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

Anne S. Colucci, MA, RN-BC, ONC; Verona Henningham MSN RN FNP; Jeanine Woltmann BS RN CIC; Eugene S. Krauss, MD, FAAOS, FACS

Center for Orthopaedic Excellence at Syosset Hospital

Northwel



BACKGROUND

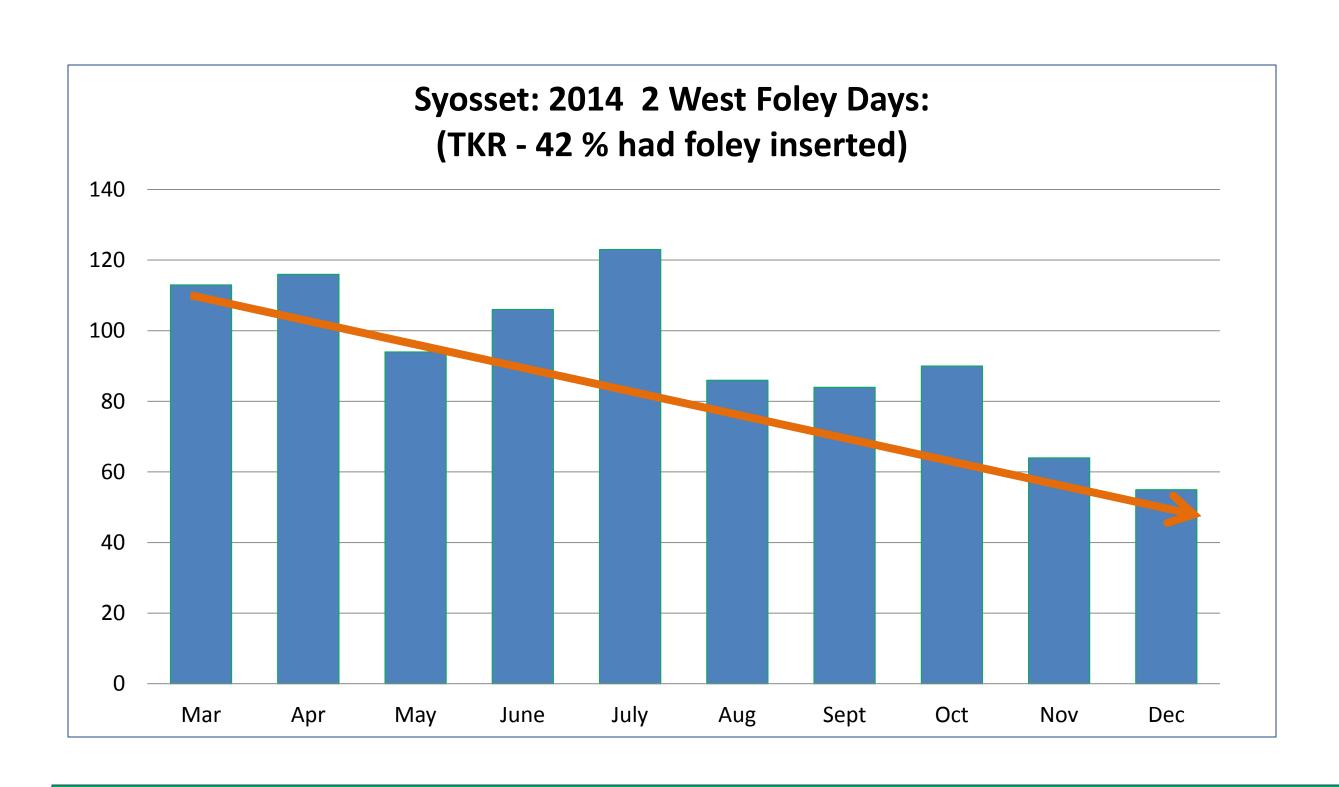
Learning needs knowledge Gap:

Health⁵

The gap identified was evident in risk assessment and catheter necessity of our total Hip and Total Knee replacement patients.

PURPOSE

Learner outcome objective: The learner will reduce the use of CAUTIs by reducing the use of urinary catheter insertions and number of indwelling catheter days.



THE PROCESS

Detailed description: The patient is assessed using an algorithm to determine the need for a catheter catheter prior to surgery which is based upon a GU history. The catheter 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 catheter 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 catheter 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 with TKR and expanding to THR, 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.

REFERENCES

RESULTS

Learner outcome objective: The learner will reduce the use of CAUTIs by reducing the use of urinary catheter insertions and number of indwelling catheter days.

