

Title:

Challenging CAUTI and Urinary Catheter Use Reduction in the Total Hip and Knee Replacement Patient

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References:

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Abstract Summary:

We took a hard look at risk assessment related to indwelling catheter use and potential for CAUTI and the necessity of this practice in the total hip and total knee replacement population in our facility as we do a large number of joint replacements annually.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
Learner will be able to identify patients at risk for CAUTI	patient name will be added to algorithm to determine necessity of catheter use
learner will discontinue catheter if present on post op day one	patient with history of voiding issues will be reassessed, algorithm to be followed

Abstract Text:

The initiative we pursued was a result of a closer look at how we can minimize Catheter Associated Urinary Tract Infections and reduce use of catheters in our total hip and total knee replacement patients without compromising comfort. The gap was identified when considering risk assessment for this patient population. Our program has an average of 1000 plus patients annually. Patient history of urinary or

retention issues was taken into consideration when determining initial need to catheterize or not. Our practice of automatic insertion was the first focus of change. In order to accomplish this we needed to onboard the entire interdisciplinary team.

The patient is assessed using an algorithm to determine the need for a foley catheter prior to surgery which is based upon a GU history. The foley is discontinued on post-op day one, (previously discontinued on post-op day 2). If the catheter is not inserted in the OR, the patient is assessed for retention or bladder discomfort using a bladder scanner post-operatively. If retention is evident , a straight cath would be done. If continued retention, only then would an indwelling catheter be inserted.

It is then required that an MD or PA order daily necessity and reason for use if the foley is kept in beyond post –operative day one. Daily needs assessments are done during clinical rounds.

The collaborative effort with anesthesia using less spinal and epidural anesthesia has added to the decreased need for catheters. Prior to this initiative, 100% of the joint replacement patients had catheters inserted before surgery. Since the beginning of our initiative in 2014, as of July 2016, we have seen an 82.6% reduction in total hip and an 89.6% reduction in the total knee catheter use. We have also seen a reduction in CAUTI. Previous to this initiative we had 5 CAUTIs, in 2014 we had one and '0' for 2015 and 2016 through July 2016.