
# PROJECT: STOP CAUTI

St. Catherine Hospital
East Chicago, Indiana
Cindy Bejasa – Director, Quality/Risk

# Established in 1928, over 85 years of providing safe, quality and compassionate care

Nonprofit, full service hospital, deeply committed to serving the poor and under-served:

- Safety-Net/Disproportionate Share Hospital, with approximately 30% Medicaid and 4% Self Pay

Inpatient and outpatient care - all medical specialties:

- Emergency, Critical Care, Med-Surgical, Maternal & Child, NeuroBehavioral Medicine, Surgical Services


# Member of Community Healthcare System

- Hospital and Stroke Program are accredited by The Joint Commission
- Chest Pain Program is certified by the Society of Cardiovascular Patient Care
- Acute Rehabilitation Unit accredited by CARF
- Laboratory accredited by CAP

# Facilities Map

# Process Improvement

- Analyze the data/understand the requirements
  - Two to three years worth of data; identify trends
- Set improvement priorities
  - Set goals and expectations, benchmark with best practice
- Identify and implement targeted interventions
  - Implement evidence-based practice guideline
- Engage the team
  - Physicians and front line staff
- Measure and monitor success
  - Communicate to all departments

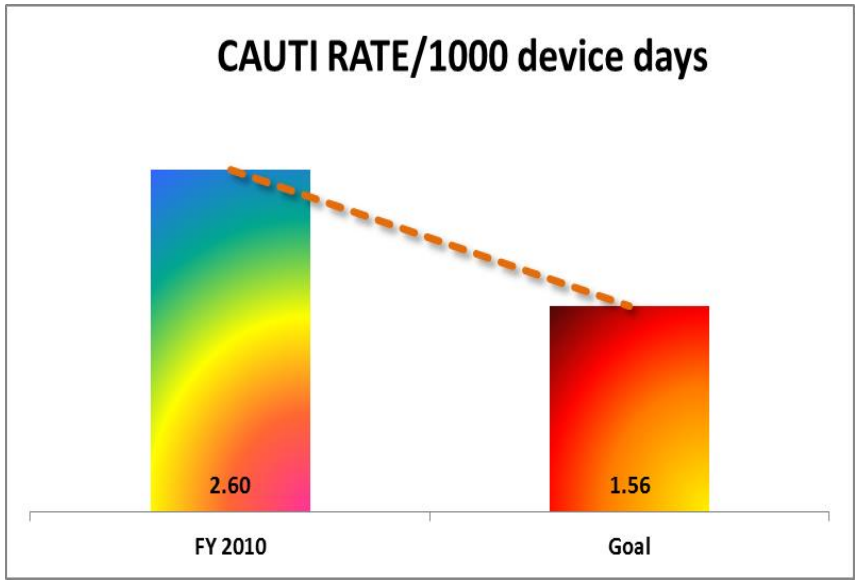
# PROJECT: STOP CAUTI

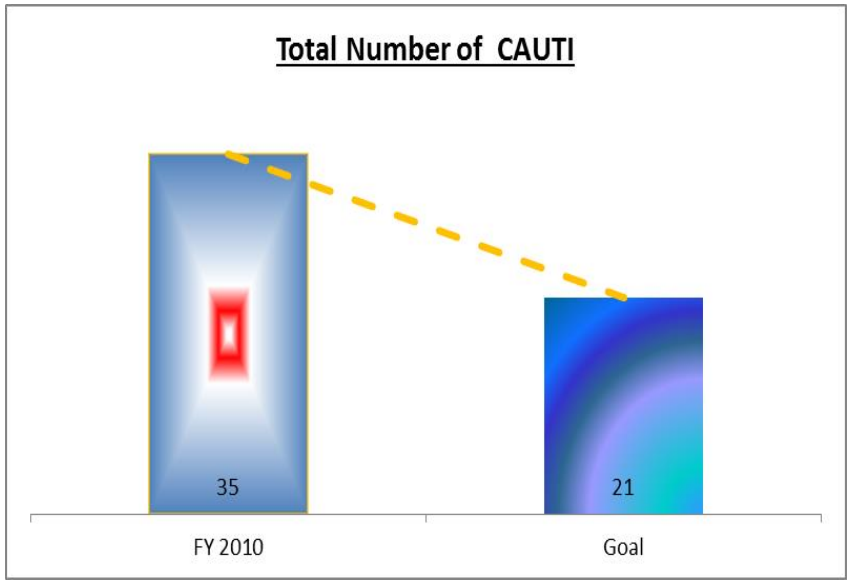
# Our Team

- Director of Education
- Charge Nurse, Surgical Services
- Staff Nurse, Medical – Surgical Floor
- Purdue students
- Infection Control Committee
- Physician champions: urology, infection disease

# Project Goals

- Reduce rate/number of CAUTI's by 40% by end of December, 2013



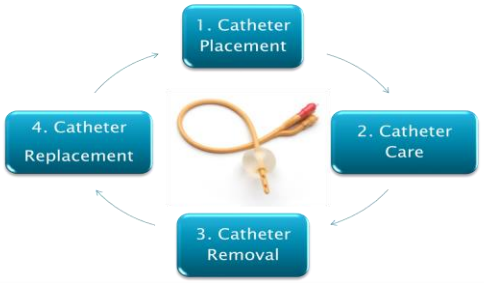
# Why CAUTI?

- Urinary tract infection causes 40% of hospital acquired infections
- Most infections are due to urinary catheters
- Leads to increased morbidity and cost
- Reducing CAUTI not only will reduce cost of healthcare but will also improve patient safety

# Where to start

1. Catheter Placement
2. Catheter Care
3. Catheter Removal
4. Catheter Replacement

# Where to start




- Make sure the catheter is indicated
- Adhere to evidence – based practice guidelines endorsed by CDC
  - Aseptic insertion, proper maintenance, hand hygiene, use of chlorhexidene, etc
- Remove the catheter as soon as possible

# What did we do?

- Required documentation of indications prior to insertion of indwelling catheter
- Implemented the prevention bundles/strategies endorsed by CDC
- Implemented the nurse driven protocol for removal
  - Assessment of indwelling catheter for appropriate use and removal

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**PHYSICIAN'S ORDERS**

**ALLERGIES**

| HEIGHT | WEIGHT |
|---|---|
| | |

**Patient Identification**

**DATE/TIME**

## Urinary Catheter Appropriate Use and Removal Protocol

**1. Insert urinary catheter due to:**

- ☐ Monitoring of output in critically ill patient
- ☐ Immobilization because of surgical procedure, such as pelvic or hip fracture, sedation, paralysis, of decreased level of consciousness
- ☐ Urinary incontinence in the presence of skin breakdown in the sacral or pelvic area
- ☐ Need to provide drainage in urologic surgery or surgery to contiguous structures
- ☐ Massive hydration and massive dieresis
- ☐ To improve comfort for end of life or palliative care
- ☐ Urinary retention including obstruction and neurogenic bladder: the patient is unable to pass urine because of an enlarged prostate, blood clots, an edematous scrotum/penis or unable to empty the bladder because of neurologic diseases of medication effects.

**2. Catheters placed due to anticipated length of surgery should be removed in the Post Anesthesia Care Unit.**

**3. Assess and document continued need for urinary catheter daily utilizing the above criteria.**

**4. Remove the catheter when appropriate use criteria are no longer applicable**

**5. Observe for spontaneous void post removal**

**6. Perform bladder scan if no void within 6 hours**

**7. Follow "Urinary Catheter Appropriate Use" algorithm**

**8. Notify MD for any concerns or failure to spontaneously void.**

# Assess patient daily for appropriate use and continuation of urinary catheter

## Meets Criteria for continued use.

### Criteria for continued use.

1. Monitoring of output for critically ill patients
2. Immobilization due to:
   Surgical procedure such as hip or pelvic fracture
   Sedation/paralysis or decreased level of consciousness
3. Urinary incontinence with skin breakdown stage III or IV
4. Drainage in urological surgery or surgery on contiguous structures
5. Massive hydration with massive diuresis
6. Improve comfort for end of life or palliative care
7. Urinary retention including obstruction or neurogenic bladder. Unable to void due to enlarge prostate, blood clots , edematous scrotum/penis or unable to empty bladder because of neurologic disease or medication effects.

## Does not meet criteria for continuation

Discontinue Catheter observe for 1st void

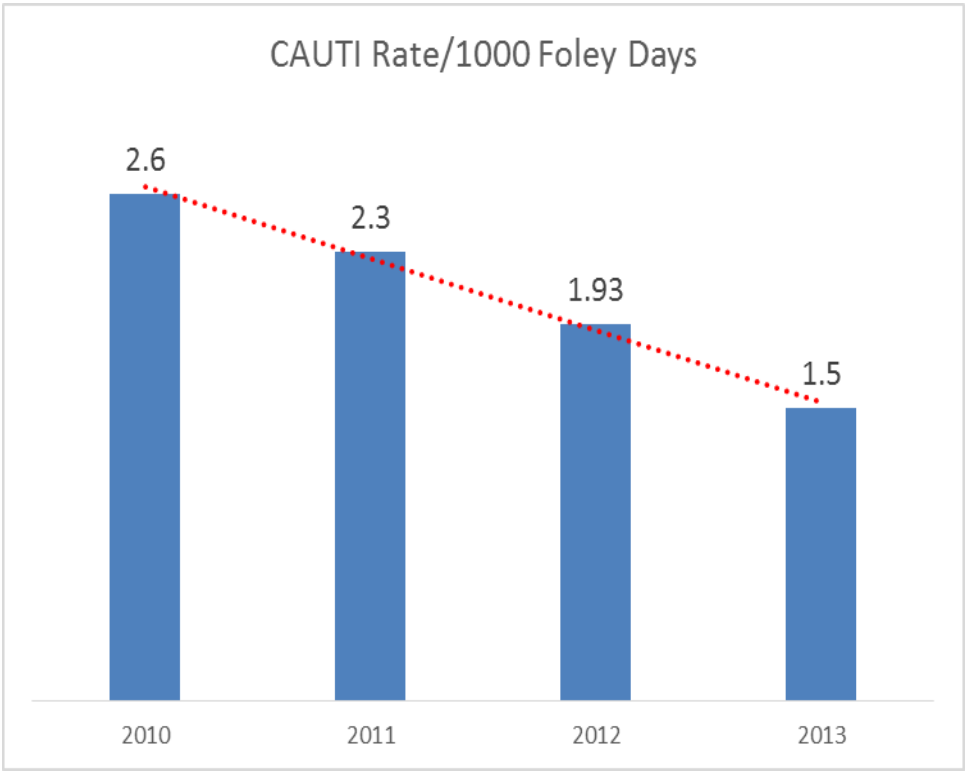
Spontaneously voids without symptoms. Continue to monitor.

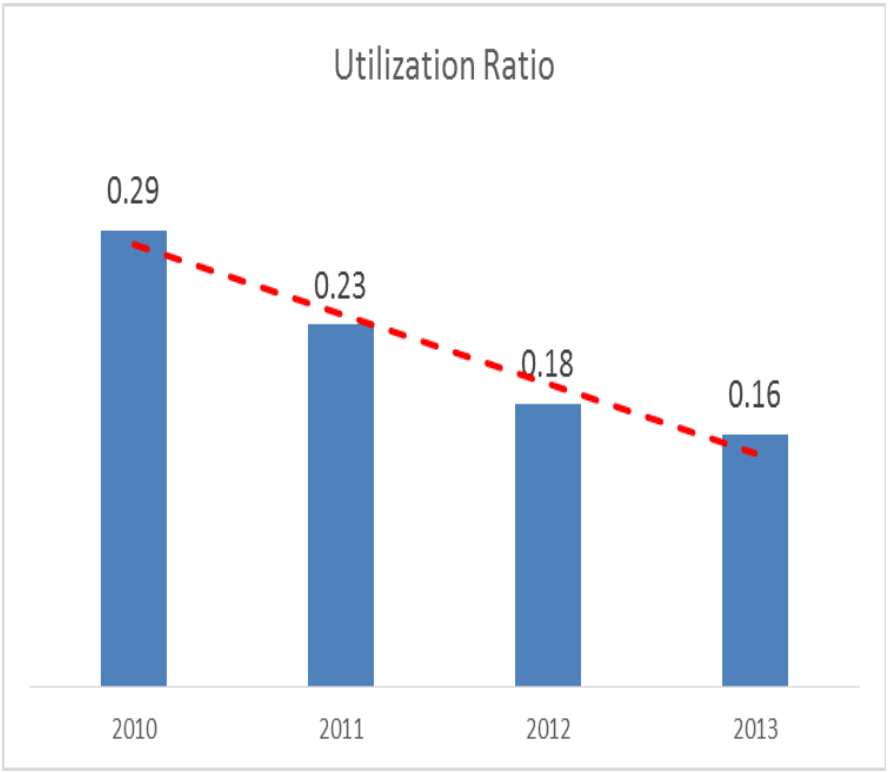
If no void within 6 hours perform bladder scan, <300cc continue to observe and assess for symptoms. If >300cc notify MD, assess for symptoms, consider intermittent catheterization.

If no void within 12 hours of removal, do bladder scan, if <300cc continue to observe. If > 300cc assess for symptoms, consider intermittent catheterization. Notify MD.

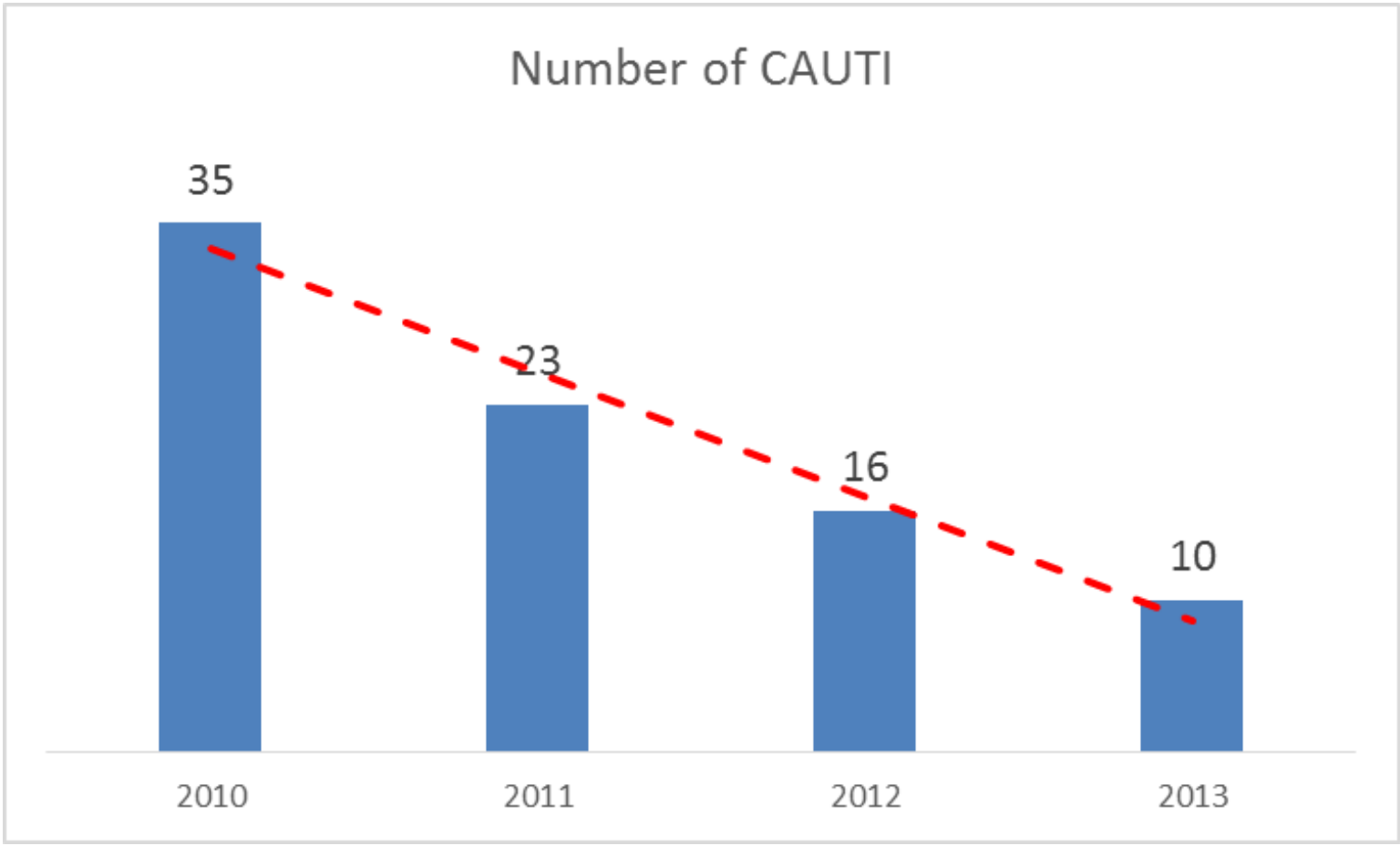
Repeat bladder scan- if symptoms unrelieved and urinary retention > 300cc. Notify MD, consider intermittent catheterization or re-insertion of urinary catheter.

# Did it work?


CAUTI Rate/1000 Foley Days
2.6
2.3
1.93
1.5
2010
2011
2012
2013


Utilization Ratio
0.29
0.23
0.18
0.16
2010
2011
2012
2013

# Did it work?




Community Healthcare System
ST. CATHERINE Hospital

# Did we meet the goal

| Measurement | Baseline | Results CY 2013 | Percent of Reduction |
|---|---|---|---|
| CAUTI Rate/1000 Foley Days | 2.60 | 1.50 | 42% |
| Number of CAUTI's | 35 | 10 | 71% |
| Utilization Ratio | 0.29 | 0.16 | 44% |

# Building and Sustaining Success

- Establish and communicate organization-wide/ departmental goals
- Clear consistent dashboard for sharing results on a regular basis to all staff
- Involve the physicians and the frontline staff in identifying opportunities for improvement and in developing strategies, approaches

# Building and Sustaining Success

- Provide training for staff in order to have skills essential for success
- Foster a culture of “excellence”, always searching for opportunities for improvement
- Celebrate successes and provide positive feedback
- Support from the top

# Questions???

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