



West Hospital

Beyond the Protocol: The Clinical Nurse Specialist's Role in Reducing Foley Catheter Utilization

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Background

Catheter Associated Urinary Tract infections (CAUTI) continue to be a challenge in hospitals. They significantly impact patient outcomes and increase the risk of mortality. CAUTIs cost hospitals anywhere between \$4,694 - \$29,743 per infection. Urinary tract infections account for 9.5% of hospital acquired infections with 75% of those being a CAUTI.

Many hospitals have implemented nurse driven protocols, giving nurses the autonomy to remove urinary catheters (UC) based on certain indications. Even with these protocols in place there is still an opportunity to discontinue UC, even if appropriate indications are met.

Introduction

The clinical nurse specialist (CNS) observed when a patient has a UC and the indication is met, there is no continued discussion on its removal. The most common indications on a med-surg unit for keeping a UC in place are accurate input and output (I&O) and acute urinary retention.

In order to collect I&Os in lieu of a UC, an alternative product needed to be utilized. In September of 2020, the CNS worked to bring into the organization external catheters (EC) for men to pair with the already used female version. This enabled staff another option for urine collection without the use of a UC for both males and females.

Patients with acute urinary retention need to trial the removal of their UC to see if they are still retaining. The literature has little guidance on how long a UC should remain in place before attempting a voiding trial. This can keep a UC in longer and may cause the patient to acquire a CAUTI. The purpose of this quality improvement project was to decrease the urinary catheter utilization rate and CAUTI incidence on three med-surg units.

Methodology

A daily list was populated by the CNS for patients who had UC for 3 med-surg units (92 beds). The CNS discussed with each individual nurse their patient's indication for the UC and developed a plan for the use of EC or a voiding trial when appropriate.

If the indication for UC was for accurate I&Os the nurse would ask the provider for an order to remove and use the EC.

For patients with retention, nurses were advised to have the UC removed within 72 hours of placement for a voiding trial. Nurses and providers would also consult pharmacy to review the patient's medications for side effects that may attribute to urinary retention.

The CNS partnered with the hospitalists and nephrologists to ensure appropriate orders for UC were placed and to be aware of other alternatives.

Results

The EC was implemented in September 2020 and the retention trial in February 2021. There was a clinically significant decrease in the urinary catheter utilization rate after implementation. There was 1 CAUTI in January 2021 and 1 in April 2021. All units have remained CAUTI free for the remainder of 2021 into 2022.

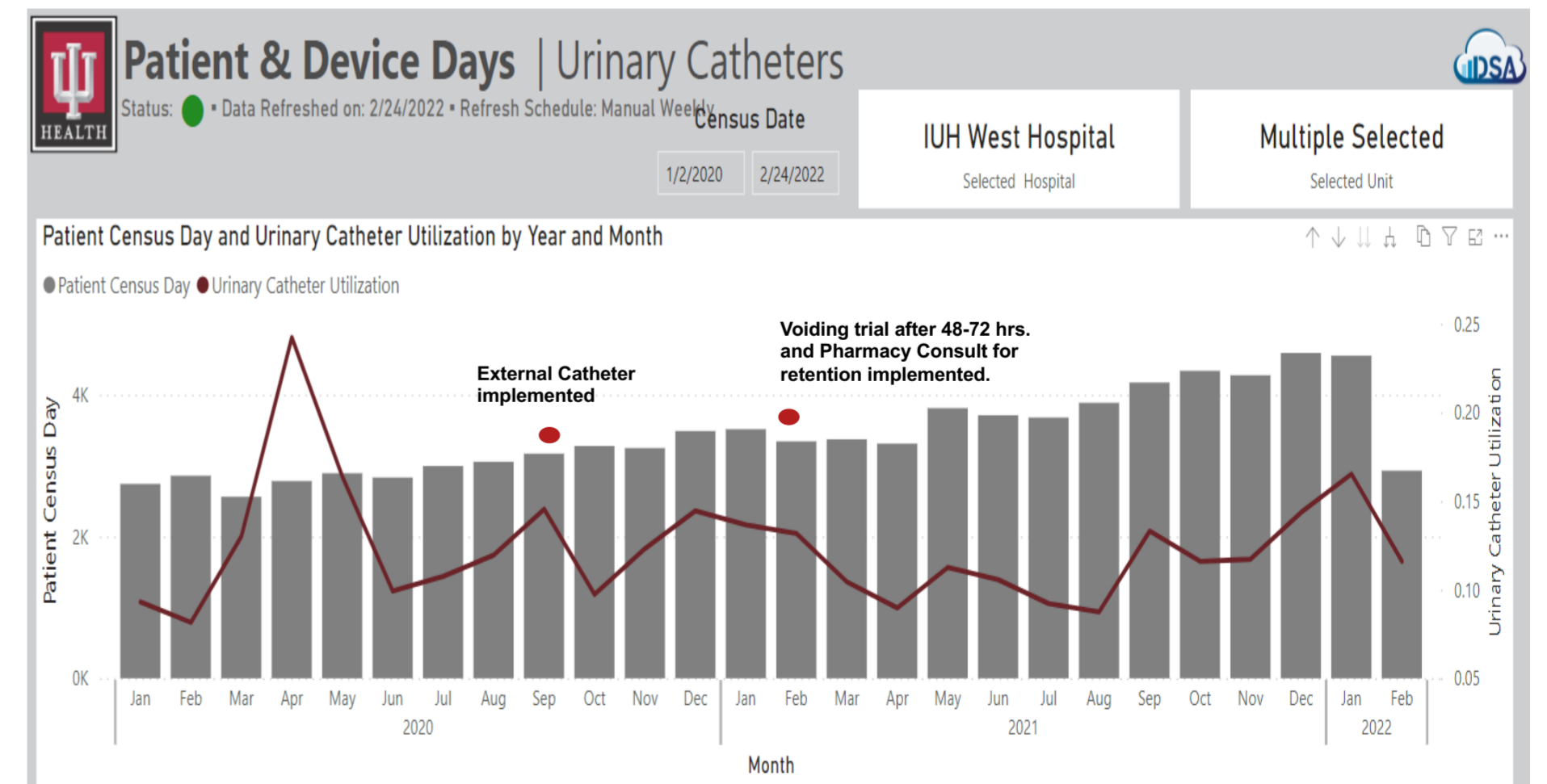
The unit culture changed as well. Nurses and providers advocated for a retention trial or EC in place of UC for patients needing accurate I&Os.

Conclusion

Looking beyond the current indications for a UC and implementing new products, UC usage and CAUTIs decreased. The CNS is an expert at implementing new products and practice changes, which support patient outcomes and avoid costs.

Limitations

The project was on three units in one hospital, the Covid-19 pandemic, short staffing, contingent workers, and varying nurse delivery of care models.



*This poster was independently developed by the author and was presented at the 2022 National Association of Clinical Nurse Specialists conference (NACNS). The intended display of the poster is to demonstrate reduction of CAUTIs and catheter utilization when introducing and external catheter.