

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

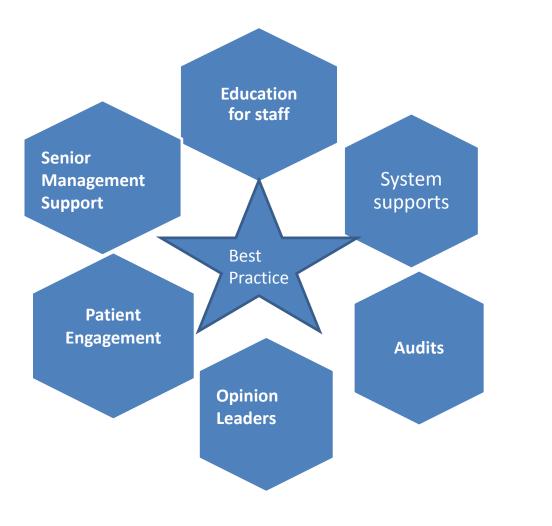


Issue

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)





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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% prevalance 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

re∙new the promise 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

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 <u>http://www.ihi.org/</u>
- 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 <u>http://www.cdc.gov/hicpac/</u>



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.

Stokowski, L. (2009). Preventing catheter associated urinary tract infections. Retrieved from <u>http://www.medscape.com/viewarticle/587464</u>

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