

Problem Definition

Increasing systemic pressures have forced clinicians to identify and address a variety of metrics to provide better “quality” care. Catheter associated UTIs (CAUTI) are a common health care-associated infection in the Neuro ICU and are associated with increased LOS and overall mortality.

Aims For Improvement

Improving the incidence of CAUTI at the Gibbon and JHN ICUs on an annual basis after incremental interventions.

Interventions

2014: bladder scanning algorithm to manage urinary retention in brain injured patients

2015: NICU culturing protocol (pan culture every 72 hours instead of every 24 hours for fever)

2017: CHG wipes for foley care

2018: female external urinary catheter, urine culture from pan culture

2019: Removal of “close monitoring of i/o” as a reason for a foley. Now requires additional selection of either hemodynamic instability or ARF

Lessons Learned & Next Steps

Yearly decrease in CAUTI incidence shows that collaborative, and focused interventions can be fruitful.

Changes in technique, limiting the use of indwelling catheters in the Neuro ICU, and decreasing the overdiagnosis of potential contaminants are excellent and focused methods to improve the care provided across all Jefferson units.

Reviewing and updating guidelines for indwelling catheter placement is a new focus for potentially further decreasing rates.

Measurements/ Results

