

Sustained Reduction in Hospital-wide Urinary Catheter Use and CAUTIs: An Infection Prevention Success Story

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CAUTI Reduction Initiative

- Began with a presentation at our Nursing Quality Council meeting on the potential benefits of implementing a CAUTI rate reduction initiative
- A CAUTI reduction Nursing sub-committee was formed to work on this initiative
- A **Nurse-driven protocol** for Foley removal by criteria was developed, and using a paper tool **trialed first in CCU**
- This protocol was **the key to our success**, and hence rolled out to the entire hospital
- This later became an electronic Nurse charting screen

Methods

- The CAUTI and Foley Catheter use Reduction Initiatives include the following key elements:
 - Nurse-driven catheter removal protocol (criteria-based)
 - CPOE requirement for documentation of catheter insertion criteria – (Worked with IT to train all physicians)
 - Device specific charting module added to MD electronic progress notes
 - Monthly unit-specific feedback on catheter use rates and infection rates
 - Biweekly review of results and discussion at the multidisciplinary Quality Briefing

Checklist for Nurse-directed Foley Removal

- **Which criteria for appropriate use of Foley catheter does your patient meet?**
- 24 hour urine collection (if unable to obtain by voiding)
- Epidural Catheter (collaborate with MD for earliest removal)
- Head injury, acute (collaborate with MD for earliest removal)
- Skin breakdown (in males not manageable with condom catheter)
- On “spine precautions”
- Acute neurogenic bladder
- Clinical need, i.e. chemically paralyzed and sedated (sedation alone is not sufficient to keep Foley catheter in place)
- Pelvic fracture or crush injury
- Hemodynamically unstable needing strict I/O (Q 1 hour urine output)
- Renal / Urology Surgery
- Colorectal Surgery/Cardiac Surgery (collaborate with MD for earliest removal)
- Abdominal / Pelvic Surgery (collaborate with MD for earliest removal)
- Comfort for end of life care

- **If none of the above criteria are met, remove the Foley and alert physician.**

CPOE Foley Insertion Criteria

Parry Stamford CAUTI (SHEA).pdf - Adobe Reader

File Edit View Document Tools Window Help

6 / 19 66.5% Find

CPOE Foley insertion criteria

HT: 68 in / Wt: 129.1 lb BSA: 1.67 m² BMI: 19.6 kg/m² Critical Care Unit 2407-01 ADM IN Full Code

Allergy/AdvReac: NO KNOWN DRUG ALLERGIES

Enter Detail for Insert Foley Catheter (NUR)

software by MEDITECH

Insert Foley Catheter (NUR)

Order

Insert Foley Catheter (NUR)

	Date	Time	Direction
1	7/1/10		
2			
3			
4			

Criteria for Inserting/Maintaining a Foley Catheter

- 2 (Acute retention/obstructn)
- 3 (Epidural catheter)
- 4 (Paralysis/Deep sedation)
- 5 (Significant skin breakdown)
- 6 (Spine precautions)
- 7 (Crush injury or pelvic fx)
- 8 (End of life care)
- 9 (Surgery: Urologic)
- 10 (Surgery: Colorectal)
- 11 (Surgery: C-section)
- 12 (Surgery: Cardiac)
- 13 (Surgery: Other prolonged)

Additional Order Instructions

* Criteria for Inserting/Maintaining a
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Results

Hospital-wide CAUTI and indwelling urinary catheter (Foley) use data was fed back to staff through:

- Monthly unit-specific feedback on catheter use rates and infection rates
- Data Posted on Intranet
- Biweekly review of results at Multidisciplinary Quality Briefings

Initiative Accomplishments are:

- Initially Successful CAUTI rate reductions from **4.78 to 2.60** infections per 1000 catheter-days (as per NHSN), over a 30 month period from January 2009 to June 2011. There have been continued infection rate reductions through June 2012 (for a total of 41 months), with infection rates ranging between **1.99 – 2.33** infections per 1000 catheter-days.
- Likewise, Foley Catheter use was initially reduced by 40%, and has continued to fall even further over the same period of time