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## Quality Leadership Academy: CAUTI Reduction Project

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St. Cloud Hospital



# Quality Leadership Academy: CAUTI Reduction Project

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2017 ANCC National Magnet Conference



## Plan

In the fiscal years of 2014 and 2015, 31 out of 66 (47%) catheter-associated urinary tract infections (CAUTIs) were acquired in patients with neurological diagnoses. This led to increased costs, decreased reimbursement, and hospital-acquired condition penalties. A thorough review of CAUTIs revealed 15 of the 31 (48%) were attributed to insertion practices; infections were acquired within 6 days of urinary catheter insertion. Eleven of the 15 (73%) were inserted in the operating room (OR).

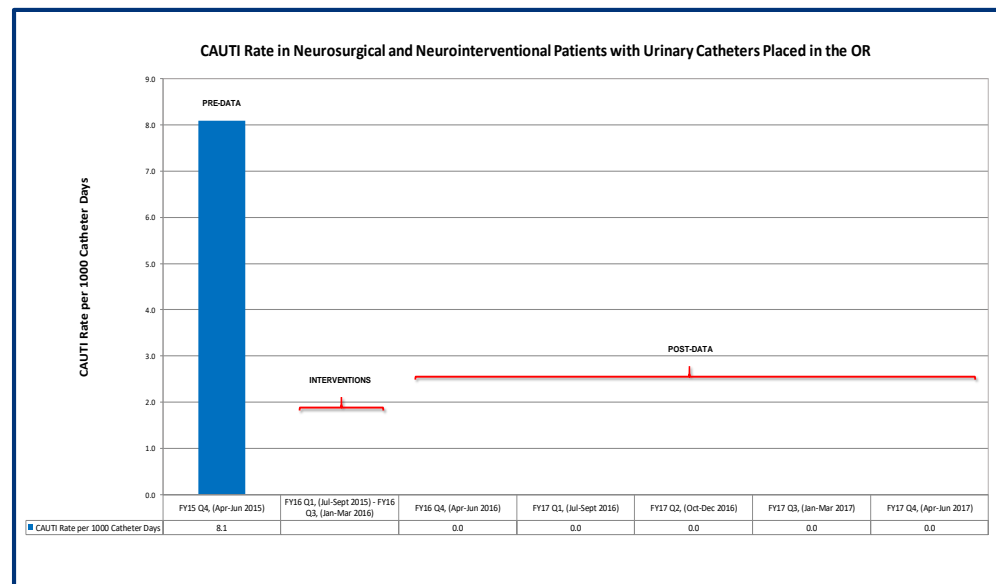
## Do

Reduce the number of CAUTIs in neurosurgical and neurointerventional patients, with urinary catheter insertion in OR, through a five-fold process utilizing strategies based on evidence.

## Team Members

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## Study



No hospital-acquired CAUTIs have been reported in neurosurgical and neurointerventional patients with urinary catheters placed in OR since implementation of interventions.

The rate of urinary catheter utilization beyond Perioperative Services was monitored for a pilot period. Urinary catheter usage, outside of Perioperative Services, decreased from 76% to 41%; a 35% decrease in opportunities to acquire a CAUTI.

Secondary complications (e.g., urinary retention and incontinence-associated dermatitis) were monitored during the pilot; no incidences were noted.

The CAUTI prevention interventions, implemented for the neurointerventional and neurosurgical patient populations, have spread throughout the OR and Emergency Trauma Center.

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## Act

The five fold process implemented for CAUTI reduction in neurosurgical and neurointerventional patients included:

- Reduction of urinary catheter placement in OR through:
  - Revision of surgeon procedure cards to eliminate automatic urinary catheter placement.
  - Review of individual patient need for urinary catheter insertion, immediately prior to the procedure.
- Removal of urinary catheter, when no longer indicated, in the OR or Post Anesthesia Care Unit (PACU).
- Continuation of urinary catheter “free” status beyond Perioperative Services, through education on management of incontinence using devices and incontinence pads to inpatient staff.
- Completion of urinary catheter insertion competency by neurosurgical and neurointerventional OR clinical nurses.
- Implementation of a two-person urinary catheter insertion.
  - All urinary catheters are placed with two people; one completes the catheter insertion, while the other observes to ensure aseptic technique.
  - Surgical technicians utilized as the second person for aseptic insertion observation.

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