Infection Prevention & Control presents…

The CAUTI Corner

A monthly newsletter brought to you by the CAUTI Collaborative

February 2017

Updated Nurse Driven Protocol!

- Our nurse driven protocol has been updated to include the use of straight cath for the patient that is unable to void post Foley removal
- This will decrease the need for reinsertion of the Foley catheter, which often prolongs the voiding problem and increases the risk for CAUTI
- It also allows us to be more proactive in CAUTI prevention
- A CAUTI prevention bundle is now included in the protocol which includes best practice interventions for patients that require a Foley catheter for a medical need
- The protocol has been approved by the IC Committee and Med Exec, it will need final approval before it goes "live" – *stay tuned!*

CAUTI on Med Surg

- 85 year old female presented to the ED from a SNF for SOB
  - Presents with "chronic Foley"
- PMH: Afib, CAD, SVT, HTN, DM, COPD, EF of 25%
- Admitted to Tele for CHF
  - Plan for: gentle diuresis & Cardiology consult
  - Day of admit transferred to ICU for hypotension, Afib, dyspnea
  - Foley changed on hospital day 2 (HD2) in ICU because of unknown insertion date per SNF
  - On HD4 pt transferred to Med Surg
  - Urology consulted on HD7 for chronic Foley – they suggested voiding trial, but Hospitalist decided to keep Foley in for accurate output. Palliative care was consulted the same day
  - On HD8, WBC elevated, UA/C&S sent, ABX started
  - On HD9, RRT called, pt transferred back to ICU, Foley changed again (not sure why) and new urine sent
  - Pt failed treatment for CHF, went on hospice, and passed
- What could we have done differently?
  - We failed to consult urology in a timely fashion. The pt had a Foley in place because she missed outpt appointment for voiding trial. Nurses *did* question why Foley was in to Hospitalist and requested urology consult! So definitely keep fighting for your patients and reach out to us if you need to!
  - We must ensure we are documenting I&O accurately, every shift! Providers need to be able to rely on this information. We CAN obtain accurate I&O without a Foley.
  - Foley was changed twice while in hospital
    - The proper indication for changing a chronic Foley includes changing only if infection is suspected in which case a urine specimen should be sent off of the new/"clean" Foley
    - Changing Foley catheters routinely can disturb the biofilm and actually cause an infection
    - Patients with chronic Foleys usually have bacteriuria which only needs to be treated if they have **symptoms** of UTI
  - Patient was being consulted for palliative care and hospice but we still sent off urine
    - Only send specimens if we plan to treat!
- Think: Did we do everything we could have in terms of Foley care?
  - Meticulous maintenance and hand hygiene

What's Our Current Status?

For FY2017, we have had…

2 CAUTIs

Tele & Med Surg have both had CAUTIs

What are our goals?

- ✓ Decrease CAUTI by 20%
- ✓ Decrease Foley usage by 20%

PACU Protocol Changes

- PACU and Anesthesia have made changes to their protocol for joint patients to decrease Foley usage
- Instead of inserting a Foley, patients are bladder scanned in PACU to assess for urinary retention post-op
- Patients with >300 ml of urine in their bladder are being straight cathed
- Patients will be bladder scanned within 1 hour prior to transport to the inpatient unit (likely Ortho)
- The inpatient unit will follow the same protocol they would if a patient was unable to void post Foley catheter removal (our current Foley nurse driven protocol). As the protocol states, patients should void within 6-8 hours and if they do not they should be bladder scanned. If they have more than 350 in their bladder they should call the provider. At that time we should assess for need for straight cath or Foley cath insertion.
- This new PACU protocol is going to help us significantly in decreasing Foley usage in this patient population!

Plan Moving Forward

- Daily reporting at safety huddle
  - Nurse managers are reporting the number of Foley catheters on their units for leadership to hear
  - Medical indication discussed for Foleys present >2 calendar days
  - Avoid reporting "chronic" Foley, even "chronic" Foleys have a medical indication that we should be monitoring!
- Collaboration with providers
  - IP has discussed our CAUTI goals and initiatives with many of the providers
  - IP has asked providers for their support in helping us to reduce Foley usage
  - So far IP has met with Med Exec, Hospitalists, Department of Surgery, and our CMOs
  - In order to be successful in CAUTI prevention we all must work together for patient safety!

CAUTI Lunch & Learn

- Join the IP department for a lunch & learn on the topic of ***Timely Catheter Removal: Building Confidence and Reliability***
- **Thursday, March 16th 12-1pm in Potter**
- We will review our success and our continued barriers
- We will discuss daily review of medical need for Foleys, resources available to assist with decision making, interprofessional collaboration, and where we stand with the CMS reduction measures

CAUTI COLLABORATIVE COMMITTEE

Information in this newsletter serves as minutes from our February 28th committee meeting.

Members present at this meeting include:

- Veronica Paolantonio – Ortho
- Stephanie Parente – Infection Prevention
- Melissa Palombo – Telemetry (*New member - Welcome!!*)
- Pam Hargraves – Med Surg
- Lauren Houle – Med Surg
- Lee Ann Quinn – Infection Prevention
- Erin Swanson – Telemetry/Infection Prevention
- Maura DiCecco – ED

Our next meeting is March 28th.

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