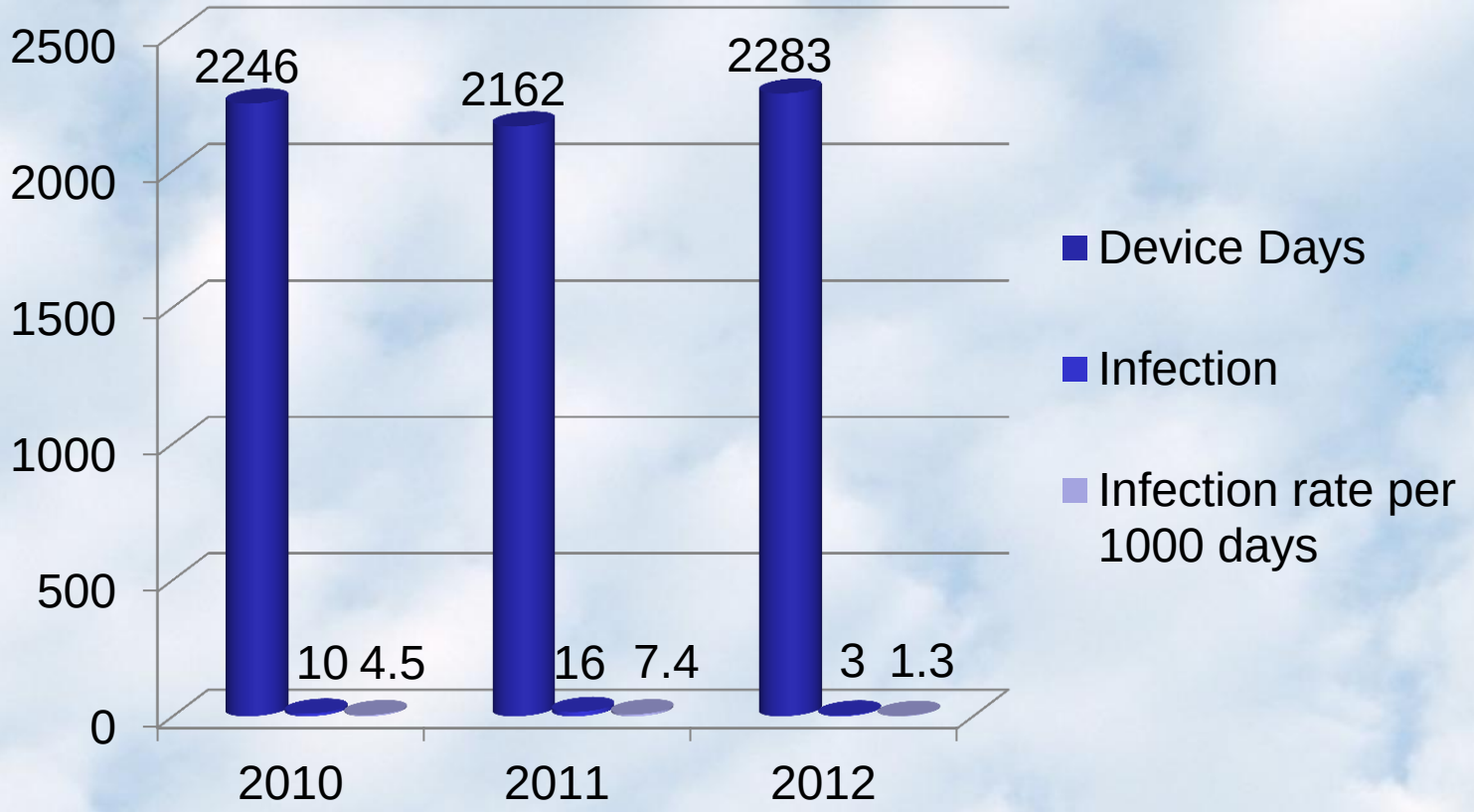
Stopping CAUTI

Henry County Hospital

Where We Started



First Steps

- Participation with the Indianapolis Coalition for Patient Safety- to formulate standardized measures regarding use of urinary catheters - 2009

- Basic education with the principles established through the coalition with medical staff at medical staff meetings, along with a physician champion

First Steps

- Meetings with other ancillary departments regarding education on the care of the urinary catheter during transport and procedures in their department
- Changing culture within the hospital from “it is only a foley” to “this is a line that can result in infection and harm”
- To change the perceptions, educate and re-educate while developing specific policies and protocols would take years

First Steps

- Integrated policies were developed to address the basic principles outlined through the Coalition for Safety
- The majority of our infections occurred due to length of usage. This information was then reported to staff
- Plans were not without obstacles. Plans and projects were met with physician resistance. How could we circumvent the issues?

First Steps

- First attempt at a nurse driven urinary catheter removal protocol to decrease length of usage was met with total resistance in spite of the great physician champion support
- It would take 2 years to gain success
- Participation in the CUSP UTI program has furthered our efforts and refined a process that is still focused on improvement for patient safety and reduction of our infection rate to 0

Continuing the Journey

- Formation of a multidisciplinary CAUTI Team to include a physician champion
- Reduce criteria for catheterization based on SHEA recommendation obtaining physician approval for recommended criteria
- Breakdown existing barriers regarding nurse anchoring and removing catheters

Continuing the Journey

- Create a heightened awareness of reason for catheter insertion and timely removal
- Assure proper aseptic technique during insertion and with care in order to decrease risk for infection
- Provide tools to prompt removal of catheter at earliest opportunity
- Standardize documentation and improve data abstraction potential necessary for quality improvement

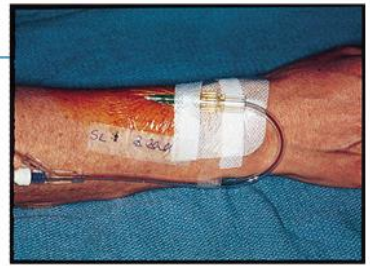
Reaching the Frontline

- Use of social media and e-learning modules
- Visual reminders
- Process Improvement projects
- Education and re-education

Reaching the Frontline

- Poster Presentation
- Use of Bladder Scanner
- Face to Face
- Formation of CAUTI Team

You wouldn't leave a potentially infected IV catheter in a patient. Why leave a potentially infected foley catheter in a patient ?



Foley catheters can cause:

- ↑Infections
- ↑Length of stay
- ↑Cost
- ↑Patient discomfort
- ↑Antibiotic use

- 600,000 patients develop hospital-acquired UTIs per year
- 80% of these are urinary catheter-associated
- ***Approximately half of the patients with a urinary catheter do not have a valid indication for placement***
- Each day the urinary catheter remains, the risk of the CAUTI increases 5%

Foley catheters ARE indicated for:

- 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
- Chronic indwelling urinary catheter on admission

Foley catheters are NOT indicated for:

- Urinary output monitoring OUTSIDE intensive care
- Incontinence
- Prolonged postoperative use
- Patients transferred from intensive care to general units
- Morbid obesity
- Immobility
- Confusion or dementia
- Patient request

“Teamanship”

CAUTI Team

- Representatives from all nursing disciplines
- Support from administration, management and quality
- Establishing a Physician Champion
- Infection Control
- Staff Development

CAUTI Team Goals

- Investigate catheter usage trends and ideas and educate staff
- Empower nursing staff to stop UTI’s (Decrease UTI rates by 20%)
- Develop a nurse driven protocol for removal of anchored catheters and obtain physician approval
- Develop a standardized catheter assessment chapter within the EHR

“Teamanship”

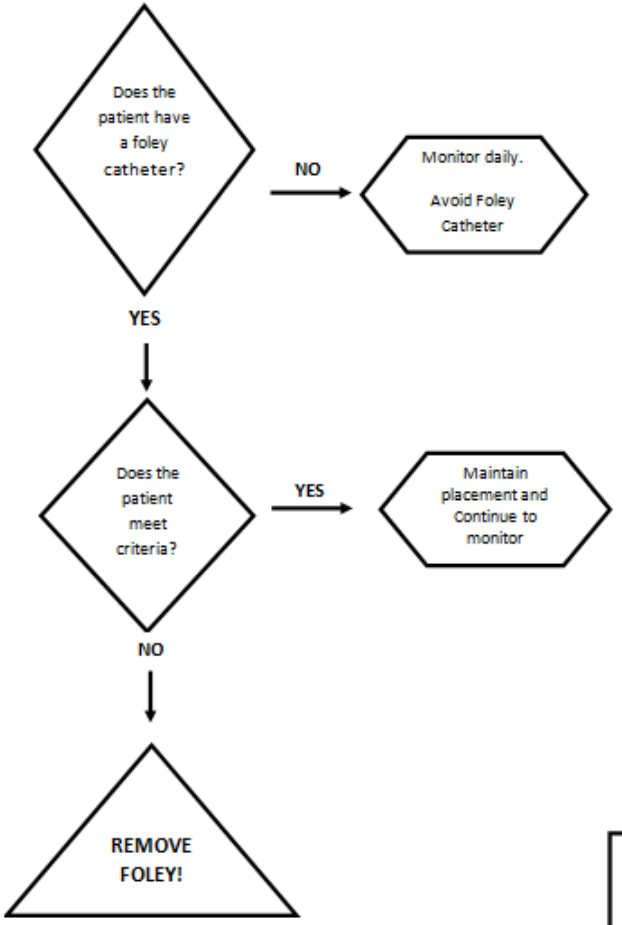
Empowering Nurses

- Stat lock/leg strap education
- Bladder scanner as a routine order
- Changing order sets to reflect removal of catheter (WCU and SCIP measure)
- Catheter insertion competency
- Creating urinary catheter assessment documentation

Nurse driven protocol

- Assessing physicians willingness to support a protocol
- Review what is currently being used in surrounding hospitals
- Establishing the actual protocol
- Ongoing monitoring of use of the protocol

Henry County Hospital's Nurse Driven Foley Catheter Removal Protocol



Interventions:

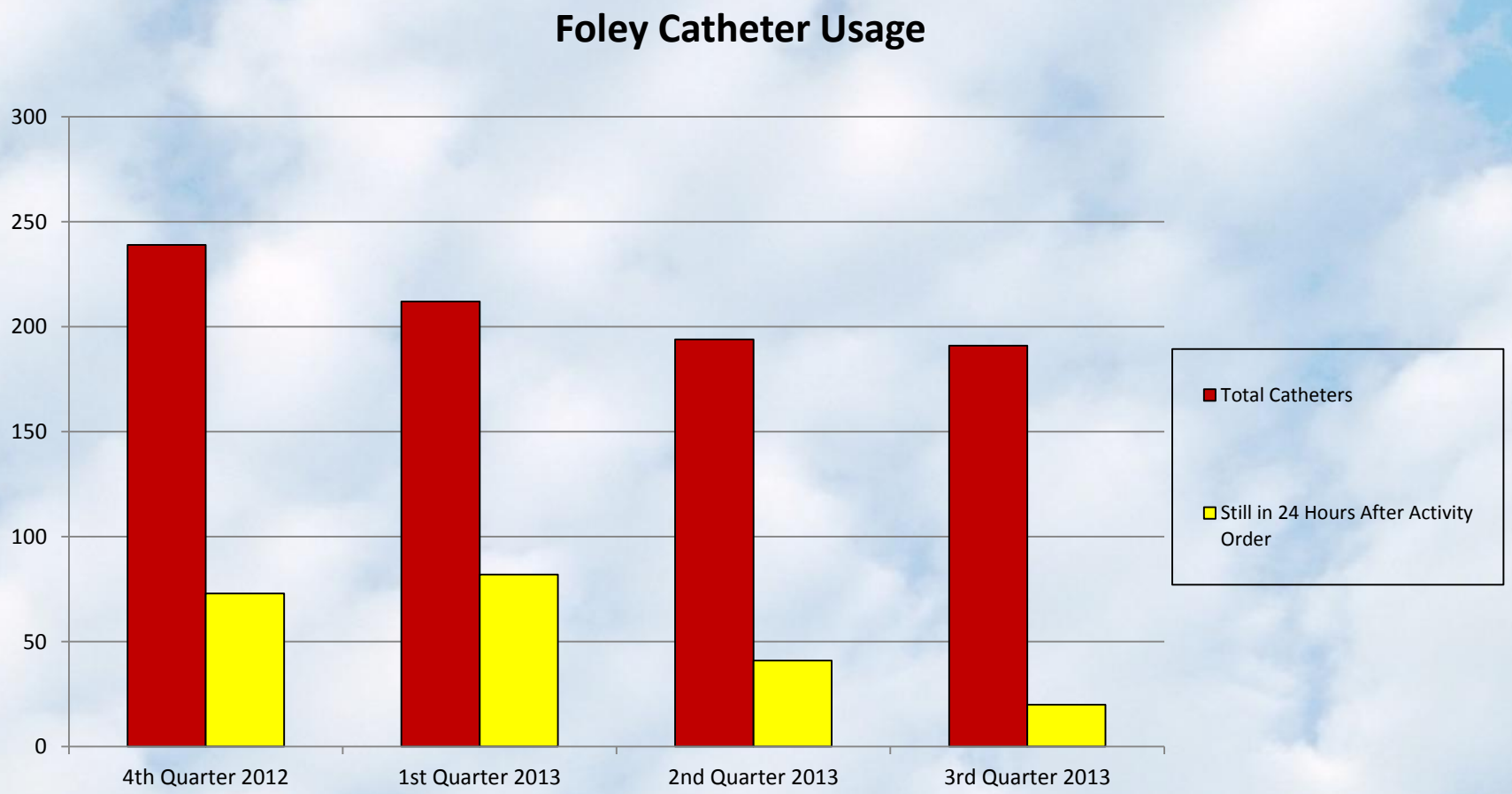
- *Insert ONLY when criteria met – must have an order.*
- *Write insertion date, time, unit placed and initials on urine bag with permanent marker.*
- *Engage in proper hand hygiene.*
- *Use catheter-securing device.*
- *Ensure peri care is completed with soap and water, with am care and prn.*
- *Properly place Foley bag on bed.*
- *Ensure Foley tubing is free of obstructions and kinks.*
- *Document insertion according to policy.*
- *Assess need with every shift assessment.*

Criteria to Continue Foley Catheterization

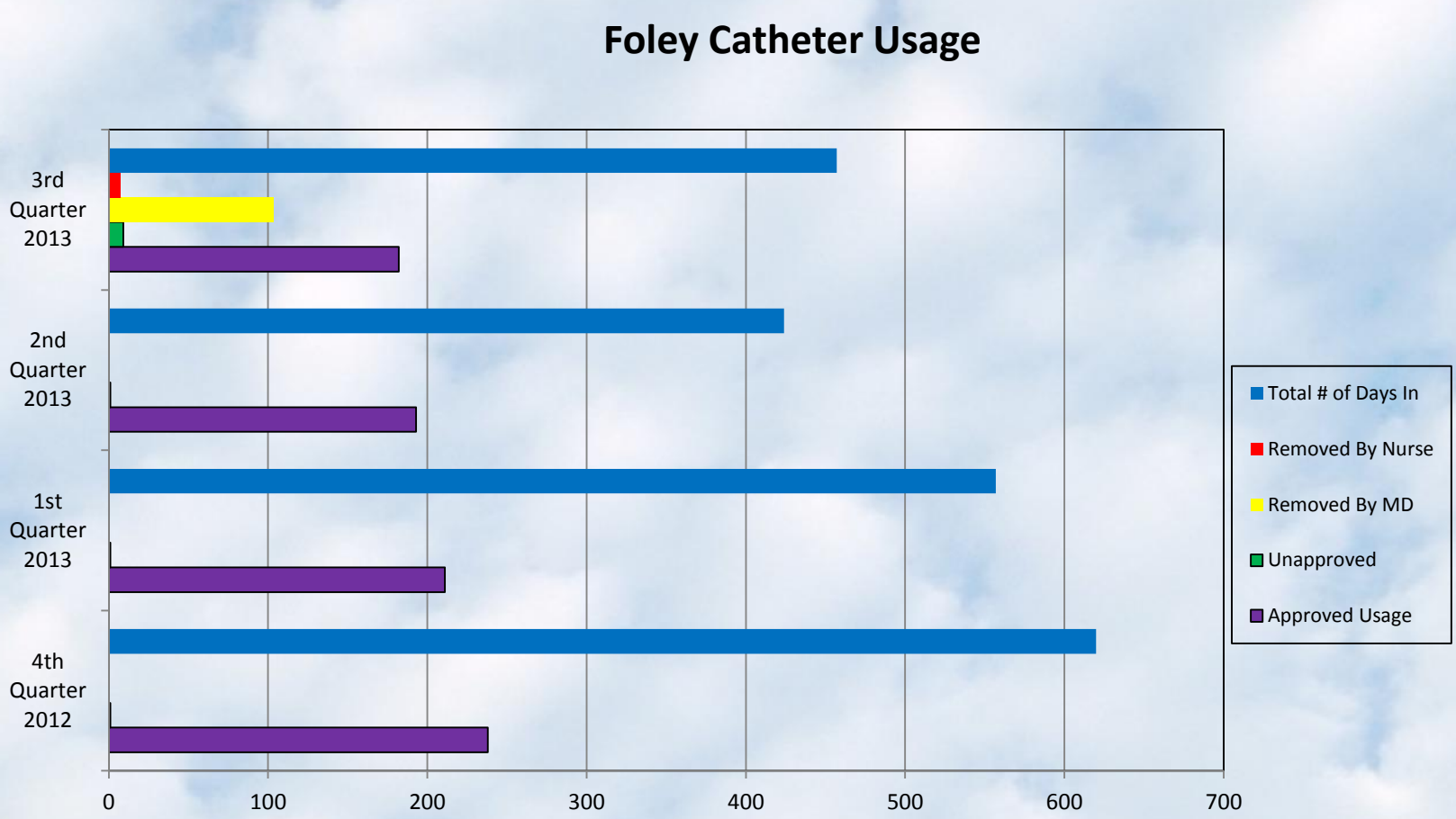
- Perioperative use for surgical procedures.
- Urine output monitoring in critically ill patients.
- Management of acute urinary retention, obstruction and neurogenic bladder.
- Unable to avoid contamination of a wound due to patient's inability to use bedpan, urinal, bathroom or external urinary catheter.
- Palliative and hospice care.

Urinary Catheter Assessment	Assess Collected Date 04/09/2014
Assess Collected Time	17:11
Catheter Type	Foley
Catheter Size (FR)	16
Reason for Catheter	Management of acute urinary retention, obstruction
Catheter Attempts	two or less
Reason for Multiple Catheter Attempts	
Amount (ml)	1000
Patient Tolerance	Good
Catheter Stabilization Device	Yes
Aseptic Technique	Yes
Urine Appearance	Yellow, Clear
Date/Time Catheter Placed	04/09/2014 13:00
Date/Time Catheter Removed	
Comments	
Assessment Entered By	SHERYL L BOYNTON, RN
Assessment Entered For	
Assessment Status	Complete

Seeing Results



Seeing Results



On Going Process

- Quality control measures to ensure proper indications for reason of insertion
- Transfer decision choice to physician through computer order entry
- SCIP data results reported through physician meetings
- Infection control results made available to physicians and nursing staff
- Maintaining nurse competency for prevention of CAUTI