Reducing Catheter Associated Urinary Tract Infections: A Nurse-Driven Urinary Catheter Removal Protocol

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Objective
Detail a nurse-driven, evidence-based urinary catheter removal protocol and a variety of other interventions that resulted in decreased indwelling urinary catheter utilization and associated infections.

Significance & Background
- The utilization of indwelling urinary catheters in acute care settings is often inappropriate, prompted by such things as staff convenience, lack of knowledge of alternative incontinence treatments and unawareness of risks associated with prolonged use. Urinary catheter use contributes to negative outcomes, including urinary tract infections, patient discomfort, mobility issues, increased health care costs, morbidity, and mortality.

Goal
- Based on above evidence, staff on a 30-bed medical-surgical oncology unit set a goal to decrease use of urinary catheters.

Tool Box

Interventions

Organization Initiatives
- Nurse and assistive personnel education regarding use and risk of catheters
- Nurse-Driven Urinary Catheter Removal Protocol
- Evidence-Based Urinary Retention Protocol
- Competency-Based Performance Evaluations
- Physician education on benefits of early catheter removal, medical necessity documentation and treatment alternatives

Safety Huddles
- Twice daily – 8 am and 8 pm
- Nurses and assistive personnel
- Staff engagement to question catheter necessity

Patient Rounds by Unit Educator
- Daily
- Cather use investigated with primary nurse; real-time teaching regarding protocol; as appropriate, catheter removal

Indwelling Urinary Catheter Prevalence Audit
- Quarterly
- Completed by unit leaders
- Medical record review of designated criteria

Outcomes

Catheter-Associated UTIs Rate

Sustaining the Change
- Transparency of data through visibility boards
- Consistent patient rounds by unit educator, focusing on catheter necessity
- Goals regarding infection reduction within annual, merit-based performance appraisal

References:

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