collaboration among disciplines
 - » Promotes awareness of best practice/changes in nursing practice
 - » Enhances data collection to evaluate patient outcomes
 - » Promotes adherence to a single standard of care and patient safety
 - » Facilitates assessment of nursing competencies
 - » Provides template for future protocols

FUTURE IMPLICATIONS

- Increase use of bladder scanner
- Develop protocol for urinary elimination management post catheter
- Explore additional options for non-invasive male and female urinary catheters