Teamwork & Reducing CAUTI in the Emergency Department

Indiana HEN
May 1, 2014

Eugene S. Chu, MD, FHM
Director of Hospital Medicine
Boulder Community Hospital
Associate Clinical Professor of Medicine
University of Colorado School of Medicine
Objectives

- Understand how teamwork improves health care outcomes
- Learn teamwork theory
- Apply teamwork and culture change theory to decreasing CAUTI in the Emergency Department
Project Goals for CAUTI are to:

1. reduce mean CAUTI rates in participating clinical units by 25 percent; and

2. improve safety culture as evidenced by improved teamwork and communication by employing CUSP methodology.
Positive Outcomes of Effective Teamwork on Health Care

• Reduced length of stay
• Higher quality of care
• Better patient outcomes
• Greater ability to meet family member needs
• Improved patient experience with care scores
• Lower nurse turnover

Communication in Health Care

Root Causes of Sentinel Events
(All categories; 1995-2004)

- Communication
- Orientation/training
- Patient assessment
- Staffing
- Availability of info
- Competency/credentialing
- Procedural compliance
- Environ. safety / security
- Leadership
- Continuum of care
- Care planning
- Organization culture

[Bar chart showing the root causes of sentinel events with communication at the highest risk.]
Coordination of Care

Can We Talk? Priorities for Patient Care Differed Among Health Care Providers

Table 2. Percentage of health care providers who could identify the other in the morning; and percentage reporting that they had spoken with other health care providers about the care of the patient by mid-afternoon:

<table>
<thead>
<tr>
<th>Provider Interaction</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician reported discussing patient with RN</td>
<td>48.9</td>
</tr>
<tr>
<td>RN reported discussing patient with physician</td>
<td>51.9</td>
</tr>
<tr>
<td>RN reported discussing patient with PCT</td>
<td>92.7</td>
</tr>
<tr>
<td>PCT reported discussing patient with RN</td>
<td>90.3</td>
</tr>
<tr>
<td>Physician could name RN</td>
<td>22.8</td>
</tr>
<tr>
<td>RN could name physician</td>
<td>42.3</td>
</tr>
</tbody>
</table>

Table 4. Proportion of patient cases where the health care providers agreed on priorities for patient care:

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Full</th>
<th>Partial</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN/NMD</td>
<td>12.7</td>
<td>57.4</td>
<td>29.9</td>
</tr>
<tr>
<td>PCT/RN</td>
<td>7.3</td>
<td>54.2</td>
<td>38.5</td>
</tr>
<tr>
<td>PCT/NMD priorities</td>
<td>3.5</td>
<td>31.2</td>
<td>65.3</td>
</tr>
</tbody>
</table>

RN = registered nurse
PCT = patient care technician

Bradley Evanoff, Patricia Potter, Laurie Wolf, Deborah Grayson, Clay Dunagan, Stuart Boxerman
Physicians and RN Collaboration

<table>
<thead>
<tr>
<th>Department</th>
<th>RN Rates Physician</th>
<th>Physician Rates RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>L&amp;D RN/MD</td>
<td>48%</td>
<td>83%</td>
</tr>
<tr>
<td>ICU RN/MD</td>
<td>48%</td>
<td>88%</td>
</tr>
<tr>
<td>OR RN/Surg</td>
<td>54%</td>
<td>90%</td>
</tr>
<tr>
<td>CRNA/Anesth</td>
<td>59%</td>
<td>93%</td>
</tr>
</tbody>
</table>
Teamwork Disconnect

MD: Good teamwork means the nurse does what I say

RN: Good teamwork means I am asked for my input
The strongest predictor of clinical excellence: caregivers feel comfortable speaking up if they perceive a problem with patient care.
TEAMWORK CLIMATE & ANNUAL NURSE TURNOVER

High Turnover: 6.0%
Mid Turnover: 10.8%
Low Turnover: 7.9%
“Frankly, our health care professionals are not trained to be team members, they are trained to be individual heroes.”

- John Troussaint, MD
  President and CEO
  ThedaCare, Inc.
Objectives

• Understand how teamwork improves health care outcomes
• Learn teamwork theory
• Apply teamwork and culture change theory to decreasing CAUTI in the Emergency Department
Exercise

Think of a high performing team you have either been a part of or witnessed in action.
High Performance Teams

Trivia
What is the name of this team?

A. The Fantastic Four
B. The X-Men
C. The Avengers
D. The Super Friends
What is the name of this team?

A. The Fantastic Four
B. The X-Men
C. The Avengers
D. The Super Friends
Characteristics

• Common Purpose
• Clear Roles
• Accepted Leadership
• Effective Processes
• Solid Relationships
• Excellent Communication

Thiel D. A process to build high performance teams. 2007
**Stages of Team Development**

**Forming**
- Sign up
- Little understanding of mission
- Roles and responsibilities unclear
- No processes
- Dependent on leader-directive

**Storming**
- Sort it out
- Uncertainties on purpose persist
- Team members vie for position
- Power struggles
- Decisions difficult
- Leader critical

**Norming**
- Focus
- Commitment and unity strong
- Roles and responsibilities clear/accepted
- Agreement on big decisions
- Develop processes
- Leader facilitates

**Performing**
- Deliver
- Cohesion and pride
- Shared Vision and Independent
- Focus on overachieving goals
- Make most decisions and deal with issues internally

**Breakeven**
Whole = $\sum$ parts
Common Purpose

- Clear
- Relevant
- Achievable
- Significant
- Urgent

Thiel D. A process to build high performance teams. 2007
What is our purpose?

Clear
Relevant
Achievable
Significant
Urgent

Thiel D. A process to build high performance teams. 2007
Clear Roles

- Design
- Division
- Deployment
- Discussion

Thiel D. A process to build high performance teams. 2007
# Key Roles and Responsibilities to Prevent CAUTI

<table>
<thead>
<tr>
<th>Role or Responsibility</th>
<th>Example of Personnel to Consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project coordinator</td>
<td>IP, quality manager, nurse manager, nurse educator</td>
</tr>
<tr>
<td>Nurse champion (engage and educate nursing personnel, implement nursing processes)</td>
<td>Bedside nurse, nurse educator, unit manager, charge nurse</td>
</tr>
<tr>
<td>Physician champion (engage and educate medical personnel, implement physician processes)</td>
<td>Urologist, ID physician, hospital epidemiologist, hospitalist</td>
</tr>
<tr>
<td>Data collection, monitoring, reporting</td>
<td>Infection preventionist, quality manager, utilization manager</td>
</tr>
</tbody>
</table>

(Modified from www.catheterout.org)
Accepted Leadership

- Appreciate collective intelligence
- Believe in the power of diversity
- See leadership as a service

Thiel D. A process to build high performance teams. 2007
Quiz
Which team would you pick to defend Earth?
Which team would you pick to defend Earth?

- A
- B
- C
- D
- E
Effective Processes

• Working Processes
• Thinking Processes

Thiel D. A process to build high performance teams. 2007
Excellent Communication

- Fast
- Clear
- Timely
- Accurate
- Straight Talk

Thiel D. A process to build high performance teams. 2007
Four Key Components of Effective Communication

- Complete
- Clear
- Brief
- Timely

As seen in TeamSTEPPS®
Solid Relationships

- Trust
- Acceptance
- Understanding
- Respect
- Courtesy

Thiel D. A process to build high performance teams. 2007
Which is the “sine qua non” of solid relationships?

- Trust
- Acceptance
- Understanding
- Respect
- Courtesy

“Simply put, trust means confidence. The opposite of trust – distrust – is suspicion.”

Stephen MR Covey
The Speed of Trust

Thiel D. A process to build high performance teams. 2007
Stages of Team Development

**Forming**
- Sign up
- Little understanding of mission
- Roles and responsibilities unclear
- No processes
- Dependent on leader-directive

**Storming**
- Sort it out
- Uncertainties on purpose persist
- Team members vie for position
- Power struggles
- Decisions difficult
- Leader critical

**Norming**
- Focus
- Commitment and unity strong
- Roles and responsibilities clear/accepted
- Agreement on big decisions
- Develop processes
- Leader facilitates

**Performing**
- Deliver
- Cohesion and pride
- Shared Vision and Independent
- Focus on overachieving goals
- Make most decisions and deal with issues internally

Breakeven
Whole = \( \sum \text{parts} \)
Characteristics

- Common Purpose
- Clear Roles
- Accepted Leadership
- Effective Processes
- Solid Relationships
- Excellent Communication

Team members are so devoted to their purpose that they will surmount any barrier to achieve the team's goals.

Objectives

• Understand how teamwork improves health care outcomes
• Learn teamwork theory
• Apply teamwork and culture change theory to decreasing CAUTI in the Emergency Department
The CAUTI Emergency Department Improvement Intervention

What is the *On the CUSP: STOP CAUTI* ED Improvement Intervention?

- Expanding the reach of the *On the CUSP: STOP CAUTI* national collaborative
- Instilling a culture of partnership between emergency departments and in-patient units
- Broadening exposure to national experts
  - Emergency Nurses Association (ENA)
  - American College of Emergency Physicians (ACEP)
Goals: Best practice techniques for CAUTI Prevention

• Technical change (Process):
  ✓ Determine catheter appropriateness
    ▪ Preventing unnecessary placement
    ▪ Promoting compliance with institutional guidelines
  ✓ Promoting proper insertion techniques

• Culture change (CUSP):
  ✓ Teamwork and communication amongst frontline staff
  ✓ Identify nurse and physician champions for leadership and buy-in
  ✓ Collaboration with in-patient units
Opportunities for Improvement: Multi-disciplinary and Multi-departmental Efforts

**PACU/OR**
- Follow criteria for placement in the OR
- Remove promptly after surgery before transfer out if appropriate

**ICU**
- Evaluate for continued need
- Discontinue no longer needed before transfer out

**ED**
- Avoid initial placement
- Reevaluate for continued need after patient stabilizes

**Non-ICU**
- Evaluate need on admission
- Evaluate for continued need
## CAUTI Culture in the ED

<table>
<thead>
<tr>
<th>CAUTI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indications</td>
</tr>
<tr>
<td>Orders</td>
</tr>
<tr>
<td>HICPAC</td>
</tr>
<tr>
<td>Insertion and Maintenance</td>
</tr>
<tr>
<td>Technique</td>
</tr>
<tr>
<td>Competency</td>
</tr>
<tr>
<td>Removal</td>
</tr>
<tr>
<td>Process</td>
</tr>
<tr>
<td>Structure</td>
</tr>
</tbody>
</table>

---

### CAUTI Orders

1. Orders
2. HICPAC
3. Insertion and Maintenance
4. Technique
5. Competency
6. Removal
7. Process
8. Structure

---

**ON THE CUSP: STOP HAI**
Can you get people to start behaving in a new way?

- educate
- engage
- direct the rider
- motivate the elephant
- execute and evaluate
- shape the path
Case Scenario
CAUTI effects

- ↑ mortality by OR 1.99
- ↑ ICU LOS by 12 days
- ↑ non-ICU LOS by 21 days

**Crit Care Med.** 2011 May;39(5):1167-73.
Relationship of catheter-associated urinary tract infection to mortality and length of stay in critically ill patients: a systematic review and meta-analysis of observational studies.
Chant C, Smith OM, Marshall JC, Friedrich JO.
Can you get people to start behaving in a new way?

- educate
- direct the rider
- motivate the elephant
- shape the path
- engage
- execute and evaluate
### Appropriate Indications for Indwelling Urinary Catheter Use

<table>
<thead>
<tr>
<th>Appropriate Indications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient has acute urinary retention or obstruction</td>
</tr>
<tr>
<td>Need for accurate measurements of urinary output in <em>critically ill</em> patients.</td>
</tr>
<tr>
<td>Perioperative use for selected procedures:</td>
</tr>
<tr>
<td>• urologic surgery or other surgery on contiguous structures of genitourinary tract,</td>
</tr>
<tr>
<td>• anticipated prolonged surgery duration (removed in post-anesthesia unit),</td>
</tr>
<tr>
<td>• anticipated to receive large-volume infusions or diuretics in surgery,</td>
</tr>
<tr>
<td>• operative patients with urinary incontinence,</td>
</tr>
<tr>
<td>• need to intraoperative monitoring of urinary output.</td>
</tr>
<tr>
<td>To assist in healing of open sacral or perineal wounds in incontinent patients.</td>
</tr>
<tr>
<td>Requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine)</td>
</tr>
<tr>
<td>To improve comfort for end of life care if needed.</td>
</tr>
</tbody>
</table>

Common Conditions where the UC is Placed Inappropriately

- Elderly (especially women)
- Incontinence
- Immobility
- Morbid obesity?
- Use in non-critically ill cardiac and renal patients
- Debility

Physician and Nurse Practice
Common Patterns of ED Urinary Catheter Misuse

- Measuring urine output in stable patients
  - CHF
- Assessing bladder volume
  - Urinary retention from spinal injury
- Protocolized care for trauma
- Incontinence without open sacral or perineal wounds
- Pre-operative
- Mental status
  - Delirium
  - Dementia
- Existing catheter use
Issues to Clarify

• A chronic indwelling UC present on admission to the ED would not be counted as placed in the ED (even if the catheter is changed there).

• Some patients have a UC upon admission, prior to presentation to the ED (for example, obstructive uropathy). Again, these may represent appropriate indications for utilization, but would not be counted as originally placed in the ED.
Examples of Common Conditions where Catheter May Be Placed Inappropriately

<table>
<thead>
<tr>
<th>Who is Critically Ill?</th>
<th>Unconsciousness versus Agitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Admitted to ICU</td>
<td>• Agitated patients may have a higher risk of trauma related to UC, if placed.</td>
</tr>
<tr>
<td>• Requiring high amounts of Oxygen (e.g., &gt;4 liters, &gt;6 liters, or on 100% O2 non-rebreather)?</td>
<td>• Evaluate whether you have any standing orders for UC placement as a part of the treatment of acute stroke.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emergent Pelvic Ultrasound for Pregnancy?</th>
<th>Frail and Immobile patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Placing UC would increase the risk for introducing bacteria to the bladder.</td>
<td>• The UC reduces mobility, and makes patients at a higher risk for pressure ulcers.</td>
</tr>
<tr>
<td>• Patients can drink fluids and will have a full bladder without risk.</td>
<td>• Frail patients may become more deconditioned with a UC and infectious complications (CAUTI) may result in poor outcomes.</td>
</tr>
<tr>
<td>• It is usually an issue with workflow in the ED.</td>
<td></td>
</tr>
</tbody>
</table>
CAUTI Myths

• Facilitates I/O measurement
  – Alternatives are available with less risk (e.g., urinals, daily weights)

• Prevents falls from getting up to urinate
  – Increases risk to fall, especially in the confused patient

• Protects skin in the incontinent patient
  – Increases risk of skin breakdown from immobility, muscle loss, and catheter-related trauma

• Saves time for the bedside nurse
  – Extended LOS, infection complications, and other risks, it does not
Can you get people to start behaving in a new way?

- educate
- engage
- direct the rider
- motivate the elephant
- execute and evaluate
- shape the path
Urinary Catheter Insertion Kits
Emergency Department Guidelines for Urinary Catheter Placement

**Appropriate Urinary Catheter Indications:**
- Acute urinary retention or obstruction
- Perioperative use in selected surgeries
- Assist healing of perineal and sacral wounds in incontinent patients
- Hospice/comfort/palliative care
- Required immobilization for trauma or surgery
- Accurate measurement of urinary output in the critically ill patients

**Inappropriate Urinary Catheter Indications:**
- Incontinence
- Morbid obesity
- Dementia/Confusion
- Patient’s request
- Nursing convenience
- Urine specimen collection (may straight catheterize if unable to obtain specimen)

Does the urinary catheter placement meet guidelines?

- **YES**
  - Use aseptic technique when inserting.

- **NO**
  - **DO NOT PLACE URINARY CATHETER!**

Questions? [Enter contact information here.]
Data Collection in the Emergency Department

- A form is completed by the ED nurse transferring the patient to the hospital unit:
  1. Patient with or without catheter
  2. Reason for use of catheter (for internal evaluation)
  3. If no appropriate reason, nurse to evaluate removal
ED Intervention Urinary Catheter (UC) Data Collection Form

Patient #________________________  Date:________________________

UC (Foley) placed in ED:           Yes          No
If yes, physician order present*: Yes          No
If placed in ED, reason*            

<table>
<thead>
<tr>
<th>Appropriate Indications</th>
<th>Inappropriate Reasons for Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Urinary flow obstruction or retention (e.g., prostatic hypertrophy, hematuria with clots, urethral stricture, trauma to urethra, neurogenic bladder, including paraplegia/quadriplegia if unable to straight catheterize)</td>
<td>□ Incontinence</td>
</tr>
<tr>
<td>□ Perioperative use in selected surgeries (e.g., urologic procedures, surgeries contiguous to genitourinary tract, emergency surgery with anticipated large fluid resuscitation or extended duration, or if needed for intraoperative urine output monitoring)</td>
<td>□ Morbid obesity</td>
</tr>
<tr>
<td>□ Need for immobilization because of trauma with multiple fractures (e.g., pelvic fractures, hip fractures with risk of displacement) or unstable spine</td>
<td>□ Immobility not related to trauma</td>
</tr>
<tr>
<td>□ Monitoring fluids in critically ill patients</td>
<td>□ Dementia/chronic confusion</td>
</tr>
<tr>
<td>□ Assist healing of sacral and perineal wounds in those with incontinence</td>
<td>□ Debility (very frail patients)</td>
</tr>
<tr>
<td>□ To improve comfort for end of life care (e.g., hospice, palliative care, comfort care)</td>
<td>□ Monitoring fluids in non-critically ill patients</td>
</tr>
<tr>
<td>□ Acceptable conditions per institutional guidelines:</td>
<td>□ Urine specimen collection</td>
</tr>
<tr>
<td></td>
<td>□ Patient request</td>
</tr>
</tbody>
</table>

*Data recommended for internal evaluation only.
## Metrics to Evaluate Improvements

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Required for reporting to national project:</strong></td>
<td></td>
</tr>
</tbody>
</table>
| ED UC Placement Rate                             | \[
|                                                 | = \frac{(\text{Number of ED admissions with a newly-placed indwelling UC, including observation patients})}{(\text{Number of ED admits from the ED, including observation patients})} \times 100 \] |
| **Optional recommended to internal evaluation:** |                                                                                                                                                                                                            |
| Inappropriately Placed UC Rate                   | \[
|                                                 | = \frac{(\text{Number of UCs placed in the ED without appropriate indication})}{(\text{Total number UCs placed in the ED})} \times 100 \] |
| Documented Physician Order to Place UC Rate      | \[
|                                                 | = \frac{(\text{Number of UCs placed in the ED without a documented physician’s order})}{(\text{Total number of UCs placed in the ED})} \times 100 \] |
Urinary Catheter ED Avengers

1. ED physician champion
2. ED nurse champion
3. Infection Preventionist
4. ICU, Floor, OR?
5. Trauma?
6. Cardiology?
7. Urology?
8. Patient?
Characteristics

- Common Purpose
- Clear Roles
- Accepted Leadership
- Effective Processes
- Solid Relationships
- Excellent Communication

Team members are so devoted to their purpose that they will surmount any barrier to achieve the team's goals.

Purpose

• Improve the compliance with the appropriate indications for UC placement in the emergency department.

• Improve the compliance with proper technique for placement.

• Goal is to have less UCs placed in the ED, contributing to a lower utilization rate throughout inpatient units.
Characteristics

- Common Purpose
- **Clear Roles**
- Accepted Leadership
- Effective Processes
- Solid Relationships
- Excellent Communication

Team members are so devoted to their purpose that they will surmount any barrier to achieve the team's goals.

ED Nursing Role

– Obtain support from ED nurse director, nurse manager, and nurse educator

• ED nurse champion identified
  – Responsible for peer-to-peer coaching and education
  – Should be an approachable person who is well-versed in ED functions and is available as a resource

• Educated nursing staff
  – Appropriate indications, alternatives to UC

• Focused on working with physicians to determine UC necessity (patient-specific, patient-focused)

• Stressed importance of a corresponding, written physician order
ED Physician Role

• Promote reduction of catheter use by championing appropriateness
• Encourage interdisciplinary conversation around catheter use
• Engage other services around patterns of catheter use
• All urinary catheters require an order
• Encourage communication at the time of catheter ordering/placement
  – “Huddle” re: need for catheter
  – Acknowledge nursing’s deeper knowledge of patient and ability to care for self
Infection Preventionist Role

Team leader
Data collection and entry
Facilitate implementation
Project coordinator
Characteristics

- Common Purpose
- Clear Roles
- Accepted Leadership
- Effective Processes
- Solid Relationships
- Excellent Communication

Team members are so devoted to their purpose that they will surmount any barrier to achieve the team's goals.

Champion Roles

• Share data on catheter use with medical staff
  – Break out by physician if possible
• Circulate descriptive summaries of any CAUTIs that are attributed to ED placement
• Communicate with other medical services about specific patterns of care
Characteristics

- Common Purpose
- Clear Roles
- Accepted Leadership
- **Effective Processes**
- Solid Relationships
- Excellent Communication

Team members are so devoted to their purpose that they will surmount any barrier to achieve the team's goals.

Physician and nurse evaluate patient.

Decision to place a UC based on appropriate indication.

Patient’s ED nurse reevaluates need for UC and reason for use before transfer to unit.
Is the patient critically ill and will require accurate output measurement?

Other indications for urinary catheter:
- Urinary retention/obstruction?
  - Use bladder scanner first
- Immobilization needed for trauma or surgery?
- Incontinent with open sacral/perineal wounds?
- End of life/hospice?
- Chronic or existing catheter use?
  - Re-evaluate need and discuss with provider

Insert catheter and treat signs of shock:
- Hypotension
- Decreased cardiac output/function
- Decreased renal function
- Hypovolemia
- Hemorrhage

Re-assess after intervention

Do NOT insert
Explore alternatives

Insert or maintain catheter

Still critically ill, requiring accurate output measurement?

Remove catheter prior to admission

Yes

No
## Simplified Insertion Checklist for UC Placement

<table>
<thead>
<tr>
<th>Components of Checklist</th>
<th>Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand hygiene before and after procedure?</td>
<td>Yes</td>
</tr>
<tr>
<td>Sterile gloves, drapes, sponges, aseptic sterile solution for cleaning, and single use packet lubricant used?</td>
<td>Yes, after correction</td>
</tr>
<tr>
<td>Aseptic insertion technique (no contamination during placement)?</td>
<td></td>
</tr>
<tr>
<td>Proper securement of urinary catheter post-procedure?</td>
<td></td>
</tr>
<tr>
<td>Closed drainage system and bag is below patient post-procedure?</td>
<td></td>
</tr>
</tbody>
</table>
Characteristics

- Common Purpose
- Clear Roles
- Accepted Leadership
- Effective Processes
- Solid Relationships
- Excellent Communication

Team members are so devoted to their purpose that they will surmount any barrier to achieve the team's goals.

Relationships and Communication

- PACU/OR
- ICU
- Non-ICU
- ED
How to Spread the Message

• Pocket cards, posters, lectures, and algorithms describing the appropriate indications.
• Make sure the information is shared with nurses and nursing assistants, staff physicians, physicians-in-training, and mid-level providers.

---

**DO NOT PLACE URINARY CATHETERS UNLESS NEEDED!**

*Emergency Department-Specific Guidelines*

Appropriate Urinary Catheters Indications:

- Acute urinary retention or obstruction
- Perioperative use in selected surgeries
- Assist healing of perineal and sacral wounds in incontinent patients
- Hospice/comfort/palliative care
- Required immobilization for trauma or surgery
- Accurate measurement of urinary output in the critically ill patients

Urinary catheters may also be used for:

- *Place your additional institutional indications if different from above*

  *Always obtain a physician order before placement of a urinary catheter.*

For questions, please contact [Enter contact information here].
What is the Process?

Physician and nurse evaluate patient.

Decision to place a UC based on appropriate indication.

Patient’s ED nurse reevaluates need for UC and reason for use before transfer to unit.

Collaboration between physicians and nurses!
educate
engage
execute and evaluate
direct the rider
motivate the elephant
shape the path
Example of Success: AH Pilot- 18 EDs
(Fakh et al, ID week 2013, abstract 1073)

- Catheter avoidance translates into preventing exposure to the catheter for thousands of patients

- Reduction in catheter use by a third!
- The results were sustained for more than 6 months

Appropriate reason for placement
Thank You