Chasing Zero Infections
Webinar: CAUTI Coaching Call
March 21, 2017
• Welcome & HIIN Update
  – Sally Forsberg, RNC-OB, BSN, MBA, NEA-BC, CPHQ, Clinical Performance Improvement Advisor, FHA

• Hospital Best Practice Sharing: Successful Strategies for CAUTI Reduction
  – Todra Anderson-Rhodes, MD, Chief Medical Officer, Memorial Hospital Miramar

• Catheter-Associated Urinary Tract Infections (CAUTI) Interactive Coaching Call: Latest Evidence, Polling Questions and Discussion Points
  – Linda R. Greene, RN, MPS, CIC, FAPIC, Manager of Infection Prevention, UR Highland Hospital, Rochester, NY

• Next Chasing Zero Infections Webinar
• Evaluation & Continuing Nursing Education
HIIN Core Topics – Aim is 20% reduction

- Adverse Drug Events (ADE)
- *Catheter-associated Urinary Tract Infections (CAUTI)*
- C. difficile infection (CDI)
- Central line-associated Blood Stream Infections (CLABSI)
- Injuries from Falls and Immobility
- Pressure Ulcers (PrU)
- Sepsis
- Surgical Site Infections (SSI)
- Venous Thromboembolisms (VTE)
- Ventilator Associated Events (VAE)
- Readmissions (12% reduction)
HIIN Data

CAUTI Rate – All Units

<table>
<thead>
<tr>
<th></th>
<th>BL</th>
<th>10/16</th>
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Source: Comprehensive Data System, March 20, 2017
CAUTI Rate – *ICU Units*

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Source: Comprehensive Data System, March 20, 2017
### CAUTI Utilization – All Units

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<th></th>
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Source: Comprehensive Data System, March 20, 2017
CAUTI Utilization – *ICU Units*

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<th>10/16</th>
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Source: Comprehensive Data System, March 20, 2017
MTC Resources

- QI Fellowships
- Listservs- Infection Focus
- Safe Culture Accelerator
- Team STEPPS training
- Transforming Care at the Bedside
- Chasing Zero Infections Series
- Up Campaign- **Soap Up**, Get Up, Wake Up
- Change Packages & Top 10 Checklists

• [www.HRET-HIIN.org](http://www.HRET-HIIN.org)
LISTSERV® Collaboration

- Subscriber-based email group
- Each email group covers a different topic or group of topics
- Monitored by national experts
- Ideal for:
  - Peer-shared learnings
  - Asking questions about barriers
  - Sharing data-collection opportunities
  - Clarifications about measures or inclusion/exclusion criteria
www.HRET-HIIN.org

Hospital Improvement Innovation Network

2017 Iatrogenic Delirium Top Ten Checklist

<table>
<thead>
<tr>
<th>PROCESS CHANGE</th>
<th>IN PLACE</th>
<th>NOT DONE</th>
<th>WILL ADOPT</th>
<th>NOTES (Responsible and by When?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Use a validated tool to regularly assess patients for delirium.</td>
<td></td>
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</tr>
<tr>
<td>2. Include Richmond Agitation Sedation Scale (RASS)/delirium screening (or a</td>
<td></td>
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<tr>
<td>validated agitation scale) in multidisciplinary hand-offs</td>
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</table>

New Iatrogenic Delirium Change Package & Top Ten Checklist!

The updated 2017 Iatrogenic Delirium Change Package is now available! Hospitals are encouraged to use it as a tool to help make patient care safer and improve care transitions.

Welcome to the HRET Hospital Improvement Innovation Network (HIIN)!

The Centers for Medicare & Medicaid Services awarded the Health Research & Educational Trust (HRET) a two-year HIIN contract (with an optional third year based on performance), to continue efforts to reduce all-cause inpatient harm by 20 percent and readmissions by 12 percent by 2018. An American Journal of Medical Quality article, written by HRET staff, explores the relationship between engagement in improvement activities and affected quality measures.
### 2017 Chasing Zero Infections Series

<table>
<thead>
<tr>
<th>Didactic Webinars</th>
<th>Interactive Coaching Calls</th>
<th>In-Person Meetings</th>
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<tbody>
<tr>
<td>Feb. 14 - MRSA</td>
<td>Mar. 21 - CAUTI</td>
<td>May 25</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Location: Harry P. Leu Gardens, Orlando</td>
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<tr>
<td>Apr. 11 – Surgical Site Infections</td>
<td>Aug. 8 – TBA*</td>
<td>Nov. 2017 – TBA*</td>
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<tr>
<td>Jun. 6 – Antibiotic Stewardship</td>
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<td>Sep. 12 – TBA*</td>
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<td>Oct. 24 – TBA*</td>
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</table>

Check your *HIIN INFO Upcoming Events* Weekly Email for event details and registration

*To be announced*
Polling Question

• Indicate your TOP TWO (2) interests in Topics for Future Webinars:
  
  – CLABSI
  – C. difficile
  – Ventilator-Associated Events
  – Sepsis
  – Antibiotic Stewardship
  – Other (type in the chat box)
Other Upcoming Events

- **SAVE THE DATE! May 11-12** – TeamSTEPPS Master Trainer Course In-person Meeting (The Westin Lake Mary)
- **SAVE THE DATE! May 25** – Chasing Zero Infections: Hot Topics in Infection Prevention
- **Mar. 28** – HRET HIIN MDROs: The Basics Virtual Event
- **Mar. 30** – Safety Culture Survey Strategy Webinar
- **Apr. 4** – TCAB Collaborative Webinar #1
- **Apr. 4** – TeamSTEPPS Introductory Webinar
- **Apr. 11** – HRET HIIN ICU Virtual Event
- **Apr. 12** – AHRQ TeamSTEPPS Webinar: Teams Savings Brains One Minute at a Time

Check your **HIIN INFO Upcoming Events** Weekly Email for event details and registration
Hospital Best Practice Sharing: Successful Strategies for CAUTI Reduction

Todra Anderson-Rhodes, MD
Chief Medical Officer
Memorial Hospital Miramar
Chasing Zero Catheter Associated Urinary Tract Infections
Presenting Today…

- Anderson Rhodes Todra, MD
- Visbal Ventura Alvaro, MD
- Reeshy Ouseph DNP, MSEd, RN, CPN
- Kelsi Canavan MPH, MPA, CIC
- Lotta Sigel MSN, RN
Facility Characteristics

- **178 Acute Care Beds**
  - All private rooms
  - 54 - Medical/Surgical
  - 40 - Telemetry
  - 50 - L&D/Mother-Baby
  - 18 - ICU/CCU
  - 16 - Level II NICU

- **Emergency Services**
  - 18 - Adult Emergency Room
  - 12 - Pediatric Emergency Room
  - Station 3: ED over-flow unit

- **Family Birthplace**

- **Outpatient Services**
  - Adult & Pediatric

- **Patient & Family Centered Care**
  - Visiting Hours 24 hours/7 days

- **Surgical Services**
  - 6 Operating Rooms
  - 2 Procedural Rooms
  - 1 Endoscopy Room
  - 3 C-Section Rooms

- **Women’s Services**
Services

Emergency Services
- Adult
- Pediatric (Affiliated with JDCH)

Women’s Services
- 3D Tomosynthesis Mammography
- Breast Imaging (Accredited by ACR as Center of Excellence)

Inpatient Services
- Intensive Care
- Cardiac Telemetry
- Dialysis

Family Birthplace
- Antepartum Testing & Monitoring
- Labor & Delivery
- Mother/Baby
- Level II NICU
- Maternal-Fetal Medicine
- OB Comprehensive Assessment Team

Surgical Services (Inpatient & Outpatient)
- General
- Robotic Institute
- Gynecology/Oncology
- Gynecology
- Gastroenterology
- Bariatric
- Orthopedics (Adult & Children)
- Pediatric Laparoscopic
- Plastic
- Urology

Rehab Institute (Inpatient & Outpatient)
- Affiliated with MRHS
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Hand Therapy
- Pediatric Therapies

U18 Pediatric Sports Medicine
Intensive Care Unit
Catheter-associated Urinary Tract Infections

# CAUTI per 1,000 Foley days
CY 2009-2016

# Infections/CAUTI Rate

May 2014

Memorial Hospital Miramar

# Infections
CAUTI Rate
Physician Engagement

- Intensivist program (key leadership driver)
- Surgeons
- Hospitalists
Strategies

- Promoting Culture of safety (MHS)
- Established a culture of removing un-necessary Foley catheters throughout the hospital (since opening in 2005), revisited 2014
- Multidisciplinary bedside rounding
- CPOE - Indication required upon physician order entry
- Nursing flowsheet requires Foley indication documentation every shift along with assessment
- Surgical patients: patient education beginning in PACU
- ICU specific hand-off communication tool
- Automated process through Epic to prompt physicians to remove Foley catheters within 48hrs
- Epic electronic handoff tool (SBAR: Situation, background, assessment, recommendations) inclusive of Foley catheter assessment
- Epic urinalysis reflex culture
- Full time Intensivist Program and Hospitalist Program
- Continual surveillance and monitoring
How patients and family members can help!

Remember it is important that you ask the doctors and nurses any questions you may have or questions about anything you do not understand.

Make sure that YOU help us check your urinary catheter every day for signs of infection and that we remove it when it is no longer needed.

REMINDERS!

A catheter-associated urinary tract infection is serious, but often can be successfully treated with antibiotics. The catheter might need to be removed if an infection develops.

To lower your risk of infection:

- Remember to wash your hands/use the alcohol-based handrub before and after touching the catheter. It's ok to remind staff before they touch your catheter to wash their hands.
- Ask your healthcare provider each day if you still need the catheter.
- Please keep all tubing from dragging on the floor and always keep the urine bag below the level of your bladder. This will also prevent accidental removal of the catheter.
- The bag should not be on the bed or floor.
- Please keep your catheter site clean and dry at all times.
- To lower your risk of infection, please keep your immediate surroundings (room) clean, clutter free and without leftover food or open containers. Sanitizer wipes are available for table tops. We ask that food and medical supplies be kept on separate locations.
- Please keep feet covered when walking around the hospital to keep your bed sheets clean. We provide non slip socks. Please remove socks when getting into bed.

**FACT SHEET FOR PATIENTS & THEIR FAMILIES**

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine.

A urinary catheter may be used:

- If you are not able to urinate on your own
- To measure the amount of urine that you make, for example, during intensive care
- During and after some types of surgery
- During some tests of the kidney and bladder

Urinary catheters should be used only when indicated, as its use increases the risk of catheter-associated urinary tract infection and other unpleasant effects.

**When to notify your healthcare practitioner**

- LARGE AMOUNTS OF URINE LEAKAGE AROUND THE CATHETER
  - Occasional small amounts is not unusual
  - STRONG ODOR
  - SORENES, REDNESS, OR DISCHARGE AT THE CATHETER SITE
  - CLOUDY URINE
  - CHILLS, FEVER
  - LOWER BACK PAIN
  - SWELLING AT CATHETER SITE
  - DISORIENTATION/CHANGE IN MENTAL STATUS
  - NO URINE

**SIMPLE GUIDELINES TO FOLLOW TO AVOID COMPLICATIONS**

- Maintain a Closed Drainage System
  - Maintaining a "closed drainage system" reduces the number of bacteria that enter the catheter system.
  - Do not break the connection from the catheter and the tubing. If a disconnection accidentally occurs, keep both areas clean and contact your nurse.

- Use a Urinary Catheter Stabilization Device
  - Foley catheters are often subject to unintended pulling forces that can lead to discomfort and the catheter to accidentally be removed.
  - Stabilization devices minimize movement.

- Maintain a Steady Urine Flow
  - Keep the drainage bag below the level of your lower abdomen at all times—this keeps urine flowing freely and avoids old urine reentering your bladder.
  - Make sure there are no kinks or loops in catheter or tubing keep steady flow.

- Practice Good Hygiene
  - Your healthcare provider will partner with you to cleanse the skin around the catheter daily and after each bowel movement. We often use special types of cleansing agents made to prevent hospital infections. Please partner with your health care provider to assure good hygiene specific to your urinary catheter.
Team Engagement

- **Daily Multidisciplinary rounds at the bedside**
  - Patient & family
  - Primary nurse
  - Intensivist
  - Primary physician
  - Unit pharmacist
  - Case management - discharge planning
  - Charge nurse - Documentation
  - Infection preventionist
  - Nutritionist
Overseeing the catheter need.....

- Addressing the need of the indwelling catheters EVERY DAY

- If no reason – It’s out

- Communicate, communicate
Multidisciplinary Rounding Tool

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<thead>
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<th>Crew Resource Management Interdisciplinary Rounds</th>
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<tr>
<td>• Name, active issues and pertinent history.</td>
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<td>• Code Status.</td>
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<tr>
<td>• Significant events since last rounds.</td>
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<tr>
<td>• Pertinent Labs</td>
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<tr>
<td>• Airway/Ventilator/Oxygen</td>
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<tr>
<td>• Delivery Mode</td>
</tr>
<tr>
<td>• Vent Settings</td>
</tr>
<tr>
<td>• Sedation - type, dose and vacation</td>
</tr>
<tr>
<td>• Spontaneous breathing trial</td>
</tr>
<tr>
<td>• Central Lines / A-Lines / Foley / Drains / IV Access</td>
</tr>
<tr>
<td>• Dates of insertion</td>
</tr>
<tr>
<td>• Indication and Need</td>
</tr>
<tr>
<td>• Running infusions</td>
</tr>
<tr>
<td>• Positive cultures and dates.</td>
</tr>
<tr>
<td>• Antibiotic name and how long.</td>
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<tr>
<td>• Indications and length of treatment.</td>
</tr>
<tr>
<td>• Glycemic Control</td>
</tr>
<tr>
<td>• Nutrition - Type / Route / Goal</td>
</tr>
<tr>
<td>• GI prophylaxis</td>
</tr>
<tr>
<td>• DVT prophylaxis (drugs/SCD)</td>
</tr>
<tr>
<td>• Skin/Wound (Photo, Log, Braden Scale, Pre-Albumin,)</td>
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<tr>
<td>• Neutrope (Nutrition consult, Wound consult, Mattress)</td>
</tr>
<tr>
<td>• Vaccinations (ALL Patients)</td>
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<td>• Fall Prevention Log Completed</td>
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**CMS**

- SCIPS - Antibiotics, Lovenox, Foley (out by POD 2)
- Beta blocker (POD 1 & 2 if on B-Blocker prior to surgery)
- STROKE- Lipid Profile, Education booklet
- AMI - ASA, Lipid Profile, Beta blocker, ACE/ARB
- CHF - EF, ACE/ARB, CHF Education
- PNEUMONIA - Antibiotics and Vaccination status

ALL ICU PATIENTS: Blood Cultures within first 24 hrs

- Disposition/Care/Discharge Plan Management issue.
- Plans for the Day including activity.

Black – physician  Blue – RN
Burgundy – RRT  Green – Pharmacy

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Memorial Hospital Miramar

NOT A PART OF MEDICAL RECORD
Utilizing our EMR
### MD Foley catheter order indication

**Priority:**
- Routine
- Routine
- STAT

**Frequency:**
- Continuous
- Once
- Daily 0600
- Every shift
- PRN
- Continuous
- D/C IN AM
- D/C POD#2
- ED order

**For:**
- Hours
- Days
- Weeks

**Starting:** 3/20/2017
- Today
- Tomorrow
- At: 1303

**Scheduled Times:** Hide Schedule

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**Process Inst.:**
Check criteria for Indwelling Catheter placement below.

**INDWELLING CATHETER WILL BE REMOVED WHEN RN DETERMINES CRITERIA IS NO LONGER MET BASED ON ANI:**

- Indwelling Urinary Catheter Removal Policy- unless an exclusion for removal is indicated below

---

**Criteria to place an indwelling urinary catheter:**

- To provide relief of urinary tract obstruction not manageable by other alternatives
- Neurogenic bladder dysfunction and urinary retention not manageable by other alternatives (i.e. inter...
- To monitor and document accurate intake and output in critically ill patients, or when actively titrating ...
- Urological surgery or other surgery (as ordered by the surgeon)
- Difficult Foley insertion by an urologist
- Urologist ordered Foley insertion
- Incontinence management for patients with stage III or IV pressure ulcers to coccyx

**Criteria to exclude discontinuation of an indwelling urinary catheter:**

- Patients with the following diagnosis or patient types are exempt from the discontinuation protocol:
  - Diseases or trauma of the urinary or neurological system requiring a permanent indwelling catheter
  - Patients with a history of retention for whom intermittent catheterization would be inappropriate
  - Urinary, prostate, gynecological, and colo-rectal surgeries
  - Critical Care patient’s measurement of hourly urine output is required
  - Incontinence Management in patients with stage III or IV pressure ulcers
  - Patients receiving controlled epidural anesthesia

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**Comments (F6):** Click to add text
**Reference Links:**
- 1. ANI: Indwelling Urinary Catheter Removal Policy

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Memorial Hospital Miramar
Urethral Catheter: “Reason for Continuation of Catheter” has been added for daily documentation as long as the patient has a urethral catheter in place. (Follow Policy/ANI Criteria).
Electronic SBAR tool in Epic

<table>
<thead>
<tr>
<th>Tube Type</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stoma Tube Percutaneous endoscopic gastrostomy (PEG) LUQ 1 20 fr</td>
<td>180 days</td>
</tr>
<tr>
<td>balloon</td>
<td>128 days</td>
</tr>
<tr>
<td>Stoma Tube Gastrostomy LUQ 1 16 fr</td>
<td>122 days</td>
</tr>
<tr>
<td>Foley Indwelling balloon tip 16 fr</td>
<td>4 days</td>
</tr>
<tr>
<td>03/16/17 Right Internal jugular</td>
<td>4 days</td>
</tr>
<tr>
<td>02/16 Sacrum Suspected Deep Tissue Injury purple discoloration; POA</td>
<td>198 days</td>
</tr>
<tr>
<td>02/16 Abdomen Left</td>
<td>180 days</td>
</tr>
<tr>
<td>Other (Comment) Abdomen Anterior, Lower, Left Old PEG tube site.</td>
<td>3 days</td>
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</tbody>
</table>
In the end…. Its all about…. 

» COMMUNICATION is the KEY!!!!
Thank you

For additional questions:
Kelsi Canavan, Infection Preventionist, kcanavan@mhs.net, 954-538-4653
Reeshy Ouseph DNP, MSEd, RN,CPN. Manager Clinical Effectiveness, rouseph@mhs.net, 954-538-5262
CAUTI Interactive Coaching Call

Linda R. Greene, RN, MPS, CIC, FAPIC
Manager of Infection Prevention
UR Highland Hospital
Rochester, NY
linda_greene@urmc.rochester.edu
Polling Question

Where are your greatest challenges with CAUTI prevention?

1. ICU
2. General Wards
## Indications for Urinary Catheters

<table>
<thead>
<tr>
<th>2009 HICPAC Guidelines</th>
<th>ANA Tool</th>
<th>Ann Arbor Criteria</th>
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</thead>
</table>
| • Acute Urinary Obstruction  
• Selected surgeries  
• End of life care  
• Assist wound healing in stage 3 and 4 pressure ulcers in incontinent patients  
• I and O monitoring in critically ill patients | • Acute Urinary Obstruction  
• Selected surgeries  
• End of life care  
• Assist wound healing in stage 3 and 4 pressure ulcers in incontinent patients  
• I and O monitoring in critically ill patients – i.e. Hourly monitoring | • Indwelling Urinary catheters are appropriate for measuring and collecting urine when this cannot be assessed by other means  
• ICU alone is not a criteria  
• Criteria for 3 catheter types: Indwelling External Intermittent |
Indications

Do you insert a urinary catheter when accurate Intake and Output is required?

1. Usually- all units
2. ICU only
3. Only if hourly I and O required
Discussion on Urinary Catheter Indications
Alternatives to the Urinary Catheter

- Bedpans, Urinals and Commodes
- Daily weights
- External catheters both male and female
- Bladder scanner
- Weighing pads or diapers
Alternatives

Do you have alternatives readily available?

1. Yes

2. No
Alternatives

How often do you use alternatives to the urinary catheter in the ICU?

1. Never
2. Rarely
3. Frequently
Alternatives

Do you feel nurses are comfortable with alternatives such as weighing pads or external catheters?

1. Yes
2. No
Alternatives

Have you trialed the external female catheter?

1. Yes
2. No
Discussion on Alternatives
Rounding

Do you routinely round on urinary catheters?

1. Yes - all units
2. Yes - ICU only
3. No
Discussion on Rounding
# Urine Culturing

## Discourage Urine Cultures

<table>
<thead>
<tr>
<th>Discourage Urine Cultures</th>
<th>Appropriate Urine Culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urine quality: color, smell, sediments, turbidity (do not constitute signs of infection)</td>
<td>Part of an evaluation of sepsis without a clear source (CAUTI is often a diagnosis by exclusion)</td>
</tr>
<tr>
<td>Screening urine cultures (whether on admission or before non-urologic surgeries)</td>
<td>Based on local findings suggestive of CAUTI (example, pelvic discomfort or flank pain)</td>
</tr>
<tr>
<td>Standing orders for urinalysis or urine cultures without an appropriate indication</td>
<td>Prior to urologic surgeries where mucosal bleeding anticipated or transurethral resection of prostate</td>
</tr>
<tr>
<td>“PAN” culturing (mindfulness in evaluating source is key)</td>
<td>Early pregnancy (avoid urinary catheters if possible)</td>
</tr>
<tr>
<td>Obtaining urine cultures based on pyuria in an asymptomatic patient</td>
<td></td>
</tr>
<tr>
<td>Asymptomatic elderly and diabetics (high prevalence of asymptomatic bacteriuria)</td>
<td></td>
</tr>
</tbody>
</table>
Urine Cultures

Do you have Guidelines for appropriate culturing?

1. Yes
2. No
Discussion on Culturing
General Questions / Thoughts
Didactic Webinar

• Topic: Surgical Site Infections (SSI)
• Date: April 11, 2017
• Time: 1:00 – 2:00 p.m. ET
• Registration Link: https://cc.readytalk.com/r/evxlp9r6spgt&eom
Eligibility for Nursing CEU requires submission of an evaluation survey for each participant requesting continuing education:

https://www.surveymonkey.com/r/ChasingZero032117

Share this link with all of your participants if viewing today’s webinar as a group

Be sure to include your contact information and Florida nursing license number

FHA will report 1.0 credit hour to CE Broker and a certificate will be sent via e-mail
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