

Title:

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

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Session Title:

Enhancing Patient Safety

Slot:

D 10: Sunday, 29 October 2017: 2:45 PM-4:00 PM

Scheduled Time:

2:45 PM

Keywords:

CAUTI, Collaboration and Teamwork

References:

TBD

Abstract Summary:

This session will focus on prevention of catheter associated urinary tract infections (CAUTIs) at a unit level. Key concepts to be covered include evidenced based practice regarding CAUTI prevention, recognition of patients who are at an increased risk of CAUTI's, examining barriers to removing catheters, and sharing solutions that work.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Recognize those patients who are at high risk for a CAUTI.	-Define CAUTI. -Discuss prevalence and complications from CAUTIs. -
Identify current best practices in the management of urinary catheters and CAUTI prevention.	-Discuss CAUTI Value Improvement Team (VIT) consisting of all members of nursing team (RNs, PCTs, UCs). -Discuss education provided to staff. -Discuss daily rounding. - Discuss collaboration with interdisciplinary team. -Discuss institution approved indications for a urinary catheter. -Discuss criteria for acute and chronic urinary catheters.
Discuss the barriers to urinary catheter removal and how they can be overcome.	-Discuss barriers with physicians, nurses, and patients and their families. -Discuss how a culture change can decrease patient harm and improve patient satisfaction.

Abstract Text:

Catheter associated urinary tract infections (CAUTIs) are considered preventable hospital acquired infections. Among patients who develop UTIs, an astonishing 75% of them are in those patients with

indwelling urinary catheters. The progressive care unit's CAUTI value improvement team (VIT) discovered an increased usage of urinary catheters in patients who did not meet criteria to have urinary catheters. This led to a rise in infections. The CAUTI VIT took an in depth examination of all unit CAUTIs and realized a culture change needed to take place.

The CAUTI VIT met on a bi-monthly basis to investigate all unit CAUTIs, research criteria for chronic and acute urinary catheters, identify barriers and successes, debrief on each unit acquired infection and plan and implement a path forward. A number of improvements were implemented. The CAUTI VIT rounded on a daily basis with a comprehensive checklist and "in the moment" education was provided to staff and physicians alike by VIT members. The team collaborated with the surgical critical care unit and made Castile soap the product used for urinary catheter care. Urinary catheter care was to be completed at the minimum every eight hours and as needed. Rounds occur daily on the unit and the nurses use a safety checklist to address patient's conditions. An area was added to the checklist that addressed urinary catheters and prompted discussion with the interdisciplinary team for the need of the urinary catheter. For each transfer or admission to the unit, the need for the urinary catheter was reviewed with the sending units and included a request for discontinuation prior to transfer if appropriate. The team educated staff with posters, emails, and "one on one" education. The VIT participated in the unit's annual critical skills by having each staff member demonstrate urinary catheter care, participate in a case study and discuss CCHS approved indications for a urinary catheter. In addition, all documentation including care plans, electronic urinary catheter assessment form, and urinary catheter care documentation on the flow sheet was reviewed. All RNs were trained on the new urinary catheter insertion kits and all nursing staff was trained on the application and removal of the securement device. Electronic diamonds were sent to staff members that removed urinary catheters. The VIT collaborated with physicians to create a culture change and make them aware of our CAUTI initiatives. Buy-in from nursing management ensuring nursing staff was following guidelines related to urinary catheter use helped promote the team's mission. With assistance from the unit's educator, the VIT team improved awareness of the importance of all new staff members being educated and trained on all unit based initiatives.

With all of the above implementations the unit decreased CAUTIs from 8 in fiscal year 2014 to 1 in fiscal year 2015. The unit went one year CAUTI free in September of 2015 and was awarded the hospital's No Harm Award. The unit did acquire 1 CAUTI in September of 2015, but has remained CAUTI free since that the last infection.

Key components to the culture change that took place were involving all staff, constant surveillance, and buy in from the entire team. Some of the obstacles included removing preconceptions and getting physician specialties such as nephrology on board. It took motivation and belief in the end goal, but the VIT's hard work prevented patient harm and empowered nurses and technicians on the unit to make positive changes and decrease infections.