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

Who is at Risk?

- Patient Factors
- Human Factors
- Institutional Factors

the journey of a thousand miles begins with 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!!

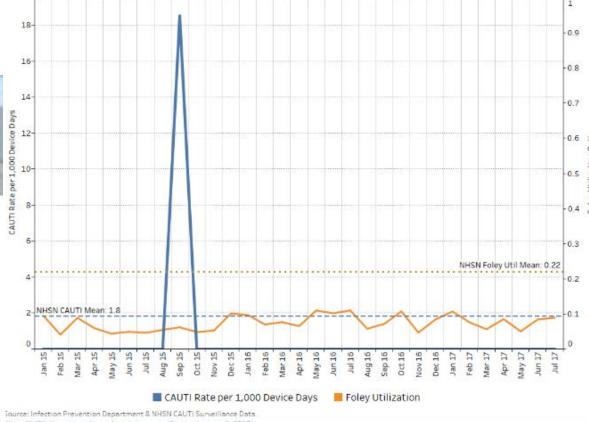
3D CAUTI Infection Rate & Foley Utilization Ratio Jan 2015 - Jul 2017



Success

what people think it looks like

what it really looks like



Vote: NH5N discontinued use of pooled means effective January 1, 2017.

Questions/Thank You



