



CAUTION with Catheters

SJHH CAUTI reduction initiative

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- “First we have to recognize that we have a problem, and then we have to figure out how to come together as a community to solve the problem”

James B. Conway

Issue

The SJHH nurse sensitive data from the Canadian Hospital Reporting Project (CHRP) was elevated (CHRP) in several categories

Catheter Associated Urinary Tract Infections (CAUTI)

Healthcare Associated Pneumonias (HAP)



Project

- Interdisciplinary team formed
- Literature review completed
- Scope defined
- Review Products(catheter kits etc)and Ensure Ease of Access

Project

- Engage & Educate Nursing staff
- Create evidenced based policies
- Support nurse driven initiatives
- Evaluate- Regularly assess performance measures

Interventions in hospital can overwhelm a patient's innate immunity

- Put in devices only as needed
- Remove devices as soon as possible
- Support the bodies defenses e.g. catheter care

The Context in Acute Care

- 25-35% prevalence rates for urinary catheters
- Up to 63% do not meet indications
- 40% of MDs are unaware their pt. has a catheter
- 40% of HAIs are UTIs
- 80% of HAI UTIs are due to urinary catheters

Risks of Indwelling Urinary Catheters

- Disturbs bodies ability to eliminate bacteria from the lower urinary tract
- Can permit bacteria to enter
- Provide a surface for biofilms to form
- Duration of catheterization is **most** important risk factor

Evidence-based Strategies

- Catheterizations for appropriate indications only
- Use of aseptic technique, sterile equipment and proper maintenance
- Prompt removal

Supports

- Policy 1- indwelling catheter use, maintenance and removal
- Policy 2- Management of urinary retention
- Urinary Clinical Protocol
- Audit tool

Rate went from 1.6 to 1.3 CAUTI/1000pt days

On-going work

- Use new EMR to track catheter days
- Ensure that the protocols are being followed
 - Regular evaluation will **always** be required
- Engage other groups outside of the working group (coders, physicians etc.)
- Data needs to be widely available

The Catheter's Lament

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I am a urinary catheter
Dark places I must go
My job is clear
I have no fear
I need to ease the flow

You are the one I am inside
It enters not your head
That if I'm left in
(a mortal sin)
You could just end up dead

At times, I am a useful aide
But my use you should not flout
On every day
Someone should say
It's time to take me out!

M. Kiernan RN

Thank-you

The CAUTI working Group

Cheryl Evans, Pat Ford, Sandra Ireland, Anne Bialachowski, Anne Marie MacDonald, Mary Dunn, Sherry Noseworthy, Susan Ritchie, Yelena Potts

- IHI Program to Prevent CAUTI <http://www.ihi.org/>
- APIC CAUTI Elimination Guide <http://www.apic.org/>
- IDSA Guidelines (Clin Infect Dis 2010;50:625-63)
- SHEA/IDSA Compendium (ICHE 2008;29:S41-S50)
- National Quality Forum (NQF) Safe Practices for Better Healthcare – Update April 2010 . CDC/Medscape collaboration <http://www.cdc.gov/hicpac/>

Pratt et al. (2007). EPIC 2: National Evidence-Based Guidelines for Preventing HAI in NHS Hospitals in England. *Journal of Hospital Infection*. 655. S1-S64.

Registered Nurses Association of Ontario (Revised 2011). *Nursing Best Practice Guideline: Promoting Continence Using Prompted Voiding*.

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