A Trauma Unit’s Interprofessional Approach to Reducing Catheter Associated Urinary Tract Infections

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The Transitional Trauma Unit Staff
Lehigh Valley Health Network, Allentown, Pennsylvania

PERFORMANCE IMPROVEMENT INITIATIVE

This poster details specific efforts taken by staff on a 30-bed transitional and medical-surgical trauma unit in a Level I trauma center to decrease indwelling urinary catheter utilization and the subsequent dramatic decline in Catheter Associated Urinary Tract Infections.

CHALLENGE

• In 2008, the urinary tract infection (UTI) occurrence in our trauma population was nearly double the occurrence of UTIs in the state of Pennsylvania (6.1 and 3.1%, respectively).

DRIVING FORCE

• Evidence citing inappropriate use of indwelling catheters in the acute care setting prompted an organization-wide effort to reduce the use of these catheters.

INTERVENTIONS

Development of Unit Population-Specific Criteria for Necessity and Continuation of Indwelling Catheters

• Epidural catheter
• Unstable pelvic or spinal fractures
• Stage III or greater posterior pressure ulcers
• Catheters placed by Urology

Quality Huddles

• Twice daily
• Nurses and unlicensed assistive personnel
• Staff engagement to question catheter necessity

Interprofessional Collaborative Rounds

• Nurses, physicians, mid-level providers, patient, and family
• Nurse empowerment to prompt catheter removal

Organization Initiatives

• Education regarding use and risk of catheters
• Nurse-driven Urinary Catheter Removal Protocol
• Evidence-based Urinary Retention Protocol
• Competency-based Performance Evaluations

OUTCOMES

Transitional Trauma Unit CAUTI Number and Rate
January 2007 - December 2012

SUSTAINING THE CHANGE

• Leadership team fosters an atmosphere of trust for peer accountability to remove or avoid catheters.
• Transparency of data through visibility boards fosters engagement and ownership.
• Reward and recognition prompts unified desire for best performance.

References:


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