Implementation

- Technical
- Socio-adaptive
Disrupting the Lifecycle of the Urinary Catheter

1. Preventing Unnecessary and Improper Placement
2. Maintaining Awareness & Proper Care of Catheters
3. Prompting Catheter Removal
4. Preventing Catheter Replacement

The 1st ingredient for success is having a plan.
Start with a Plan

1) Form an infection prevention team that consists of various key people, with one person identified as the team leader.

2) Develop – or modify – a CAUTI policy for your institution.

3) Pick a unit where to begin, usually where there are the most catheters and where you are most likely to succeed.
Start with a Plan

4) Anticipate barriers – nurse resistance, physician resistance, patient/family requests for a catheter

5) Track performance (both processes and outcomes) and then escalate the intervention as necessary

6) Once successful, spread to other places (either units or other hospitals)

7) Consider sustainability at the outset
A 2nd ingredient for success is having a back-up plan.
## Tier 1 Protocol: Use of Indwelling Urinary Catheter Kit

<table>
<thead>
<tr>
<th>Assess for the necessity of indwelling urinary catheter</th>
<th>Encourage use of alternatives to indwelling catheter</th>
<th>Use standard indwelling urinary catheter kit</th>
<th>Ensure proper insertion technique</th>
<th>Follow maintenance and removal template for care and removal of the catheter</th>
<th>Measure CAUTI rates monthly</th>
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Monitor CAUTI rates closely. Proceed to Tier 2 if either of the following conditions are met over a period of 6 months:

1. **ICU** \(\geq 9\) CAUTIs/10,000 patient days
   2 CAUTIs/1,000 catheter days
2. **Non-ICU, Acute Care** \(\geq 3\) CAUTIs/10,000 pt days & 2 CAUTIs/1,000 catheter days


<table>
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<tr>
<th>Assess and document competency of healthcare workers performing insertion</th>
<th>Consider Root Cause Analysis or Focused Review of CAUTI or catheter use to identify improvement opportunities</th>
<th>Measure monthly for 6 months; re-evaluate. If rate has dropped below indicated levels proceed back to Tier 1</th>
<th>Sources: HICPAC CDC Guidelines on CAUTI Prevention</th>
<th><a href="http://www.catheterout.org">http://www.catheterout.org</a></th>
</tr>
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(Department of Veterans Affairs, VISN 11)
A 3\textsuperscript{rd} ingredient for success is having a great team.
### Key Roles and Responsibilities to Prevent CAUTI

<table>
<thead>
<tr>
<th>Role or Responsibility</th>
<th>Example of Personnel to Consider</th>
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<tbody>
<tr>
<td>Project coordinator</td>
<td>IP, quality manager, nurse manager, nurse educator</td>
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<tr>
<td>Nurse champion (engage nursing personnel)</td>
<td>Bedside nurse, nurse educator, unit manager, charge nurse</td>
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<tr>
<td>Physician champion (engage medical personnel)</td>
<td>ID physician, hospitalist, hospital epidemiologist, urologist, ED doc</td>
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<tr>
<td>Data collection, monitoring, reporting</td>
<td>Infection preventionist, quality manager, utilization manager</td>
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(Modified from www.catheterout.org)
Website includes information on CAUTI prevention:

- Tools for physician and nurse engagement
- Reference list of relevant articles
- Brochures for patients and families
- Prevention protocols
- CAUTI cost calculator
- Table of common barriers and possible solutions

http://www.catheterout.org