Evidence

- CAUTI is the most frequent hospital acquired infection which often leads to significant complications
- Risk factors for developing CAUTI:
  - Duration of catheter utilization
  - Female gender
  - Older age
  - Improper sterile technique during insertion
  - Failure to maintain a closed drainage system
- Strategies to prevent CAUTI:
  - Implement a quality improvement program to reduce Foley catheter use and associated urinary tract infection
  - Consider alternatives to avoid Foley catheter use
  - Limit the duration of catheterization
  - Develop a protocol allowing nursing to remove catheters for patients who meet specified criteria
  - Provide guidelines to manage urinary retention after catheter removal, which may include bladder scanners
- Involve department leadership in providing feedback on unit-specific CAUTI rates and staff accountability
- Staff Education to include:
  - Insertion, maintenance, and removal of urinary catheters
  - CAUTI prevention strategies including:
    - Securing indwelling catheters
    - Maintain sterile, continuously closed drainage system
    - Collect urine samples from cleanest port
    - Maintain unobstructed urine flow
    - Empty urine collection bag regularly
    - Keep urine collection bag below the level of the bladder

Practice Change

- Our team decided to use the Iowa Model to examine the evidence on CAUTI prevention
- We incorporated these Evidence Based Practices to include the following:
  - Protocol driven care
    - Catheter removal within 24-48 hours
    - Perform and document proper peri-care
    - Catheter secured to leg
    - Tubing unobstructed
    - Drainage bag secured to the bed and not on the floor
  - Closed system maintained
  - Maintain sterile field during insertion
  - Utilize system wide urinary catheter guidelines for insertion and removal
  - Patient and family education
- Institute intentional daily rounding by NSMT using standardized audit tool to monitor:
  - Identify all Foley catheters in use
  - Track device days and identify indications for continuous use
  - Bedside observations to monitor protocol compliance
  - Friendly reminders for Foley removal to RN and MD
  - Education provided to all nursing staff via “Blitz Day”
    - Skills demonstration of peri-care, Foley insertion, and sterile technique
    - CAUTI survey
    - CAUTI tips sheet
- Post-education documentation was audited by leadership daily for 60 days with continued monthly audits conducted by the EBP team

Evaluation

- Implementation of daily rounding combined with focused staff education dramatically reduced our rate of CAUTIs
- After seven (7) months CAUTI free, we had one (1) CAUTI that prompted the team to regroup to develop a case study to re-educate and focus staff
- Our daily rounding process continues to keep CAUTI prevention at the forefront of our minds

Nursing Implications

- This EBP project has positively impacted nursing practice by:
  - Improving staff morale through teamwork
  - Increasing patient satisfaction
  - Decreasing Foley utilization
  - Promoting early removal of Foley catheters
  - Enhancing understanding of how evidence based practice impacts clinical practice
- Protocol driven care and increased staff awareness has dramatically reduced the incidence of CAUTI on our department
- The department received system wide and Magnet recognition for our successful initiatives

References