



Emergency Department CAUTI Bundle Initiative

Schuyler Hospital
Critical Access Hospital

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Opportunity:

Urinary Catheters not removed within 24 – 48 hours of placement

- Most Schuyler Hospital inpatients originate from ED
- Urinary Catheters initiated in ED were not always reordered on inpatient order set.

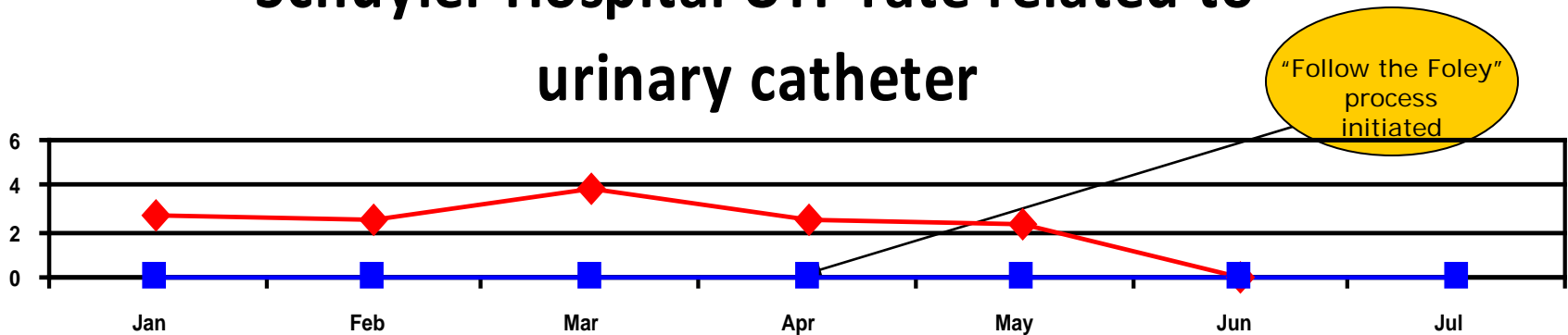
Outcomes:

- Urinary Catheters not removed promptly
- Increase in Urinary Tract Infections



Ratings

Schuyler Hospital UTI rate related to urinary catheter



◆ Schuyler Hospital rate # UTI x 1000/patient days
 ■ Target

2012	Jan	Feb	Mar	April	May	June
# of actual UTI related to urinary catheter	1	1	2	1	1	0
# of patient days	374	409	507	401	421	385
Rate (# of urinary catheter related UTI x 1000/# patient days)	2.67	2.44	3.94	2.49	2.37	0

“Follow the Foley”

Foley Catheter Tracking Sticker

FOLEY CATHETER	
DATE INSERTED	
CHANGE DATE	
FOLEY SIZE	
REASON FOR FOLEY	

Purpose:

- Identify patients with foleys who are admitted
- Hand off nursing tool

Procedure:

- Sticker is placed on the ED record by the ED nurse
- Admission nurse verifies foley protocol is ordered

Provider Order Form

Schuyler Hospital 220 Steuben Street, Montour Falls, NY 14865 607-535-7121	
Physician Orders <i>Addressograph</i>	
DATE	Disposition: <input type="checkbox"/> Place in Observation Status (24 - 48 hour stay) <input type="checkbox"/> ICU <input type="checkbox"/> Med Surg <input type="checkbox"/> Admit to In-Patient Status <input type="checkbox"/> ICU <input type="checkbox"/> Med Surg <input type="checkbox"/> Admit to Same Day Surgery <input type="checkbox"/> ICU <input type="checkbox"/> Med Surg <input type="checkbox"/> Transfer to Dr. _____ on _____
TIME	Allergies: _____ Diagnosis: _____ Code Status: <input type="checkbox"/> DNR <input type="checkbox"/> Full Code Condition: _____
A.M.	
P.M.	
ORDERS: Copy to PHARMACY	
Vital Signs: <input type="checkbox"/> Every Shift <input type="checkbox"/> Every 4 hours <input type="checkbox"/> Other: _____	
Neuro Check: <input type="checkbox"/> Every 4 hours <input type="checkbox"/> Every 4 hours while awake	
<input checked="" type="checkbox"/> Bowel Protocol	
<input type="checkbox"/> Telemetry	
<input type="checkbox"/> Echocardiogram	
<input type="checkbox"/> Coumadin Protocol	
<input type="checkbox"/> Insert PICC Line <input type="checkbox"/> If PICC Line, follow protocol	
<input type="checkbox"/> Ambulation per Nursing Protocol <input type="checkbox"/> Bedrest <input type="checkbox"/> Other: _____	
<input type="checkbox"/> O ₂ per Respiratory Therapy Protocol <input type="checkbox"/> Room Air	
<input type="checkbox"/> PT / OT Evaluation and Treatment - <i>Only if Indicated</i>	
<input checked="" type="checkbox"/> Foley Catheter <input type="checkbox"/> Foley Catheter Protocol Date of insertion: ___/___/___ Reason: _____	
<input checked="" type="checkbox"/> Automatic REMOVAL 48 hours <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Automatic RENEWAL 48 hours <input type="checkbox"/> YES <input type="checkbox"/> NO	
Diet: <input type="checkbox"/> NPO <input type="checkbox"/> Regular <input type="checkbox"/> Low concentrated sweets <input type="checkbox"/> Cardiac <input type="checkbox"/> Other: _____	
Weight: <input checked="" type="checkbox"/> On admission <input type="checkbox"/> Every day <input type="checkbox"/> Every week <input type="checkbox"/> Other: _____	
DVT Prevention: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes → (See MD orders next page)	
VACCINES: Copy to PHARMACY	
<input checked="" type="checkbox"/> Verify Flu vaccine status <input checked="" type="checkbox"/> If Flu vaccine is not current, administer 0.5 ml IM on day of discharge if indicated by vaccine assessment	
<input checked="" type="checkbox"/> Verify Pneumovax status <input checked="" type="checkbox"/> If Pneumococcal vaccine is not current, administer 0.5 ml IM on day of discharge if indicated by vaccine assessment	
<input checked="" type="checkbox"/> If vaccine(s) are current, document date(s) administered in medical record	
<input checked="" type="checkbox"/> If vaccine(s) are given, provide patient with CDC Vaccination Information Sheets (VIS) and document in medical record	
Physician Signature: _____	Date: _____ Time: _____

Revised 2-12

H2005-01 CD

Purpose:

- Provide a tool for ensuring compliance with protocol

Foley Catheter Protocol

<p>Schuyler Hospital 220 Steuben Street, Montour Falls, NY 14865 607-535-7121</p> <p>Foley Catheter Protocol</p>	
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1. Obtain urine culture upon admission (those patients admitted with indwelling foley catheter), upon insertion of foley catheter, and prior to antibiotics being started.
2. Nursing shall assess patient each day to ensure they continue to meet the recommended criteria.
3. Nursing shall notify the physician should patient not meet recommended criteria and request an order for catheter removal on Day 2 of admission (48 hours).
4. Criteria met for urinary catheterization as follows but not limited to (indicate all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Urinary retention. <input type="checkbox"/> Incontinence with pressure ulcers. <input type="checkbox"/> Urinary tract obstruction. <input type="checkbox"/> Neurogenic bladder patients not performing self catheterization at home. <input type="checkbox"/> Surgery involving GU tract. <ul style="list-style-type: none"> ▪ Foley to be removed Post Op Day 1 or 2. ▪ Documentation by physician if foley is to remain in longer. <input type="checkbox"/> Monitoring accurate urine output. <ul style="list-style-type: none"> ▪ Urometer must be in place <input type="checkbox"/> Acute renal failure. <input type="checkbox"/> Acute respiratory failure. <input type="checkbox"/> High dose of diuretics. <input type="checkbox"/> Urology orders would supersede the above criteria. <input type="checkbox"/> Other: _____
5. The Foley Catheter Bundle includes: <ul style="list-style-type: none"> a. Insert using sterile technique. b. Hand Hygiene before and after any contact with the Foley Catheter system. c. Secure catheter to thigh. d. Keep catheter bag below the level of the bladder. e. Maintain a sterile, continuously closed system. f. Specified criteria for insertion and continuation of a foley catheter. g. Peri care daily and after incontinent stool.
6. Nursing shall assure that foley catheter is stabilized with Catheter Strap when necessary.

Date Inserted: _____	Change Date: _____	Foley Size: _____
Day 2 Date: _____	MD notified for order to DC? Yes / No	
Discontinue foley? Yes / No	Reason to Continue Foley: _____	
Day 4 Date: _____	MD notified for order to DC? Yes / No	
Discontinue foley? Yes / No	Reason to Continue Foley: _____	

Purpose:

- Provide a tool for compliance with CAUTI bundle

Procedure:

- Ordered by provider
- Completed by RN

Our Next Challenge...

- **Translate process from paper to EMR**
 - **Physician Order Entry implemented July 2012**
 - **EMR in ED: Nov 2012**
- **Implement action plan to reduce unnecessary catheter usage**
- **Continue monitoring & add number of catheters placed in the ED**

