

# URINARY CATHETER USE REDUCTION AND CAUTI PREVENTION BEST-PRACTICE

Decrease Catheter Use			
<b>1. Do you have processes in place to decrease overall catheter use?</b>			
<input type="checkbox"/> Require documented reasons for placement of indwelling catheter. <input type="checkbox"/> If the documented reason is hourly urine measurement: <ul style="list-style-type: none"> <li>◦ How will you use the hourly urine output data to adjust care?</li> <li>◦ Can the output be measured without an indwelling catheter?</li> </ul>			
NOTES			
<b>2. Do you offer alternatives to indwelling catheters?</b>			
<input type="checkbox"/> Coordinate with frontline staff to offer alternative products. (i.e. external male or female collection devices or intermittent catheterization). <ul style="list-style-type: none"> <li>◦ Educate staff on case use, appropriate procedure, where the products will be stocked and make products easily accessible.</li> <li>◦ Ensure that new staff are trained on all products.</li> </ul> <input type="checkbox"/> Reduce catheterization in short-term stay locations. (i.e. operating room, emergency department). <ul style="list-style-type: none"> <li>◦ Review patient's probable long-term plan of care before insertion.</li> </ul>			
NOTES			
<b>3. Do you have a plan or process to ensure prompt catheter removal?</b>			
<input type="checkbox"/> Conduct daily line review rounds. <ul style="list-style-type: none"> <li>◦ Which patients have a catheter?</li> <li>◦ Note medical necessity with provider documentation for each line.</li> <li>◦ Review date of insertion, necessity, and plan for removal.</li> </ul> <input type="checkbox"/> Work with medical staff and frontline caregivers to implement a nurse driven foley catheter removal protocol.			
NOTES			

**Catheter Insertion and Care**

**1. Is your nursing staff competent in aseptic catheter insertion technique?** [Green] [Yellow] [Red]

- Update all protocols to meet best practices.
- Complete skills competency with all caregivers on a regular basis.
- Audit practices: clinical audit and infection prevention audit.
- Incorporate hand hygiene requirements into protocols.

**2. Are all patient care staff trained and supported in best practice for catheter care?** [Green] [Yellow] [Red]

- Educate and train regularly on appropriate peri-care:
  - Correct bed bath procedure.
  - Frequency of peri-care.
  - Responsibility for completing peri-care.
  - Appropriate peri-care materials.

Evidence states that a foley should not be changed nor should a closed system be broken when feces is present in the peri-area.

- Have a standard procedure for specimen orders and collection:
  - Do not break a closed system unless that is the last option for specimen retrieval.
  - Take appropriate care of the specimen port.
- Care of the drainage bag.
  - Secure indwelling catheter to patient with a stabilization device.
  - Use appropriate bag placement on patient transfer.
  - Do not allow dependent loops in tubing.
  - Do not allow the bag to touch the ground.

NOTES

**Create a Culture of Safety and Advocacy**

**1. Do you celebrate wins and address barriers on a regular basis?** [Green] [Yellow] [Red]

**2. How does your organization view a hospital-acquired infection?** [Green] [Yellow] [Red]

- Link the infection to harming a patient.
- Use storytelling to connect with purpose.
- Implement transparency in reporting.

**3. Do you have a process in place to address when an infection occurs?** [Green] [Yellow] [Red]

- Learn from an error or omission immediately after an infection occurs - link to a patient story.
- Complete a root-cause analysis.

**4. Do you have organizational champions - "Do NO Harm Team"?** [Green] [Yellow] [Red]

- Providers, nurses, nurse support staff, environmental services, infection prevention, quality.

NOTES

Useful Protocols and Process Implementations			
<b>1. Nurse-driven foley removal protocol</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Urine retention protocol</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Intermittent catheterization protocol. <input type="checkbox"/> Bladder scan use.			
<b>3. Require necessary documentation of signs and symptoms prior to UA order for a patient that has a catheter in place or is going to have one placed.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Stop pan and reflex culturing - require a separate culture order if warranted.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Process for foley change or replacement:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Scheduled catheter changes should not be planned. <input type="checkbox"/> Have a protocol for when a foley should be changed such as a need for fresh urine. sample after the foley has been in place for over 7 days. <ul style="list-style-type: none"> <li>◦ Patients with long-term foley use.</li> <li>◦ Patients admitted with foley in place.</li> </ul>			
<b>6. Understand process for documentation of present on admission.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Document if the patient is admitted with an indwelling catheter. <input type="checkbox"/> Document if the patient has recently had an indwelling catheter in a different facility. <input type="checkbox"/> Document if the patient presented to your facility with signs and symptoms of a UTI.			
NOTES			
Progress Tracking and Data Sharing			
<b>1. Does your organization share data often and with many?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Rates <input type="checkbox"/> Run charts <input type="checkbox"/> Number of days since a foley <span style="margin-left: 150px;"> <input type="checkbox"/> Number of days since an infection  <input type="checkbox"/> Number of catheter days since CAUTI           </span>			
<b>2. Do you offer easy visualization with frontline staff and executive leaders?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand how staff interpret information and data so that reports are useful.			
<b>3. Do you note early infection v. late infection?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This helps understand insertion issues v. maintenance issues.			
<b>4. Do you use CDC/NHSN protocols to understand if the infection is a hospital acquired CAUTI?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOTES			