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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.

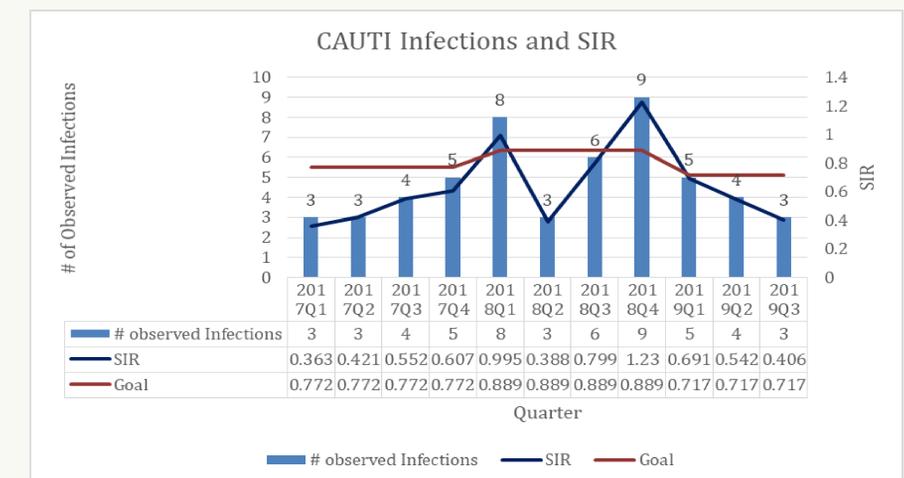
Intervention

- 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

Wound, Ostomy and Continence Nurses Society. (2016). *Care and management of patients with urinary catheters: A clinical resource guide*. Mt. Laurel, NJ. Callan, Laurie, Task Force Chair.

Uptodate. https://www.uptodate.com/contents/placement-and-management-of-urinary-bladder-catheters-in-adults?sectionName=TRANSURETHRAL%20CATHETER%20PLACEMENT&search=straight%20catheterization&topicRef=6883&anchor=H18&source=see_link#H18. Accessed 2/19/2019.

AHRQ (2015) *AHRQ Safety Program for Reducing CAUTI in Hospitals*. AHRQ Pub No. 15-0073-2-EF September, 2015.