

Project Title

Prevention of Device Infections; a Multipronged Approach

Problem

- Q1-Q3'22, CHA = 5 catheter-associated urinary tract infections (CAUTI) & 2 central line-associated infections (CLABSI)
- Infections are patient and staff dissatisfiers and result in financial penalties to the organization.

Aim

Strive for no more than 2 CAUTI and 1 CLABSI in Q1-Q3'23

Intervention

- Collaborated with nursing to update IV catheter and indwelling bladder catheter (IBC) policies
- Identified barriers to device removal (Nurse Survey Nov 22)
- Promoted utilization of external urinary collection devices
- Implemented the MAGIC app to standardize peripherally inserted central catheter approvals
- Initiated dialysis patient and family education on infection prevention and empowerment
- Promoted bladder scan and straight catheterization before resorting to an IBC for patients without obstruction
- Developed a provider nudge initiative to foster more timely device removal
- Developed a urine surveillance culture for new admissions with a chronic IBC
- Improving Epic order options and device documentation

Project Team Leads

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Scale Up, Spread, Sustain

- Implement EPIC changes to ensure sustainability
- Educate nursing staff on the urine surveillance standing order for patients admitted with an IBC to facilitate identification of an infection present on admission.
- Implement a standardized process (bladder scan and straight cath) before IBC insertion
- Initiate a standard voiding trial 48 hours after IBC insertion
- Educate staff at the annual competency practices

Lessons Learned

- Nudging facilitates device removal; the ultimate goal is to reliably and consistently empower staff to remove devices no longer needed.
- The nurse survey demonstrated that many staff were unaware of our policies and protocols or were uncomfortable enacting them. Staff empowerment efforts will continue.
- A post survey will be completed this fall to assess for practice change.
- Diverse interventions are needed due to differences in nurse autonomy related to IBC and CVC.

Results

1/1/23-4/30/23 CHA = 1 CAUTI & 1 CLABSI. In the ICUs, there was a 46% reduction in CVC utilization and a 32% reduction in IBC utilization.

