

Abstract

Reduction of Cather-associated Urinary Tract Infections in Critical Care: The Journey Continues

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Background

It is estimated that catheter-associated urinary tract infection (CAUTI) occurs annually in 560,000 patients. CAUTI is the leading cause of secondary bloodstream infection and responsible for 13,000 deaths yearly. It is associated with 10% mortality, increased length of stay and 30-day readmissions.

Providence St. Vincent Medical Center, a 523 bed not-for-profit northwest acute care facility, has experienced increased CAUTIs in Critical Care despite implementing prevention strategies. Critical Care consists of ICU, NCCU, and CICU and includes 44 beds. In 2014 Critical Care had 12 CAUTIs; three in the fourth quarter.

Purpose

The purpose of this quality improvement project is to reduce CAUTIs in Critical Care by 50% in the first quarter of 2015.

Methods

A foley prevalence audit was completed in November 2014, followed by the launch of daily foley rounds in Critical Care. Staff education included a CAUTI prevention poster and in-person in-services. Two additional prevalence audits will be completed by end of first quarter 2015.

Results

The initial prevalence audit indicated that Critical Care units had between 17% and 67% foley utilization rates. The audit tool was utilized to obtain baseline data before a new foley kit implementation, and includes a checklist of CAUTI prevention practices. First quarter 2015 CAUTI incidence and prevalence audits will be reported in April.

Conclusions and Recommendations

It is anticipated that staff education, foley rounds, and implementation of evidence-based practices will reduce CAUTI in Critical Care by 50%. The intended recommendation is to sustain reduction of CAUTI for the remaining quarters in 2015 through these methods.