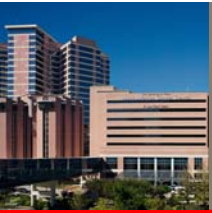
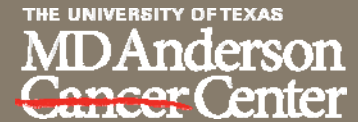


Sustaining A CAUTI Prevention Bundle

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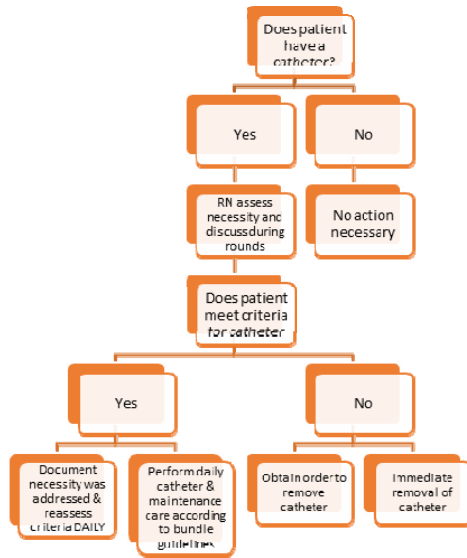


Background

Catheter Associated Urinary Tract Infection (CAUTI) prevention is an institutional effort to reduce the rate of nosocomial infection in acutely ill oncology patients.

Sustaining a CAUTI prevention program in the Post Anesthesia Care Units (PACU) can present challenges.

The onboarding of new staff members and practice change for tenured staff presented opportunities for improvement in maintaining CAUTI prevention measures in the PACU environment.



Objectives

- ❑ Sustain CAUTI prevention measures in PACU one year post institutional adaption of new CAUTI bundle.
- ❑ Organize unit based CAUTI champions to educate and motivate compliance among the staff.
- ❑ Identify barriers to practice and conduct monthly audits to evaluate compliance.
- ❑ Provide monthly feedback to staff regarding progress of institutional goals “Zero CAUTI” and address areas of non-compliance.
- ❑ Collaborate with patient care technicians, clinical nurses, infection control team, quality improvement department, electronic health record team and physicians to assure best practices are sustained.

Implementation

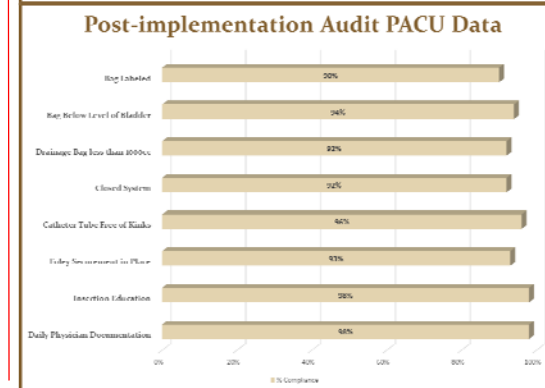
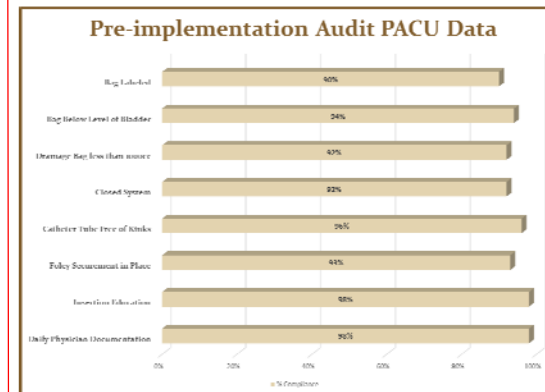
- ❖ Unit based CAUTI champions were established. The CAUTI champions signed a statement of accountability to the team and PACU.
- ❖ Each team member conducted 5 random audits monthly. CAUTI champions provided feedback to clinical team members and leadership when non-compliance was noted.
- ❖ Audits were tabulated, graphed and presented monthly to clinical team members. Action items were assigned to CAUTI members based on noted deficiencies.
- ❖ Using the Plan-Do-Check-Act rapid assessment of deficiencies monthly and providing direct coaching in the clinical area was the method most effective in sustaining CAUTI prevention in the PACU and Transition PACU area.

Statement of Successful Practice

Quarterly data from CAUTI audits indicated areas of improvement.

Evaluating and developing action items based on data can improve compliance and sustainability of CAUTI measures as indicated by insertion education documentation improving from 66% compliance to 98% compliance.

Daily physician necessity documentation improved from 70% compliance to 98% compliance.



Implications for advancing Perianesthesia nursing

Development of standardized CAUTI prevention bundle and PACU nursing education can have a direct impact on reduction of CAUTI rates within a healthcare organization. Sustaining a CAUTI bundle in the PACU setting can be challenging. However, the use of CAUTI champions, CAUTI bundle, consistent auditing, rapid cycle Plan Do Check Act methodology and development of action items based on findings could decrease incidence of CAUTI and increase compliance.

Acknowledgements

- PACU Nursing Team
- OR CAUTI Prevention Champions



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