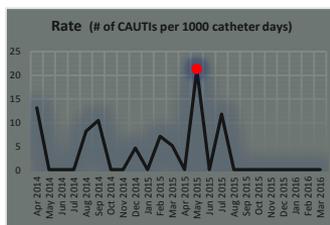


## Background

- A 31-bed medical unit had an average quarterly CAUTI infection rate per 1,000 catheter days was 5.6 (~ 1-2 CAUTIs per quarter).
- There were three Catheter-associated Urinary Tract Infections (CAUTI) in May 2015.



- Previous improvement initiatives did not involve bedside RNs & they reported unclear indication and standardization for Foley maintenance.

## Purpose

- 1) Decrease CAUTI rate to zero; 2) Decrease Catheter Day rate; 3) 100% of Foleys will have an appropriate indication and documented compliance with maintenance bundle.

## Methods

### Root cause analysis

- Analyzed data from 5 previous CAUTIs
- Found similarities that made patients “at risk”:

- High Body-Mass Index
- Mobility challenges
- Female
- Indication unknown, for strict intake/output, or per patient request

## Methods Continued

### Review of literature

- OHSU Foley Algorithm released at time of identification of “at risk” population

### Brainstorming Solutions

- Identified that weighing adult briefs may be an alternative to using catheters to measure I&O
- Changing the culture around placing Foleys

### Education

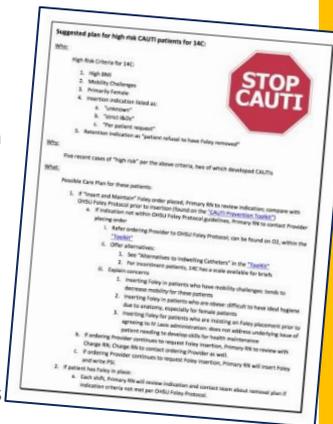
- Distributed information about “at risk” population & Foley algorithm to Physicians
- Utilized charge nurses as advocates for Foley algorithm and placement alternatives

### Monitoring

- Weekly progress was discussed at improvement rounds with RNs, MDs, and Infection Preventionists
- Weekly audits regarding Foley indication and maintenance allowed for one-on-one conversations with RNs

## Results

- There has been one CAUTI in a period of 14 months.
- Average monthly urinary catheter utilization rate decreased from 0.42 to 0.15
- Over the following 6 months, weekly audits indicated 100% of Foleys on the unit have an appropriate indication and documented compliance with the maintenance bundle



## Ongoing Obstacles

1. Physicians rotate frequently, which necessitates continual conversations about appropriateness of Foley placement
2. Some patients have insisted on Foley placement due to frequency of urination with diuretics and lack of desire for mobilization

## Lessons Learned

1. Finding alternatives to Foleys has the added benefit of increasing patient mobility
2. Helped us define “accurate” output measurements for acute care; helped us define retention
3. Determined next steps we can use to discontinue a Foley, such as consulting urology for retention
4. Has promoted the Independent scope of the RN to advocate for safety of the patient in regards to Foley use

## Next Steps

1. Until the culture changes in the medicine departments and hospital setting, continual monitoring and conversations regarding Foley placement and use will need to continue
2. New order set will include nursing judgment for discontinuation of Foleys

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