



**Problem**

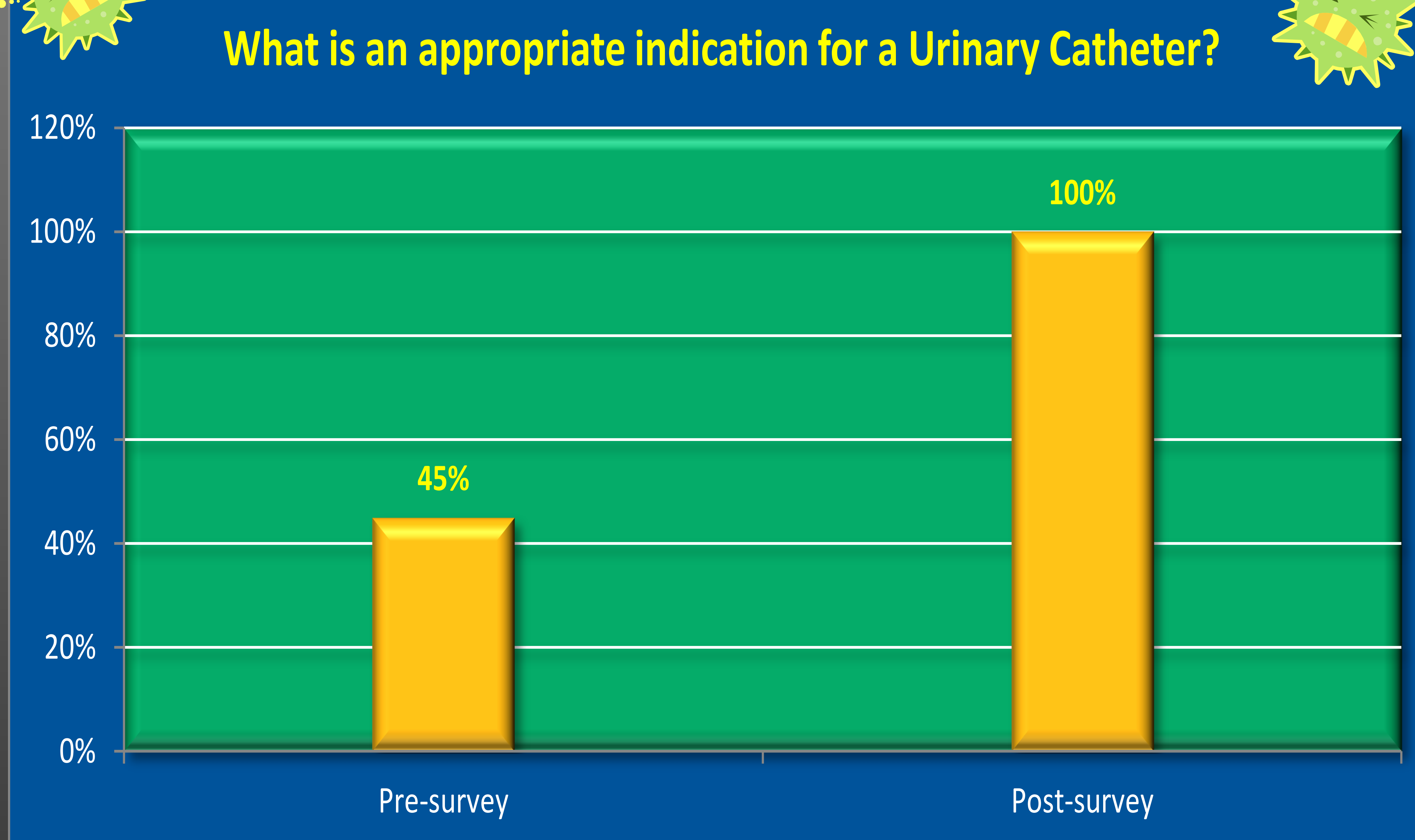
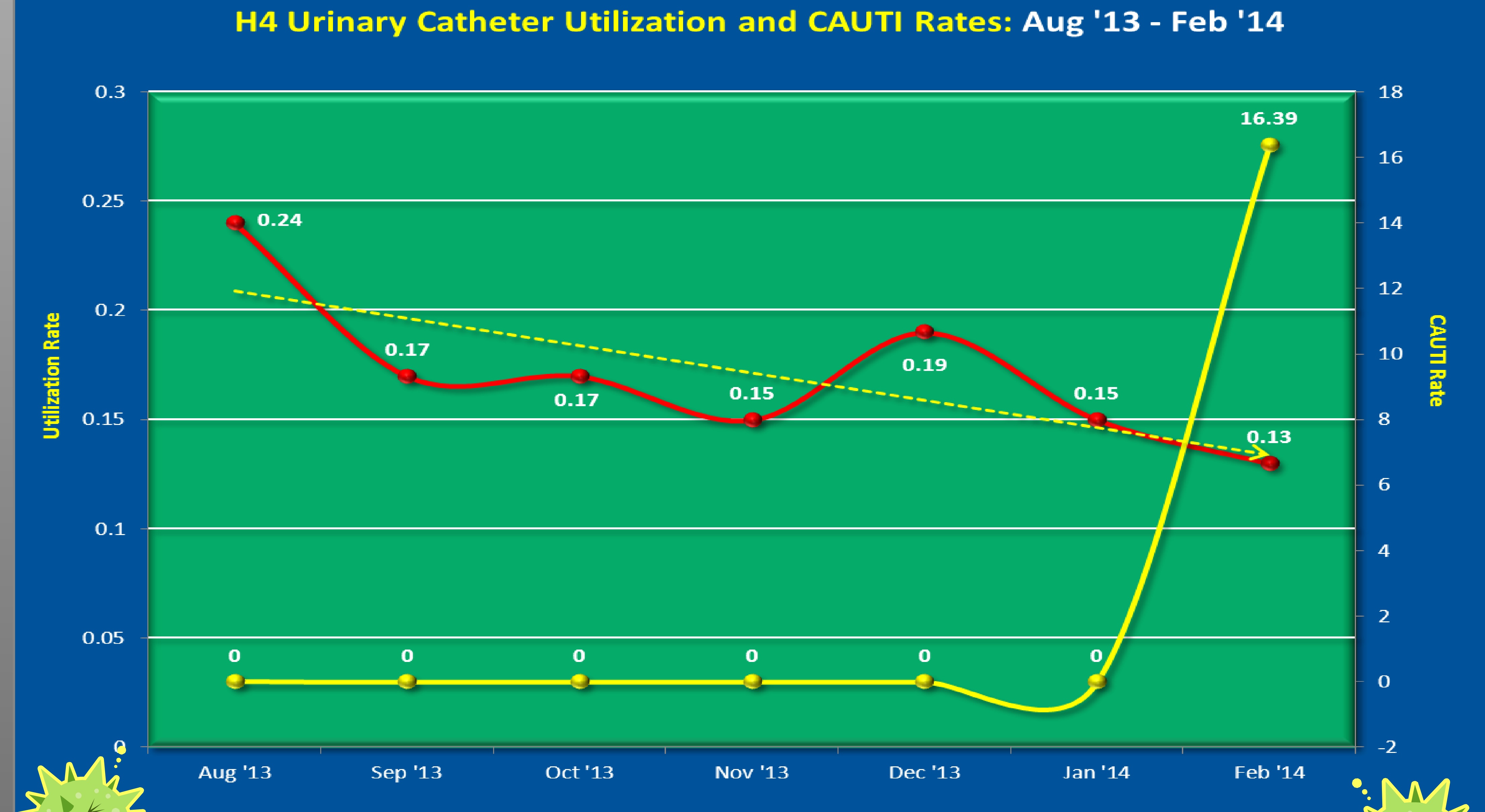
Urinary tract infections (UTIs) are a common Hospital Acquired Infection (HAI). Approximately 80% are related to the presence of a urinary catheter; also, indwelling time period is a contributory factor of a catheter-associated urinary tract infection (CAUTI). (APIC 2008). One medical unit averaged above the National Healthcare Safety Network (NHSN) benchmark the first eight months in 2013.

**Evidence**

A systematic literature search identified, that among a variety of independent variables, early removal of urinary catheters significantly reduced CAUTI rates and catheter days.

**Strategy**

An assessment of baseline knowledge of RNs and PCTs on the urinary catheter bundle was performed via electronic survey. Knowledge deficits were noted related to catheter care, removal guidelines, and bladder scanner use. Education was provided targeting knowledge deficits. Collaboration with infection prevention provided a tracking log for patients with indwelling urinary catheters. If patients met proper criteria, catheters were removed. Post staff education, utilization rates and CAUTI



**Evaluation/Results**

According to the NHSN catheter utilization rates decreased by 19% in three months post education. UTI's remained at zero until month three with one reported UTI. This data suggests not only a reduction in catheter days but also UTI's.



**Recommendations**

- Provide CAUTI prevention knowledge to staff including: catheter care, removal guidelines (including prior to patient transfer between units), proper documentation, and bladder scanner use. Additional next step is to initiate nurse driven removal protocol and continue to trend data monthly.

**References**

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- Hanchett, M., (2012) Preventing CAUTI: A Patient Centered Approach. *Prevention Strategist*
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