DNP leader role modeling the use of evidence to decrease catheter associated urinary tract infections with leader rounding using a checklist

Elizabeth Menschner, DNP, MAS, MSN, RN, NEA-BC
Temple University Hospital 3401 N Broad St. Phila., Pa. 215-707-9491
Elizabeth.Menschner@tuhs.temple.edu

PICO QUESTION

P - In adult medical and neurosurgical intensive care patients with indwelling urinary catheters
I - What is the effect of DNP leader role modeling daily nurse leader rounding and the use of a criteria-based reminder sheet
C - Compared with no reminder sheet
O – On indwelling catheter days and the rate of catheter acquired urinary tract infections

ABSTRACT

Background:
It has been estimated that each year, more than 13,000 deaths are associated with CAUTI's (Magill et al., 2014). Decreasing use of indwelling catheters through removal when no longer clinically indicated is the key to decreasing or eliminating CAUTI. Approximately 12%-16% of adult hospitalized inpatients will have an indwelling urinary catheter at some time during their inpatient admission. Each day the indwelling urinary catheter remains, a patient has a 3% to 7% increased risk of acquiring a CAUTI (Burton, Edwards, Srinivasan, Fridkin, & Gould, 2011).

Purpose:
The purpose of this project was to determine if nurse leader rounding using a checklist for urinary catheter necessity and removal will have an indwelling urinary catheter at some time during their inpatient stay.

Methods:
A process improvement plan was drafted utilizing Focus Plan-Do-Check -Act framework (PDCA). Preventing Catheter-Associated Urinary Tract Infections.

Four Components of Care:
• Avoid unnecessary urinary catheters
• Insert urinary catheters using aseptic technique
• Maintain urinary catheters based on recommended guidelines
• Daily leader rounding using a checklist for urinary catheter necessity and removal

ABSTRACT

Purpose:
The purpose of this project was to determine if nurse leader rounding using a criteria-based reminder sheet to prompt removal when indwelling urinary catheters are no longer clinically indicated will decrease catheter days and CAUTI infections compared to nurse leaders not rounding.

Methods:
A process improvement plan was drafted utilizing Focus Plan-Do-Check -Act framework (PDCA). Preventing Catheter-Associated Urinary Tract Infections.

Four Components of Care:
• Avoid unnecessary urinary catheters
• Insert urinary catheters using aseptic technique
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RESULTS

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LIMITATIONS

• One limitation to the study included the fact that it was a single site study in a multisystem organization.
• Another limitation was that the study had a short duration of a six week period of time. It may be beneficial to evaluate a longer period of time.
• There were two CAUTIs during the study period. One CAUTI was attributed to the neurosurgical intensive care unit that occurred when the patient was in another location within the hospital.
• Another limitation included the fact that there are many other elements that contribute to CAUTI and length of time the catheter is in place is not the only rate limiting factor.

REFERENCES


