

Implementing Catheter Associated Urinary Tract Infection (CAUTI) Prevention Evidence-Based Practices To Improve Nurses' Knowledge Gain and Documentation Compliance

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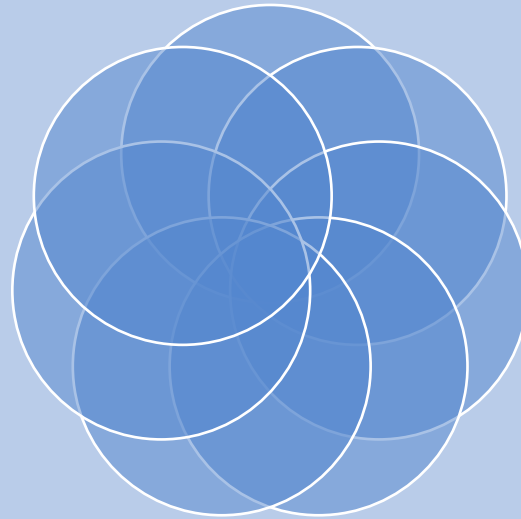
2017 Tenth National Doctors of Nursing Practice Conference

PROBLEM STATEMENT

**High device
utilization
ratio (DUR)**

**Lack of
standardized
education on
EBP**

**Gap in nursing
documentation**



**Cost of catheter
associated
urinary tract
infection
(CAUTI)**

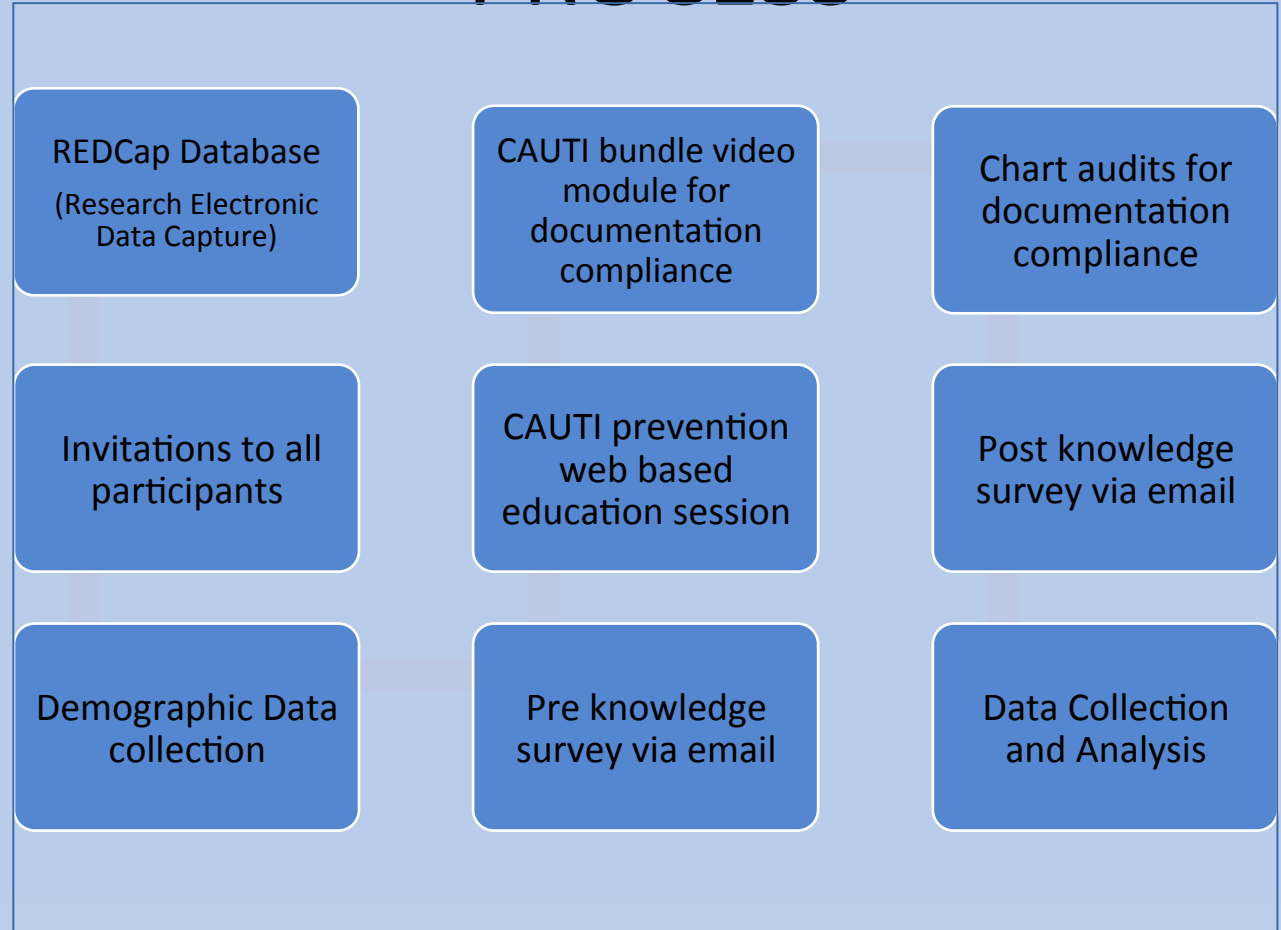
**Impact of
federal
agencies**

**Center for
Medicare and
Medicaid' role**

DESIGN & METHOD

- Community hospital
- Registered Nurses
- Surveys
- Chart reviews

PROCESS



DATA TOOLS

Catheter Care Evaluation Tool

Indication Criteria Documented? <i>Must meet at least one</i>		Assessment of Care (Yes – compliant)	
Patient has acute urinary retention or bladder obstruction	Yes / No	Catheter securement	Yes /No
Need for accurate measurement of urinary output in critically ill patients	Yes / No	Tamper evident seal intact	Yes /No
To assist in healing of open sacral or perineal wounds in patients who are incontinent	Yes / No	Catheter tubing is not twisted, kinked	Yes /No
Patient requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures).	Yes / No	Catheter bag positioned lower than bladder to prevent backflow	Yes /No
To improve comfort for end-of-life care if needed	Yes / No	Drainage bag not touching the floor	Yes /No
Pre-operative use for selected surgical procedures: 1. Patients undergoing urological surgery or other surgery on contiguous structures of the genitourinary tract 2. Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in PACU) 3. Patients anticipated to receive large volume infusions or diuretics during surgery 4. Need for infra-operative monitoring of urinary output	Yes / No	Bladder scanner used	Yes /No
Physician documented reason Foley in place greater than 2 postoperative days:	Yes / No	Foley insertion date documented	Yes /No
Patient Criteria for Foley met	Yes / No	Foley removal date documented	Yes /No / NA

Knowledge-base Survey Tool

Knowledge Based Survey for RNs

Urinary catheters are likely to be left in place too long in which patients?

- A. Elderly with cognitive impairment, confusion and urinary incontinence
- B. Children with urinary incontinence, confusion and cognitive impairment
- C. Younger adults with urinary incontinence, cognitive impairment and confusion
- D. Immunosuppressed patients with cognitive impairment and urinary incontinence

What is the stance of CMS on CAUTIs?

- A. The CMS no longer reimburses hospitals if the patient is admitted with a CAUTI.
- B. Patients are charged for CAUTIs.
- C. The CMS no longer reimburses hospitals for extra costs of CAUTIs.
- D. CAUTIs are considered unavoidable consequences of catheterization.

Indwelling urinary catheters should be used:

- A. To protect an open sacral/perineal wound if patient is incontinent
- B. When a patient cannot communicate a need to void
- C. To prevent wet bedding
- D. To save time for nurses

What is the key CAUTI risk factor?

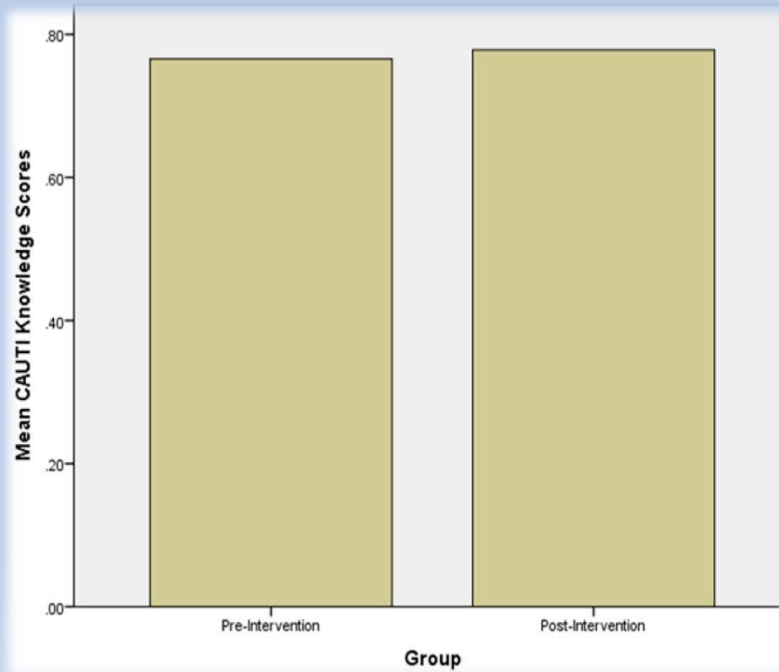
- A. Old age
- B. Duration of catheterization
- C. Incontinence
- D. Female sex

Nurses are in a position to decrease CAUTIs by:

- A. Advocating for antibiotic-impregnated urinary catheters
- B. Performing routine bladder irrigations
- C. Implementing nurse-driven catheter removal protocols
- D. Inserting urinary catheters using strict clean technique

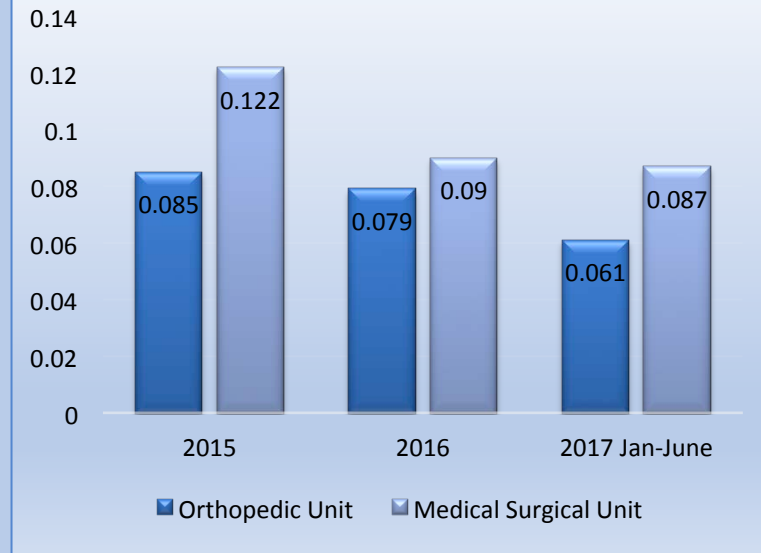
RESULTS

Paired Samples t-test on CAUTI Knowledge Scores

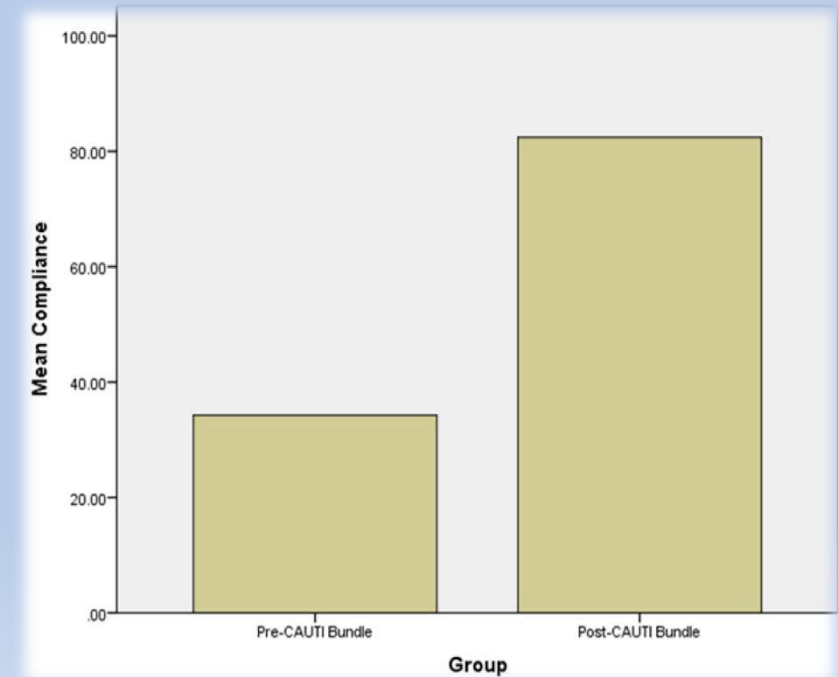


(Md = 1.08) $p = 0.665$. CAUTI rate = 0

Device Utilization Ratio

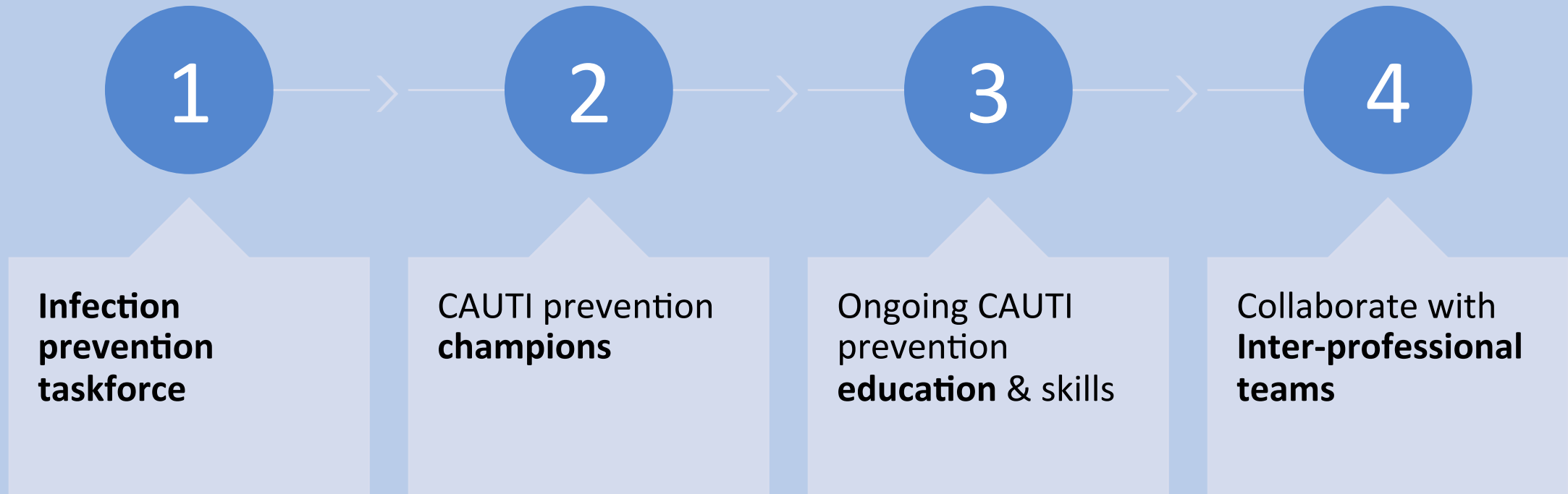


Paired Samples t-test on Documentation Compliance



(Md =48.14) $p < 0.0001$

SUSTAINABILITY



Implications & Recommendations

1

Implications for practice setting

- Evidence-based practice is the foundation of nursing practice
- Including frontline staff in change increases employee engagement
- Using evidence-based strategies improves patient outcomes.
- Inter-professional collaboration creates transparency, and increases accountability.

2

Recommendations

- Replicate study using all questions on original survey
- Standardized tool to audit EMR documentation
- Utilize electronic chart surveillance
- Ongoing staff education

Conclusion

1

Implement EBP
CAUTI guidelines
to standardize
workflows

2

EBP can
streamline nursing
interventions

3

Ongoing
education
empower nurses

4

Electronic
surveillance
minimize gaps

5

Partnerships &
leadership
support facilitate
quality outcomes

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