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Department: Medical Unit – AKH-HMC

PROJECT TITLE: Prevention of Catheter Associated Urinary Tract Infections

PROBLEM:

Many studies confirm that Catheter-Associated Urinary Tract Infections (CAUTIs) are common, harmful, and expensive. It is well established that the duration of catheterization is directly related to increased risk for developing Urinary Tract Infection.

With catheter in place; the daily risk of developing Urinary Tract Infection ranges from 3% - 7% & raises up to 25% if it remains in situ for up to one week, & risk reaches almost 100% when it remains in situ for one month or more.

AIM:

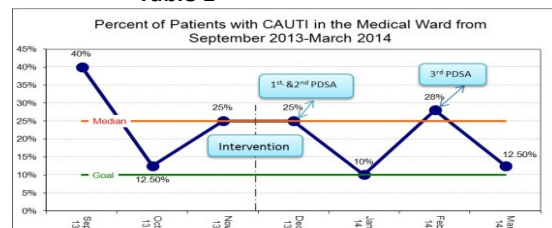
Decrease the Percent of CAUTI in all patients With Urinary Indwelling Catheters in the medical ward to 15% within 6 month (December 2013-May 2014) and to less than 5 % within 12 month (December 2013-November 2014)

INTERVENTION

- Create Data Collection Plan
- Develop criteria for; appropriate indication, insertion techniques & catheter Care based on published guidelines.
- Provide nurses with a list of criteria to assess necessity for continued catheterization daily.
- Use reminder requiring physicians to document Indication(s) for continuation of catheterization.
- Educate/ Train nursing Staff on Insertion & care of urinary catheter as per published guidelines.
- Ensure adequate supply of alternatives to indwelling urinary catheters.
- Patient / family education.
- Urinary Catheter change immediately when UTI is confirmed by Lab result.
- Installation of CAUTI educational Board.
- Develop & Use a calendar to highlight catheter days so it will not exceed 90 days.

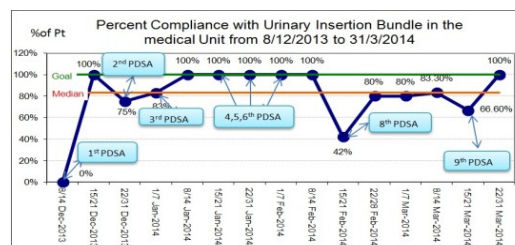
RESULTS

Table 1



- 1st PDSA test a Reminder Form
 - 2nd PDSA test if a nurse can recommend catheter removal
 - 3rd PDSA test catheter day's calendar
- (Improvement plan initiated December 2013)

Table2



- 1,2,3,4,5,6th PDSA Focused on Staff education using different methods
- 8th PDSA Observers & the observation day changed.
- 9th PDSA Education focused on poor compliant nurses & assigning them as observers.

TEAM:

- Dr. Mohamed Khalid A Shariff, Specialist- Medicine
- Dr. Enas TajElssir – CHI
- Ms. Teresa Cabusas Tangonan, A/Head Nurse
- Ms. Tessy Jopan, Staff Nurse

PROJECT SPONSOR

None

COACH

Sr. Nadia Fakhouri- Director of OPD, OB/Gyne and Inpatients

CONCLUSIONS

- As there was no baseline data for the CAUTI; The Medical Unit was selected to be the pilot for our study. 3 months data (September-November 2013) was collected retrospectively.
- After implementation of our actions; need for catheter is assessed before insertion & on daily basis after being inserted.
- There was decrease in the CAUTI rate, percent of patients with CAUTI & Number of unnecessary catheterization. (Currently reaches 120 days without unnecessary catheter).
- Use of Calendar for Catheter days reduced prolonged catheterization (number of catheter days) but, is not reflected as decreased CAUTI rate as our Total number of catheter days (denominator) had significantly decreased. (dropped from 741 on Nov.2013 to 293 on March 2014)
- More time is needed to ensure that drop had occurred.
- Placing a reminder Form in the patient's medical file is inadequate to remind doctors to discontinue the unnecessary catheters; if not supported with nurses' recommendation too.

NEXT STEPS

- Maintain compliance to adopted guidelines.
- Continuous monitoring.
- Expand implementation to other units within AKH.
- Reach & maintain 300 days without CAUTI.

