Crippling CAUTI: A Unit Based Approach to Eliminating Catheter Associated Urinary Tract Infections

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Learning Objectives

• Recognize those patients who are at high risk for a CAUTI.
• Identify current best practices in the management of urinary catheters and CAUTI prevention.
• Discuss the barriers to urinary catheter removal and how they can be overcome.
How Important is CAUTI Prevention?

- 1,000,000 CAUTI’s occur annually in hospitals & nursing homes
- 13,000 deaths
- 5 million
- $1500-3000
- $400 million

= 0%
Who is at Risk?

• Patient Factors
• Human Factors
• Institutional Factors
the journey of a thousand miles begins with one step.

Lao-Tzu
Urinary Catheter Management

• CAUTI Value Improvement Team (VIT) rounds on all patients with urinary catheters to ensure the following are in place:
  ▫ Institution approved order
  ▫ Presence of securement device
  ▫ Location of drainage bag
  ▫ Closed system
  ▫ Catheter care
  ▫ Castile soap wipes
  ▫ Infection prevention care plan
Developing Criteria for Chronic Versus Acute

Criteria for Chronic
- Neurogenic bladder
- Severe sacral wounds (Stage III/IV)
- Hospice
- Admitted with foley (BPH; severe retention)

Criteria for Acute
- Sepsis
- Wounds
- Physician Order- Do not remove
- Bladder re-training
- Post urologic/ pelvic/colorectal surgery
"Where the loser saw barriers the winner saw hurdles."

Robert Brault
Barriers for Nurses
Physician Barriers

- Strict I/Os
- Urology
- Nurses own this?
- Palliative purposes
- Do not remove orders
WINNING!!
Questions/Thank You