RN Compliance and Education on Prevention of CAUTIs

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RN Compliance and Education on the Prevention of CAUTIs

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BACKGROUND / INTRODUCTION

• Catheter-associated urinary tract infections (CAUTIs) are a problem hospital-wide.
• Hanchett (2012) reported that CAUTIs account for 40 percent of all health care-associated infections. CAUTIs also increase a patient’s cost of health care, hospital length of stay, morbidity and mortality.
• Greater than 50 percent of CAUTIs are preventable (Hanchett, 2012).
• LVHN uses a nurse-driven Foley removal protocol to help reduce the number of CAUTIs.
• In FY15, the number of CAUTIs were as follows:

<table>
<thead>
<tr>
<th>ICU</th>
<th>Number of CAUTIs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burn ICU</td>
<td>15</td>
</tr>
<tr>
<td>TNICU</td>
<td>14</td>
</tr>
</tbody>
</table>

PICO

• Are ICU nurses comfortable (or not) using a nurse-driven Foley removal protocol appropriately to reduce the number of CAUTIS?

METHODS

• Reviewed the current nurse-driven Foley catheter removal protocol, as well as related research.
• Developed and distributed a survey to three different ICU groups to determine nurses’ understanding of and comfort with this protocol.
• Developed an educational Powerpoint regarding the results from the survey.

OUTCOMES

• 45 nurses filled out the anonymous ten question survey, which included questions such as:
  o Are you aware of the CAUTI rates on your unit?
  o Are you familiar with the nurse-managed urinary catheter protocol?
  o What are the acceptable criteria for the insertion and/or continuation of an indwelling urinary catheter?
  o What are reasons you have witnessed an urinary catheter that should have been removed in a timely manner but was not?
  o Do you feel comfortable using nurse-driven protocols?

REFERENCES


RESULTS

• According to the survey, 19 nurses said Foley catheters were not removed because of patient incontinence.
• 14 nurses surveyed said that Foley catheters were not removed for staff convenience.
• 10 nurses said they were uncomfortable with the nurse-driven Foley removal protocol.
• 2 nurses selected the option that the protocol is always followed, and that Foleys are removed when appropriate.

CONCLUSIONS

• Nurses require ongoing education on appropriate Foley placement and removal criteria.
• More research is required to understand comfort and success with nurse-driven protocols.

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