Abating Catheter Associated Urinary Tract Infections (CAUTIs)

Background

Increased rate of CAUTIs in hospitalized adults throughout the nation (CDC, 2022).

Thirty day or greater use of an indwelling urinary catheter (IUC) leads to greater risk of acquiring a CAUTI (Leticia- Kriegal et al., 2019).

From hospital wide systems to individual patient teaching there is room for improvement.

Importance of Issue

The main importance of reducing CAUTIs is aimed at improving individuals' quality of life. Fewer CAUTIs in chronic IUC users can prevent repeat hospitalizations.

IUCs require continuous management outside of the hospital. Gaps in education or lack of information can increase risk of CAUTI.

Policy implementation and updates can ensure a decrease in the national CAUTI rate.

Framework

Quality improvement (QI) framework is used as a plan for implementation of evidence-based practice.

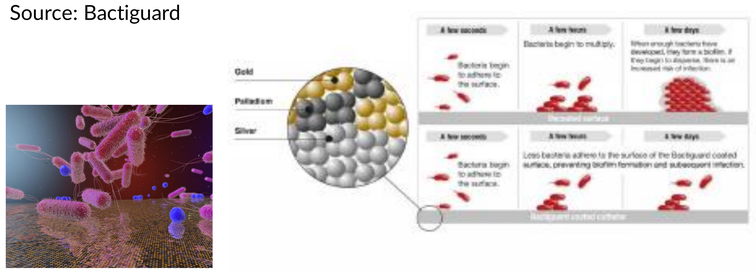
The Iowa Model QI framework consist of a flow chart. It is organized to allow for revaluation and recognition for areas of improvement.

It fits well for implementing EBP due to validation of ideas or actions

Key Concepts & Outcomes

Ideal outcome is a national decrease of CAUTIs from 5% to 3% with use of NMA IUC in 5 years.

Source: Bactiguard



This catheter creates a cling resistant coating that significantly delays biofilm accumulation and colonization (Bactiguard, 2018).

By implementing NMA catheters we can provide and innovate way to further prevent CAUTIs.

99% of the non-toxic coating remains bound to the catheter tube. There have been over 170 million NMA IUC sold with no coating related harms.

Interventions & Solutions

Patient education regarding self-monitoring during use of NMA catheters can increase the chance of understanding what causes CAUTIs (Waskiewicz et al 2019).

Associated use of a catheter “passport” has enhanced CAUTI prevention (Prieto et al., 2020). This serves as a community wide intervention to help those with chronic IUC use.

Standardized catheter insertion and education classes decrease the risk of infection while placing a foley-catheter (Taha et al. 2017).

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Key Players

Individuals who currently use chronic IUC. With a particular focus in older adults' males who suffer from urinary retention secondary to benign prostatic hyperplasia.

Nurses across the nation involved with IUCs.

Nursing managers with the materials purchasing power.

Evaluation

The most significant process evaluation would be implementation of NMA IUC as apart of the CAUTI bundle.

Another process measure would be use of IUC passports by patients amongst the community.

The CDC HAI progress report would be an impact evaluation that would help determine effectiveness of CAUTI prevention.

On an individual level, an impact evaluation would be decreases in repeat hospitalizations from CAUTIs.

References

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