CAUTI Prevention: Reducing Catheter Days in the ICUs

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CAUTI Reduction Timeline

- 2010
  - ICUs join On the CUSP: Stop BSI
  - CUSP Teams formed with process for debriefing
  - Close working relationship with Infection Prevention RN

- 2012
  - Evolved to ICU Value Improvement Teams
  - ICU Daily Goals Checklist pilot
  - Systemwide UTI Taskforce
    - Documentation
    - Bladder Scanners
    - Alternatives

- 2014
  - CAUTI Collaborative
  - Practice Survey
  - EMR enhancements

- 2015
  - Go Live
    - New Products
    - CPS
    - Training
    - Checklist
  - Skin product trial
Critical Care Daily Goals Checklist

Foley: Date inserted: _____ / _____ / _____  Date removed: _____ / _____ / _____

- 2011-2012
  - Pilots MICU, WICU
- 2013
  - Adopted by all ICUs
<table>
<thead>
<tr>
<th>Room-Bed</th>
<th>Admit Dt</th>
<th>Patient Name</th>
<th>FIN</th>
<th>MRN</th>
<th>Attending Physician</th>
<th>Ordering Physician</th>
<th>Ordered As</th>
<th>Order Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>ZZCI Z</td>
<td>10/09/20</td>
<td>ZZTEST, BARB</td>
<td>43875T237</td>
<td>CPOE9234</td>
<td>Gibson-Gerrity, Janice L.</td>
<td>PT wound/Stage I</td>
<td>07/18/2014 10:46</td>
<td></td>
</tr>
</tbody>
</table>

Clinical Display: Full Thickness wound/Stage III/IV pressure ulcer compromised by incontinence, to Straight Drainage, Insert On Day of Procedure, Size 14FR, Latex Free 3 Way, Record Outup

Foley Indication:
2015 Foley Insertion Checklist

- Each catheter insertion (indwelling and straight cath) documented by inserter (or witness)
- The checklist includes the steps that must be done to decrease the risk of contamination during insertion
- This form is also the catheter insertion note
- Information pulls forward to the Foley Assessment Form
## 2015 Revision Foley Orders

<table>
<thead>
<tr>
<th>Order</th>
<th>Indication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foley Catheter (Urol/OB/GYN/Colorectal Surg/Placed/Ordered)</td>
<td>Post urologic/pelvic surgery OR ordered/placed by Urol/OB/Gyn/Colorectal Surgeon</td>
</tr>
<tr>
<td>Foley Catheter (Urinary retention not managed)</td>
<td>Urinary retention not manageable by other means (toileting/bladder scan/straight cath)</td>
</tr>
<tr>
<td>Foley Catheter (Active sepsis/cardiac/resp resuscitation)</td>
<td>Active sepsis/cardiac/resp resuscitation with fluids/vasoactives (ICU only)</td>
</tr>
<tr>
<td>Foley Catheter (FT wound/Stage III/IV Pressure Ulcer)</td>
<td>Full Thickness wound/Stage III/IV pressure ulcer compromised by incontinence</td>
</tr>
<tr>
<td>Foley Catheter (Palliative, Not Managed by Other Means)</td>
<td>Palliative care when turning/repositioning would cause pain/discomfort, not manageable by other means</td>
</tr>
</tbody>
</table>
2015 Revision Foley Indication Assessment

- Task for RN q 8 hours
- Auto-populates from urinary catheter insertion checklist
- Discontinue Foley catheter if no longer meets criteria
Collaborative 2014 Survey
Results N=438

- Perineal care prior to insertion: 81.47%
- Insertion using sterile technique: 94.04%
- Catheter securement devices used: 68.56%
- Closed systems: 80.77%
- Collection bags kept below the bladder: 65.94%
- Routine perineal care post insertion: 35.60%
2015 Foley Procedure & Products

- WebEd for all RNs and PCTs
- Updated Procedure/Guideline
  - New Definition of urinary retention > 400 ml
  - Straight Catheterization Algorithm
- Foley insertion trays which include;
  - Peri-Care kit for cleaning prior to insertion outside of sterile tray with hand gel for inserter
  - Complete sterile tray with large cleansing swabs for sterile prep with betadine
  - Securement device included in tray
CAUTI Prevention Specialists

- Multiple trained **CPS** (RNs and PCTs) on each unit from VITs
- The **CPS** are a unit resource in CAUTI prevention along with assisting in hands on training at the unit level
  - All staff will need validation of skills by direct observation and completion of a competency checklist
- Plan **CPS** to attend biannual education and share collaboratively their unit’s successes in reducing CAUTI
Individual Unit VIT Success

**Surgical Critical Care Complex**


- Use of **Castile Soap** for Indwelling Urinary Catheter Care in Critically Ill, National Teaching Institute American Association of Critical Care Nurses, Denver, CO May 17-22, 2014
Individual Unit VIT Success

Wilmington Intensive Care Unit

• 2013 Kimberly Clark- HAI Watchdog Awards 1st place for outstanding infection prevention initiative
• 2013 CCHS First UBVIT Recognition Award for achievement and innovation in enhancing the quality and safety of patient care
• 2014 Zero Harm award for CLABSI and CAUTI for more than 12 months. (Last CAUTI Q2-13)
Individual Unit VIT Success

Cardiovascular Critical Care Complex

- Reduction of CAUTI in the CVCCC, Focus on Excellence; 2013 Nursing Excellence, Christiana Care Health System

CVICU

CICU
Individual Unit VIT Success

Medical Intensive Care Unit

- Device utilization ratio (range 0.68-0.39) below NHSN mean (0.73-0.70) since Q2 2012
- Submission for 2014 Focus on Excellence for Decreased Utilization from VIT

Neuro Critical Care Unit

- Device utilization ratio (range 0.27-0.44) below NHSN mean (0.71-0.75)
All ICU Combined Data

Q1-15
ICU CAUTI = 5

Average Foley Device Utilization Ratio (All ICUs)
Thank You