

# CaUTI Reduction: Implementing Quarterly Audits

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## PURPOSE:

To identify Nursing practice for daily medical necessity of urinary catheters to facilitate their prompt removal to reduce risk for CaUTI

# IMPLEMENTATION

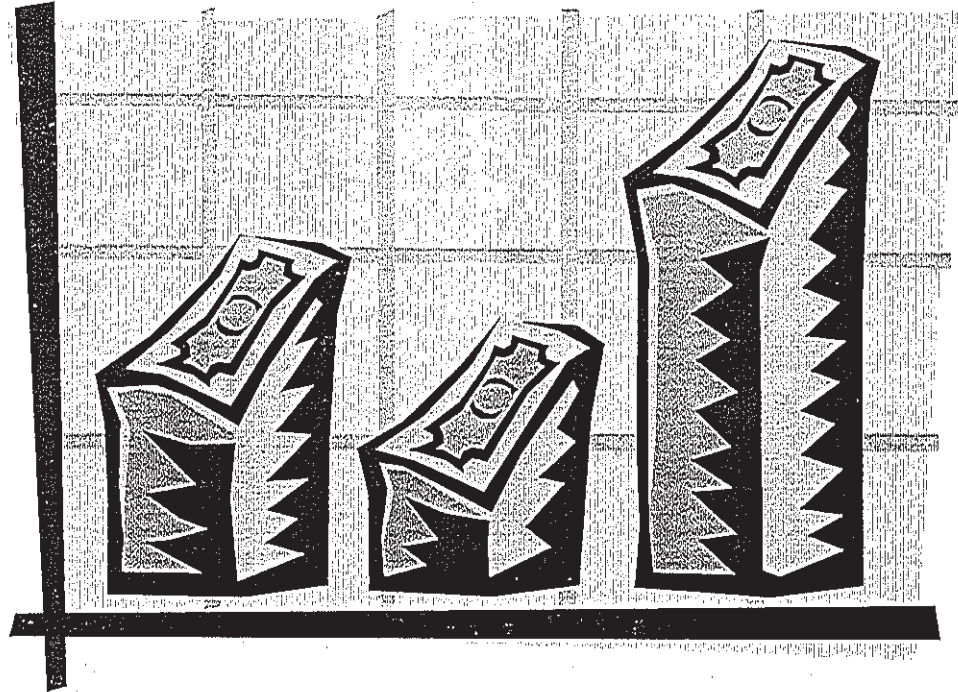
- Make form to include label for reason and date of insertion
- Frequency-quarterly
- Foley tray vendor inservice including label use
- All Med-Surg units and ICU

# WHO will do audit?

Skin team during quarterly prevalence as they see every patient and see the Foley

# Quarterly Foley Monitoring

- Identifies benchmark for staff education
- Benchmarks for process improvement for best practices
- Allow real time teaching when area for improvement is identified
- Identifies trends in insertion rationale



# RESULTS

## 2013 Foley Prevalence

### Q1

14 caths on 2/11/13

13 secured

14 below bladder

14 off floor

11/14 had both labels

8 for I and O

3 for Retention

1 for skin

2 for surgery

- Labeling better than in the past
- Need to focus on "I&O" as to continued appropriateness

Q2

27 caths on 5/15/13

27 secured

27 below bladder

26 off floor

10/23 had both labels

10 for I and O

3/4 for Retention

1 for comfort

2 for wound

9 for immobilization (ICU)



Q3

30 cathes on 8/21/13

30 secured

30 below bladder

30 off floor

23/27 had both labels ( 3 from home)

10 for I and O

1 for Retention

3 from home

1 AMS

4 surgery

1 ?

1 for wound

9 for immobilization (ICU)

- Skill fair in OCT focused on removal
- Huddle process revamped

# 71 Catheters Insertion Reason

- I&O-39.4%
  - Retention-9.8%
  - Wound-7%
  - Comfort-1.4%
  - AMS-1.4%
  - Immobilization/ventilator-25%
  - Surgery-8.4%
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# 71 Catheters Maintenance

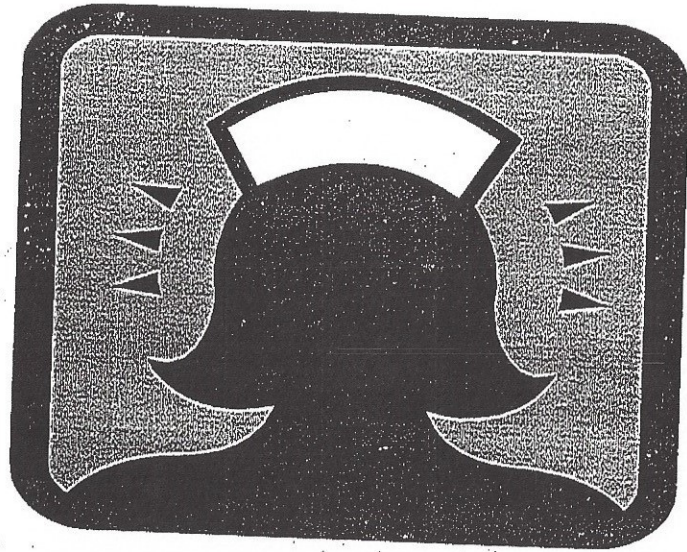
- 98.5% Secured
  - 100% below level of the bladder
  - 98.5% off the floor
  - Labels 84.3%-required both to be present
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# Future interventions

- Based upon insertion reasons campaign initiated to identify appropriate insertion criteria
- Education regarding strict I&O and Ventilator/immobility addressed

AND

- Nurse driven removal protocol based on the high number of the length of days catheters present



**IMPLICATIONS FOR PRACTICE**