

CHAMPIONS FOR REDUCING CAUTI IN SURGICAL PATIENTS: INSPIRING EXCELLENCE TO IMPROVE OUTCOMES

Team Leaders: Donna S. Johnson BSN RN-BC, Anastasia Johnson APRN MS CNS CNOR CNS-CP
Abbott-Northwestern Hospital, Minneapolis, Minnesota

Team Members: Sara Schroeck BSN RN, Sarah Jerabek BSN RN PHN CPAN CAPA,
Naomi Hummel BSN RN, Jennifer Helling BSN RN, Tamara Amon-Stodola RN,
Ellie Carter CLS MPH CIC

Background Information: At a large acute care hospital in a metropolitan area, 10,000 inpatients receive surgical care yearly. The catheter-associated urinary tract infection (CAUTI) rate for hospital inpatients was above the national average. Perianesthesia, surgery and infection prevention departments collaborated to reduce the CAUTI rate in the surgical patient population through implementation of recommended practices identified in Guideline for Prevention of Catheter Associated Urinary Tract Infections issued by The Centers for Disease Control and Prevention (CDC, 2009).

Objectives of Project: Perianesthesia and OR staff nurses who participate in a surgical services quality committee were engaged as CAUTI champions to initiate evidence based practice improvements with the goal of reducing CAUTI in the surgical patient population.

Process of Implementation: Following a model used in the ICU, the perianesthesia and surgery CAUTI champions elected to teach a standard insertion technique for all Foley catheters inserted in the perioperative setting. A video featuring an RN CAUTI champion demonstrating a Foley catheter insertion in the surgical setting was created to teach the new standard practice. Mandatory return demonstration using simulation models was required for all perioperative RNs.

CAUTI champions helped to promote use of a total joint surgery bladder protocol which included preoperative screening for risk factors for urinary retention, post void residual bladder scanning, and patient voiding immediately prior to procedure. This information determined the need for Foley catheterization which was then communicated to the OR RN. A bladder scan and intermittent straight catheterization algorithm was followed by OR and PACU RNs for post procedure bladder management.

Statement of Successful Practice: Observational audits demonstrated staff compliance to using aseptic Foley catheter insertion and securement technique. The implementation of the bladder management protocol for total joint surgery patients initiated a reduction in indwelling catheter use. Communication and awareness of patient bladder management between the perioperative units was increased. The CAUTI rate in patients with a Foley catheter inserted in the surgery department decreased.

Implications for Advancing the Practice of Perianesthesia Nursing: Perianesthesia nurses can implement practice changes to improve outcomes for patients. By working collaboratively with

OR and Inpatient RNs to adapt facility infection prevention initiatives to their own practice they can reduce infections, reduce patient care costs, and improve patient and surgeon satisfaction.