Innovation Profile: A collaborative intervention to reduce catheter acquired urinary tract infections.

**Snapshot**

**Summary**
The Park City Medical Center, in Park City, Utah, implemented a collaborative intervention aimed at reducing the incidence of catheter acquired urinary tract infections (CAUTI). When Infection Control Practitioner Judy Rogers approached Esther Shepherd, Nurse Manager of the Medical/Surgical unit, about tracking foley catheters on her unit, Esther was more than happy to do her part to put an end to CAUTI. Together, they implemented a paper/pencil approach to tracking catheters which has resulted in no CAUTI on her unit since they began their project.

**Hospital Background**
Mixed Payer Non-Profit Hospital

**Date First Implemented**
March 2011

**What They Did**

**Description of the Intervention**
The Park City Medical Center, in Park City, Utah, implemented a collaborative intervention aimed at reducing the incidence of catheter acquired urinary tract infections (CAUTI). When Infection Control Practitioner Judy Rogers approached Esther Shepherd, Nurse Manager of the Medical/Surgical unit, about tracking foley catheters on her unit, Esther was more than happy to do her part to put an end to CAUTI. Together, they implemented a simple paper/pencil approach to tracking catheters which has resulted in no CAUTI on her unit since they began their project. As part of her daily nurse manager rounding, Esther notes which patient has a catheter and when that catheter was inserted. If it has been more than 24 hours, Esther begins questioning why it hasn’t been discontinued. Sometimes she can work with the nursing staff to get the catheter out, and sometimes it requires a call to the physician. Either way, Esther’s goal is to have catheters out of her patients within 24 hour of insertion. Esther has worked out a process for checking into the status of patients even when she isn’t in the hospital with the help of a health unit coordinator and her charge nurses. Bedside reporting is another way that foley catheters are observed—often the nurses see them at shift change and check, once again, whether the catheter should still be in place. It’s a team effort, but Esther and her nursing staff take CAUTI...
prevention very seriously, and it’s evidenced in the results. There has been no CAUTI on her floor since this intervention was begun 18 months ago!

- **Developed Goals and Strategies:** The Infection Control Practitioner initially approached Esther, the Medical/Surgical nurse manager with the idea of tracking catheters to help prevent CAUTI.
  - **Task Force Group** - Esther and Judy worked together to develop a very simple system of tracking foley catheter insertion times and initiating removal as appropriate. Once that system was working well, Esther worked with her HUC and charge nurses to develop a system of tracking, even when she is out of the hospital.

- **Training and Education:** Implementing various types of education enabled greater change, as the following components were crucial to reducing rates and meeting goals:
  - **Identifying Opportunities for Improvement:** Infection Control first noted the opportunity for improvement, and approached the nurse manager to recruit her in working towards a lower incidence of CAUTI.
  - **Staff Trainings:** nurses are trained to evaluate the necessity of catheters during their bedside rounds. Further, charge nurses are trained to act in the nurse manager’s stead when she is not in the office, and be persistent in the removal of catheters that are no longer needed.
  - **Patient/Family Education:** Patients and families are educated on the importance of appropriate removal of foley catheters in order to prevent CAUTI.

- **Data Analysis:** The data is recorded using a paper/pencil system, and is turned over to Infection Control monthly for analysis.

**Did it Work?**
Factors Important to Success

Key elements of the planning and development process including the following:

- Giving ownership of this process to the nurse manager, and allowing her to find a system that works well within her own workflow was critical to the sustainability of this intervention.
- Keeping the system simple and easy allows the tracking and evaluation of the catheters to be done on a daily basis. Having a system in place for the days when the nurse manager is out of the unit is also an important way to keep the tracking current and accurate.

Challenges

- **Scheduling:** It was challenging for an already busy nurse manager to work this type of daily tracking into her schedule, but after a while, she was able to find a system that met her needs and the needs of the unit.

Resources Used and Skills Needed

- **Staffing:** nurse manager, health unit coordinator, infection control practitioner

Adopting Considerations

Getting Started with This Innovation

- Let person tracking find their own way of daily tracking that works with their schedule and working style
- Set well defined and obtainable goals

Sustaining This Innovation

- Report and share data amongst care providers
- Make the tracking system easy and accessible.

*If you would like additional information about this success story please contact: admin@HENlearner.org*