CAUTI REDUCTION: A multi-pronged CAUTI reduction strategy

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Purpose
According to the Agency for Healthcare Research and Quality (AHRQ), “catheter-associated urinary tract infections (CAUTI) are among the most common healthcare-associated infections (HAIs) in the US.” AHRQ states “that HAIs are a significant cause of illness death and excess cost” and “affect 1 in 20 hospital patients.”

Background
After seeing a steady increase in our CAUTI standardized infection ratio (SIR) and stagnant standardized utilization ratio (SUR) in 2018, a comprehensive plan to reduce CAUTI at a busy 500+ bed Level II regional trauma center was established. The plan included the following: pathway driven assessment of patients’ need for indwelling catheters, nurse driven device removal protocol, and standardized documentation of bundled nursing care.

Assessment
• An interdisciplinary team was organized, gap and root-cause analysis were performed.
• Inpatient chart audits were conducted revealing:
  • nurse initiated indwelling catheter removal protocols inconsistently applied,
  • catheters inserted for urinary retention without supporting documentation,
  • catheters frequently inserted in the emergency department (ED),
  • and inconsistent nursing care and documentation.

Goals
Based on our findings a multi-disciplinary, multi-pronged plan to improve the quality of care related to indwelling catheters and reduce CAUTI was deployed.

Intervention
• Urinary retention assessment pathway (URAP) developed to support the nurse initiated indwelling catheter removal protocol.
• Foley Reduction in the ED (FRED) campaign to reduce initial insertion of indwelling catheters.
• Device rounds implemented on the inpatient units to reinforce appropriate nursing practice.
• A female external catheter made available.
• Standardized CAUTI prevention education content provided at orientation and annually.

Evaluation/Outcomes
• Improvements observed after implementation of the URAP and inpatient device rounds
• A reduction in CAUTI SIR from 0.85 in 2018 to 0.545 and a slight decrease in the SUR from 0.931 in 2018 to 0.872 was noted through third quarter 2019.

Graphical Data

Implications for Practice
A comprehensive CAUTI prevention strategy for a large regional medical center focusing on clinical education, the ED, and inpatient units has led to a reduction of CAUTI and usage of indwelling catheters. While there has been marked improvements, continued monitoring and process improvement will be imperative.

References