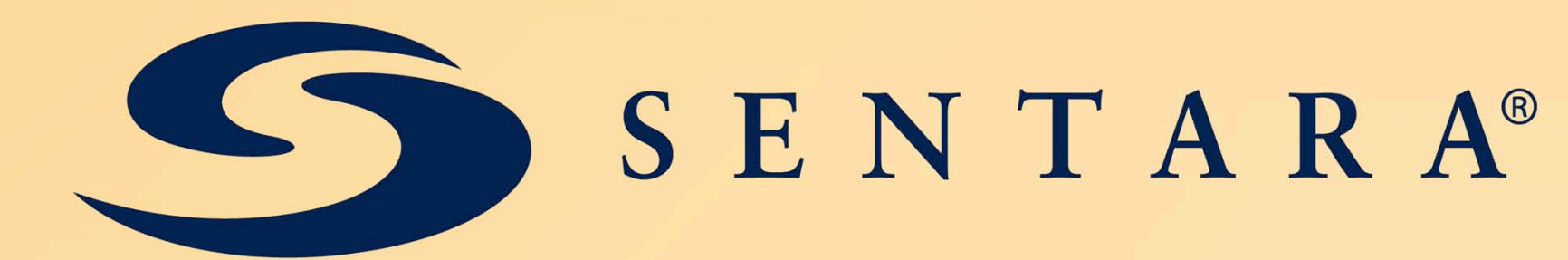




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## Putting CAUTI To Bed: An Interdisciplinary Collaboration to Reduce Urinary Catheter Device Days 2013 ANCC National Magnet® Conference

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### ABSTRACT

This poster describes the road to a zero CAUTI setting in a community hospital including a urinary catheter bundle, point prevalence audits, job aids, a staff led education and marketing campaign, improved electronic documentation, and physician prompts for discontinuing devices. Continuing efforts in 2013 include conducting Nursing Grand Rounds on hospital acquired infections and declaring March “Urinary Catheter” month to celebrate the gains and sustain outcomes. A nursing journal club and a lunch and learn for support staff was part of the celebration. Results for these changes include a significant reduction in device days, improved bundle compliance, and only one CAUTI across the facility in 2012. Through collaborative practice the team is now adopting a system wide standard urinary catheter order set which defines criteria for temporary, long term, and surgical catheter utilization. The order set incorporates a nurse driven bladder management protocol aimed at discontinuing devices as early as possible post-operatively. The effort has been expanded to the operating room and emergency departments.

### BACKGROUND AND OBJECTIVES

Reducing catheter-associated urinary tract infections (CAUTI) by 25 % in the inpatient setting is the goal set by the U.S. Department of Health and Human Services (HHS) Steering Committee for the prevention of healthcare-associated infections for 2013. Unit-based direct care nurses can serve as CAUTI awareness champions and enlist members of the interdisciplinary care team including transport and medical imaging staff to implement practice changes based on the CDC Healthcare Infection Control Practices Advisory Committee’s 2009 Guidelines.

- Identify practice changes that impact CAUTI rates
- Identify critical components of a CAUTI Campaign

### CAUTI CHAMPIONS

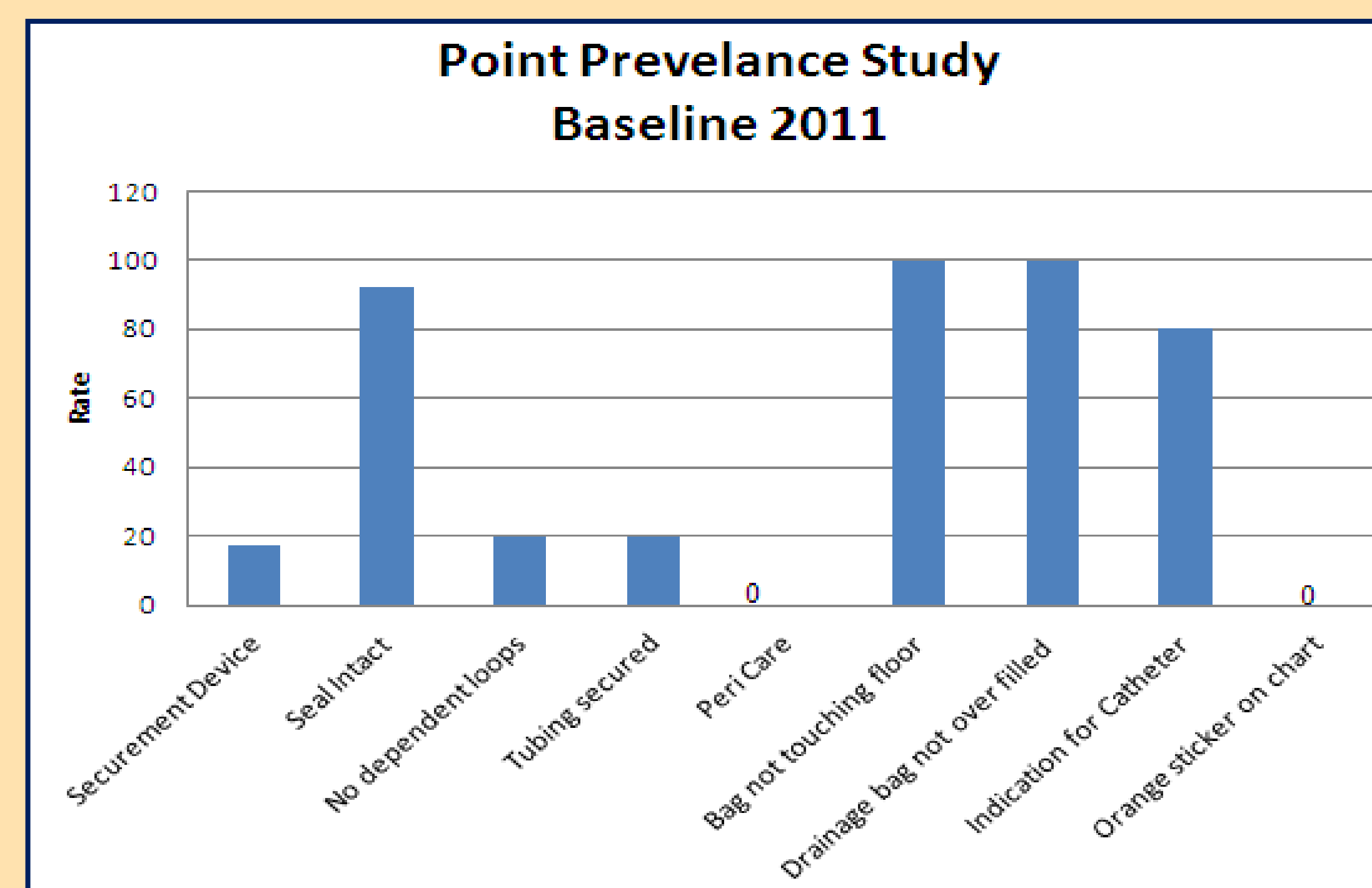
To drive nursing ownership and awareness a CAUTI champion was identified for each unit. After receiving education on the latest evidence and best practices our champions:

- Created a Point Prevalence Rounding Form
- Rounded weekly on each inpatient unit
- Calculated unit data to note trends
- Attended monthly champion meetings to review outcomes
- Developed tactics, education, communications, & job aids.

### PROBLEMS IDENTIFIED BY CAUTI CHAMPIONS

- Missing orders for insertion
- Loops in catheter tubing
- No securement device in catheter kit
- Incomplete Charting: assessment, insertion, removal, daily care
- Incomplete patient handoffs between units
- Communication breakdown between RN and MD
- Need for enhanced patient education
- ED noted to have increased insertion rate

### BASELINE RESULTS



### SOLUTION STRATEGIES

- Re-educate and reinforce proper sterile technique
- Implement staff Newsletters and Emails
  - Catheter insertion rationale and charting changes
  - No loops, keep bag below the bladder, red safety seal
- Educate ancillary staff
- Expanded CAUTI champion role to ED
- Ongoing bundle education by CAUTI Champions
  - Handouts/Job Aid
  - Posters on each inpatient unit
  - Empower RN’s to challenge MD on reason for insertion
  - Charting screen shots: Insertion, Daily Care, Removal
  - Improve patient handoff with a focus on CAUTI
- Designate March 2013 as “CAUTI Month”
  - Journal Club session on CAUTI
  - Hospital wide plasma TV CAUTI tips
  - Nursing Grand Rounds CAUTI lunch and learn
  - CAUTI Carnival Party



### PROCESS CHANGES IMPLEMENTED

- Catheter supplier added a securement device
- Chart stickers with insertion date/time in kits
- Patients given catheter education cards
- Revised MD order set to include reason for insertion, catheter type: surgical, long-term or temporary
- Required education sessions for all new employees during General Nursing Orientation
- Purchased bladder scanners for every inpatient unit

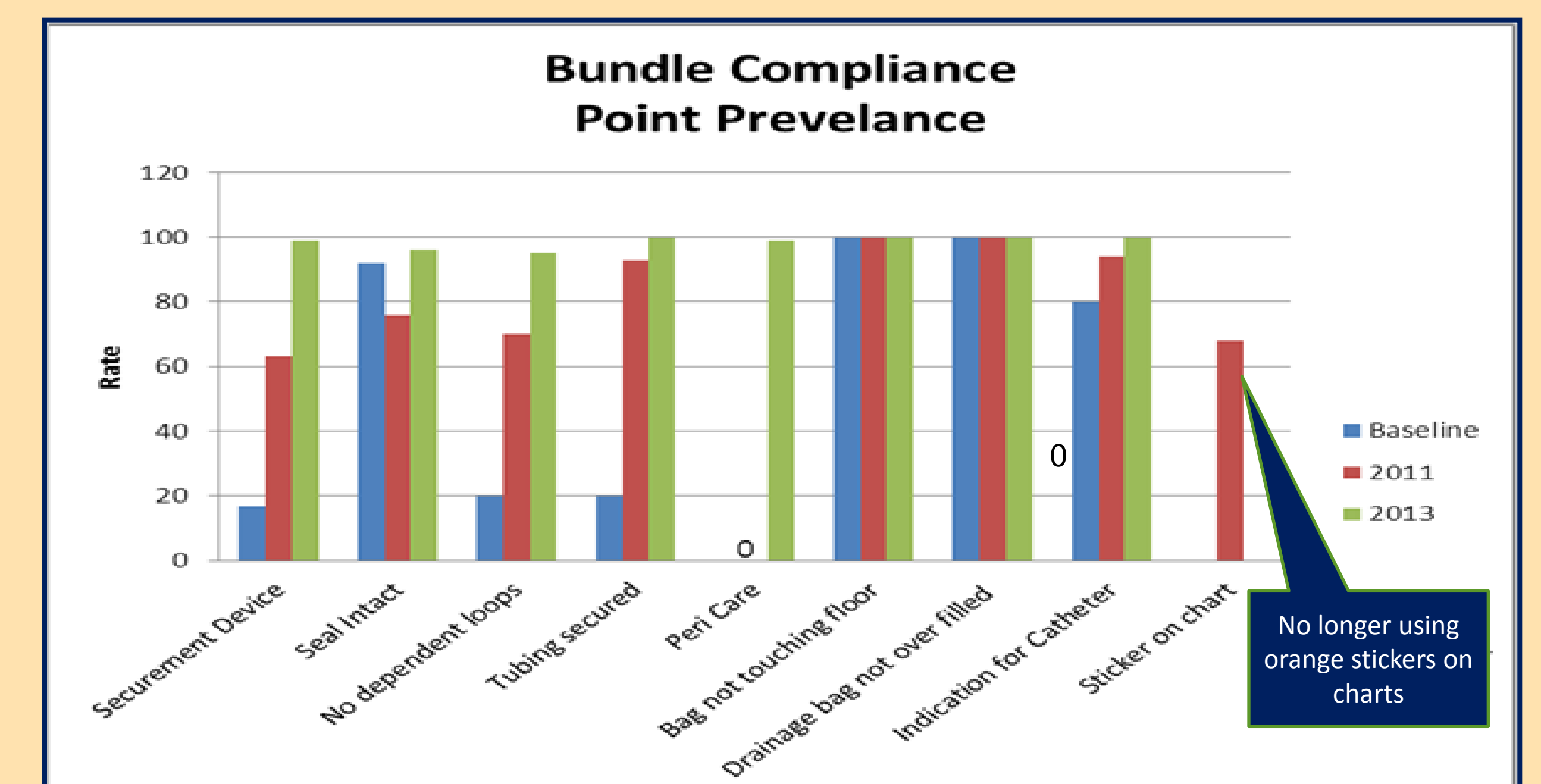
### CHARTING CHANGES IMPLEMENTED

Added new nursing-driven documentation fields as components of the bundle

- ✓ Maintain closed drainage system (red seal intact)
- ✓ Use of stabilization device
- ✓ Maintain un-obstructive urine flow
- ✓ Perineal care
- ✓ Indications for continuing the catheter

	07/25/13 09:22	08:00	07/24/13 19:30	11:14
<b>Genitourinary Assessment.</b>				
Genitourinary Subjective Symptoms				
Urinary Elimination				
Voiding Problems				
Bladder Distention				
Bladder Scanner Volume	mL	200		
Last Void Time				
Urine Description		Clear	Clear	Clear
Urine Color		Yellow	Yellow	Yellow
Urine Odor				
Voided Output	mL			
<b>Urinary Catheter Management.</b>				
Activity		Discont...	Assess	Start/...
Type		Indwell...	Indwell...	Indwell...
Secured Method			StatLock	StatLock
Urine Description		Clear	Clear	Clear
Urine Color		Yellow	Yellow	Yellow
Urine Odor				
Size				16 Fre...
Balloon Inflation	mL			10 mL ...
Mode		Gravity...	Gravity...	Gravity...
Red Safety Seal Intact		No	No	No
Red Seal Variances		CBI	CBI	CBI
Foley Discontinued		Yes	No	
Indications for Continuing Foley				
Drainage Present		Clear	Clear	Clear
Site Appearance			Dry	Dry
Irrigation Fluid				
Irrigation Volume	mL			
Procedure Tolerance				Good
Urinary Catheter Events				
Genitourinary Drip				
Urinary Catheter Output I & O	mL	199		200

### OVERALL RESULTS



### CONCLUSIONS & LESSONS LEARNED

- **Engage:** ED, ancillary, and inpatient unit staff
- **Educate:** All clinical staff-physicians, transporters, nursing assistants, nurses and medical imaging
- **Execute:** Have the right people at the table to gather the data and educate their staff
- **Evaluate:** Use the data to reinforce the principals of a CAUTI prevention program
- **★ Celebrate Success:** Only one CAUTI in 2012! June 2013 YTD CAUTI rate: **ZERO** ★

### REFERENCES

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3. Lo, E., Lindsay N., Classen, D., Anis, K., Podgorny, K., Anderson, D. J., Yoke, D.S. (2008). Strategies to Prevent Catheter-Associated Urinary Tract Infections in Acute Care Hospitals. Infection Control and Hospital Epidemiology, 29(8), pp S41-S50. doi: 10.1086/591066