

# Decreasing CAUTI Rates in the ICU Patient

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## Background

- Catheter Associated Urinary Tract Infections (CAUTIs) are seen in all patient populations and all clinical areas
- CAUTIs significantly impact patient care outcomes and patient satisfaction and are preventable
- Healthcare acquired infections impact hospital reimbursement
- Front line staff education efforts are cost efficient and effective

## Purpose/Objectives

- Identify strategies to educate frontline staff in efforts to prevent CAUTIs
- Standardize staff education on catheter insertion and maintenance
- Decrease CAUTI rates in the intensive care (ICU) patient



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References available upon request.

## Methods

- Expert consultant provided extensive education to superusers on key topics (catheter insertion/removal, indications, care, and catheter management)
- Superusers provided education to staff members including hands-on education with return demonstration of catheter insertion and peri-care
- Implementation of a hospital wide bundle that included nurse driven indwelling catheter removal protocol, modified indications for urine culture collection, and hands-on education
- Outcomes evaluation and timely intervention. Re-education upon incidence of CAUTI
- Reinforcement of education by follow up competencies six months later

### 2016 Competency for Peri-care/catheter insertion/catheter care

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- Assess patient for indication for catheter
- Check for order for insertion of IUC
- Gather equipment
  - o Washcloth X-4, Bath bag, Foam soap, Stat lock
  - o Medline ERASE catheter tray for IUC OR
  - o Medline I and O cath kit for intermittent catheterization OR
  - o Medline add a cath kit and individual urinary catheter
- Prepare patient/family
- Wash hands and apply PPE
- Prepare for peri care
- Position patient
- Perform peri-care
- Remove gloves
- Perform hand hygiene
- Open catheter kit,
- Open catheter tray using aseptic technique. Place plastic bag that contains kit within reach of work area
- Place education card aside (IUC catheter kit and add a cath kit) in order to give to patient/family after procedure completed.
- Position under the buttocks drape
- Use hand gel in the kit to perform hand hygiene
- Apply sterile gloves.
- Place fenestrated drape to the side of the sterile field- you will use this
- Working from right to left Organize supplies on sterile field (tray).
- Apply fenestrated sterile drape keeping gloves sterile.
  - o Female.
  - o Male
- Position tray
- Open specimen container (if needed)
- Cleanse urethral meatus.
  - o Female:
  - o Male
- Lubricate catheter
- Insert catheter.
  - o Female
  - o Male
- Inflate balloon
- Place stat lock and position catheter
- Review order in side bar report

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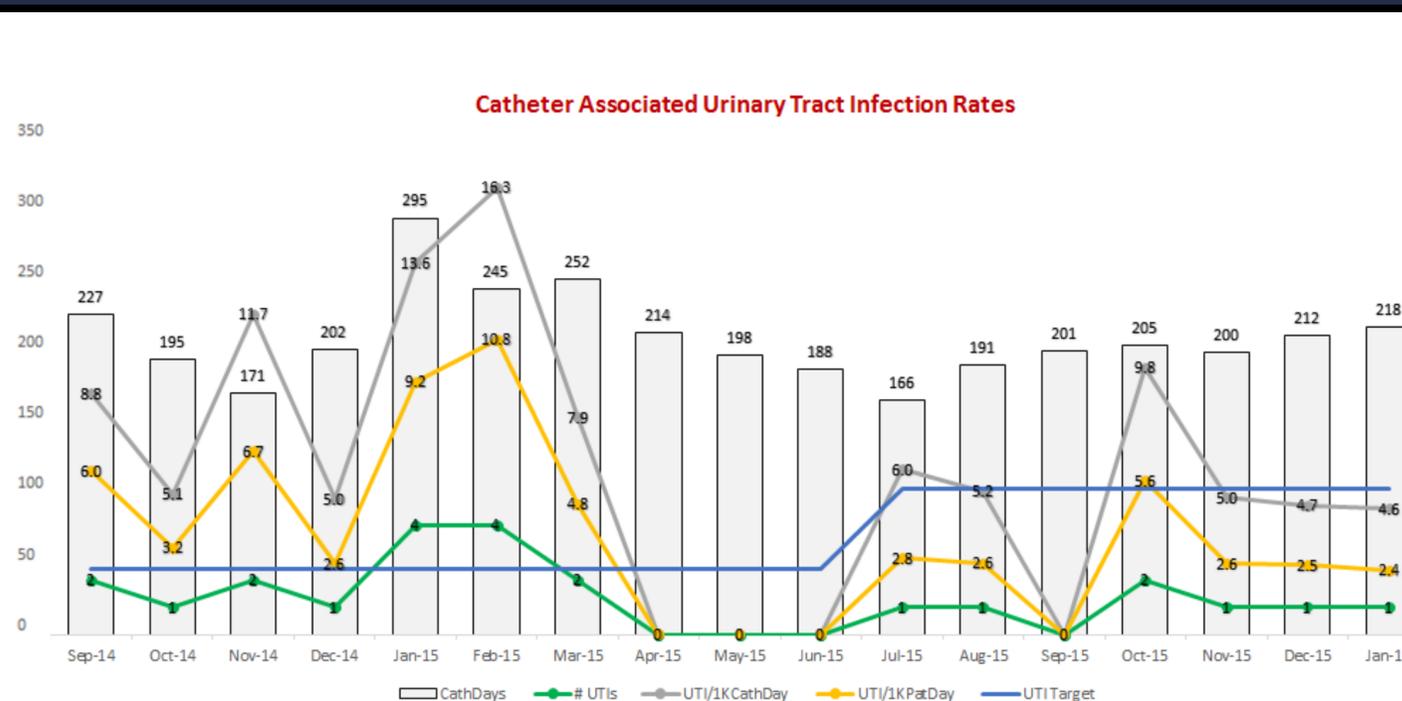
## Implications for Nursing

- Standardized educational roll outs ensure front line staff are competent with hands-on skills
- Simple interventions can lead to significant results
- Review of basic nursing skills reinforce more complex clinical knowledge
- Ownership of unit outcomes with increased staff knowledge

## Areas for Further Study

- Further research on other causes of CAUTIs in ICU patients and possible prevention techniques
- Standardized education on other nosocomial infections could have comparable results

## Findings



## Conclusions

- CAUTI rates dramatically decreased following education
- Standardized education throughout the unit can increase consistency and awareness
- Education model was extremely successful with subsequent implementation hospital-wide
- Outcomes initiated change to hospital policies and procedures regarding indwelling urinary catheters