Strategic Prevention and Management of Catheter Associated Urinary Tract Infection in General Wards, Al Wakra Hospital

Lead Author: Omar Al Hasanat, Infection Control Reviewer

Co-Author: Feah Visan, Head-IPC
Khalil Al Ismail, Infection Control Practitioner
Jenalyn Castro, A/Infection Control Reviewer
Julienne Ingrid Arce, A/Quality Reviewer

Acknowledgement: Dr. Nasser Al Ansari, Chair-IPC
Mr. Almunzer Zakaria, AED Quality & Patient Safety

Members: Jisha Thomas, Staff Nurse
Manju Thomas, Staff Nurse
Marlou Maupoy, Staff Nurse
Nidhi Shanavas, Staff Nurse
Nina Diaz Valentus, Staff Nurse
Rafeek Chalil, Staff Nurse
Renan Altous, Staff Nurse
Chaitali Rao, Quality Coordinator

INTRODUCTION

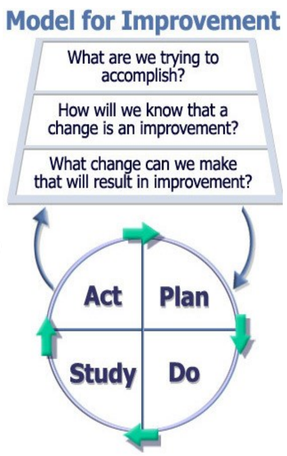
Urinary tract infection (UTI) is the fourth most common type of healthcare-associated infection internationally. Nearly all healthcare-associated UTI are caused by insertion of an indwelling catheter in the urinary tract. Each day an indwelling catheter remains, a patient has a 3%-7% increased risk of acquiring a catheter-associated urinary tract infection (CAUTI).[1]

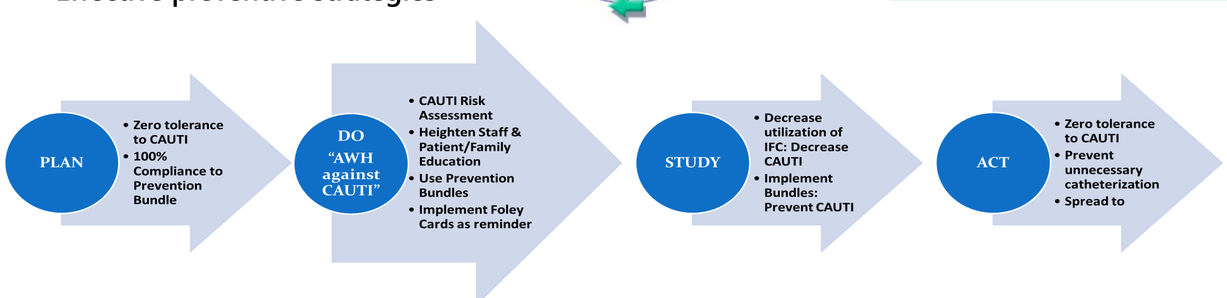
In Al Wakra Hospital General Wards, the estimated average foley catheter days in the year 2016 was 79, highest of which was 136 foley catheter days. CAUTI can result in many medical complications leading to patient dissatisfaction, increased cost, prolonged hospital stay, and increased patient mortality.

AIMS

Zero tolerance to CAUTI or an acceptable rate of 1.0 by end of December 2016 (NHSN – CDC) through

- Compliance with bundles
- Risk Assessment and Surveillance
- Case Studies for Root Cause Analysis
- Staff & Patient/Family Education
- Empowerment of IPC Link Nurses
- Effective preventive strategies





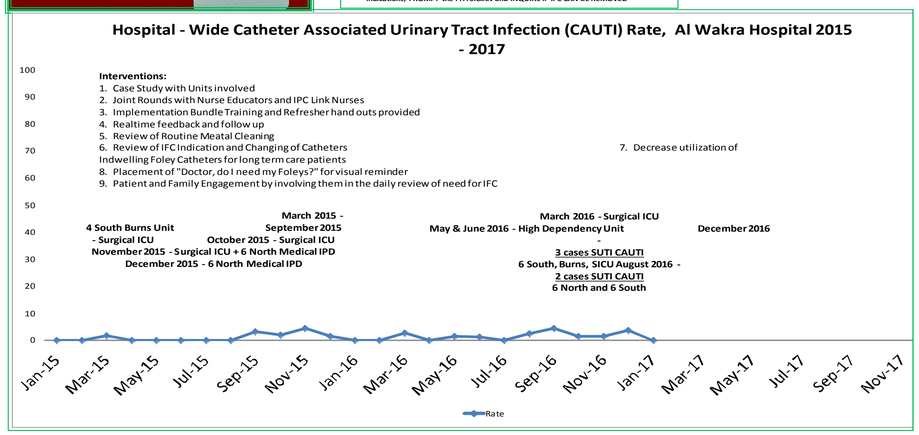
CHANGES TESTED AND RESULTS

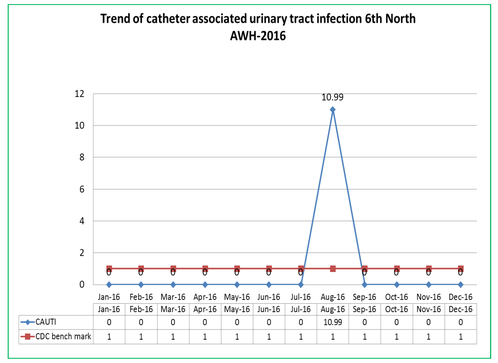
1. Case Study with Units involved
2. Joint Rounds with Nurse Educators and IPC Link Nurses
3. Implementation Bundle Training and Refresher hand outs provided
4. Real time feedback and follow up
5. Review of Routine Meatal Cleaning
6. Review of IFC Indication and Changing of Catheters
7. Decrease utilization of Indwelling Foley Catheters for long term care patients
8. Placement of "Doctor, do I need my Foleys?" for visual reminder
9. Indication for Foley Catheter Insertion Checklist Card

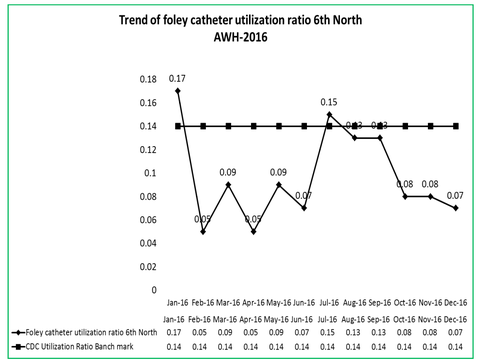
INDICATION FOR IFC

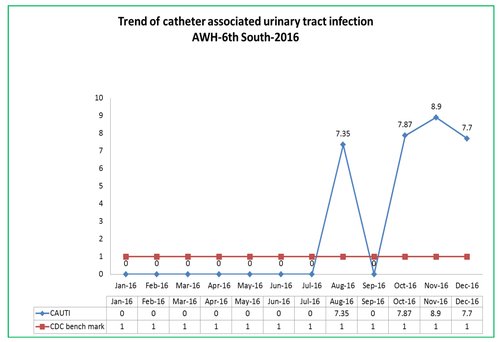
1	Obstruction of the urinary tract distal to the bladder
2	Alteration in BP or volume status requiring accurate volume measure.
3	Preoperative catheter insertion for patient going to OR or procedure.
4	Continuous bladder irrigation for urinary tract hemorrhage/ TURP
5	Urinary incontinence posing a risk to the patient stage 3-4 perineal ulcer
6	Neurogenic bladder dysfunction and urinary retention

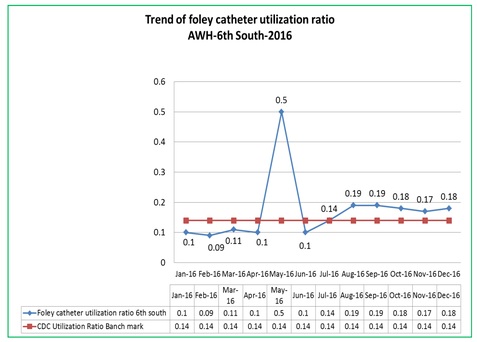
NOTE: If the IFC is inserted outside from this indications or is already out of the indications, PROMPT the PHYSICIAN and INQUIRE IF IFC CAN BE REMOVED











CATHETER ASSOCIATED URINARY TRACT INFECTION (CAUTI) RISK ASSESSMENT, 6 NORTH MEDICAL INPATIENT - AL WAKRA HOSPITAL, 2015

No.	Questions	YES	NO	Remarks
1	Are there policies or guidelines that define criteria for insertion of a urinary catheter?	√		Insertion Bundle Form has a clearly defined criteria based on CDC and other international guidelines.
2	Has the organization established criteria for when a catheter should be discontinued?		x	
3	Is there a process to identify inappropriate usage or duration of urinary catheters?		x	We do not have appropriate process to identify the duration of IFC
4	Is there a program or are there guidelines to identify and remove catheters that are no longer necessary, e.g., physician reminders, automatic stop orders or nurse-driven protocols?		x	
5	Are there policies or guidelines for use of a portable ultrasound bladder scanner for postvoid residual prior to insertion of a catheter for urinary retention?		x	
6	Are there mechanisms to educate care providers about use and care of urinary catheters?		x	Discharge at home, the caregivers are being educated. But chronic patients who are admitted have no caregivers. Noone to educate. Most of the chronic patients are bedridden as well.
7	Are functional alternatives to indwelling catherization available?	√		There are condom catheters available
8	Overall Assessment: Is there an effective organizational program in place?		x	There are more things not available as a process.

CONCLUSION

After we started the risk assessment, there is a decrease in the CAUTI rate in some units while others remains the same. The challenge is in long term patients who usually need the use of foley catheter.

The "Do I Need My Foley's with Days Counter" poster at bedside provided a visible reminder to doctors and nurses resulting to removal of foley chatheter when unnecessary and decrease utilization ration.

REFERENCE

1. Device Associated Module, (online), p. 7-1. Available at: https://www.cdc.gov/nhsn/pdfs/pscmanual/7psccauticurrent.pdf (Accessed 14 March 2017).