

Problem Statement

CAUTIs are one of the most common HAIs. Although regulatory bodies like the CDC and AHRQ have implemented preventive guidelines, CAUTIs remain a top concern. The complications associated with CAUTIs are increased mortality and morbidity, increased length of stay, and an additional cost to the hospitals. The Veterans Affairs (VA) hospital is using Indwelling Urinary Catheter Insertion and Indwelling Urinary Catheter Maintenance Bundles; however, there has been no reduction in CAUTI rate since the bundles were adopted. The hospital-wide CAUTI rate for third quarter of 2022 was 7.3, the national benchmark was 0.80, and the goal of VA hospital was ≤ 1.25 . Implementing a two-person indwelling urinary catheter insertion technique is an evidence-based intervention that has been shown to reduce the rate of CAUTIs.

PICO Question

How does one clinician versus two-clinician indwelling urinary catheter insertion technique affect CAUTI rate over a month in one unit?

Literature Search

19 high-quality studies met the inclusion and exclusion criteria. 5 studies were done on two-clinicians champion training. 3 out of 5 studies recommended champion training by using CDC's CAUTI bundle and champion training.

Summary

The two-clinician indwelling urinary catheter insertion technique is one of the most effective interventions found in the high-quality level studies. A two-person urinary catheter insertion protocol has been implemented in some acute care hospitals, long-term care facilities, and rehabilitation centers. This EBP has been proven to decrease the CAUTI rate in every facility it was implemented. Creating and implementing education on CAUTI prevention measures for direct care—providing clinicians is one of the most effective ways to reduce CAUTIs and provide safe care. The Joint Commission, CDC, AHRQ, and ANA highly recommend using the CAUTI prevention bundle, CAUTI champion bundle, and Urinary Catheter Insertion and Indwelling Urinary Catheter Maintenance Bundles to reduce CAUTI, decrease health care costs, and increase quality of care to patients.

The Impact of Champion Training on Two-Clinician Indwelling Urinary Catheter Insertion Technique to Prevent Catheter-Associated Urinary Tract Infection (CAUTI)

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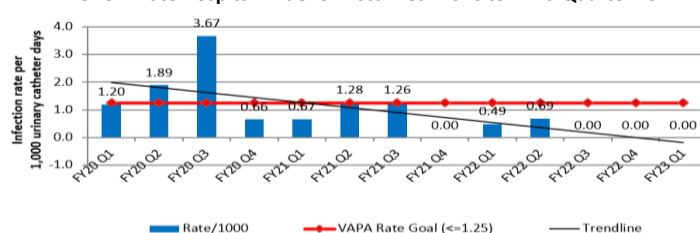
Implementation

- Ten champions were trained on two-clinician indwelling urinary catheter insertion technique
- Reinforced compliance with insertion and maintenance bundle

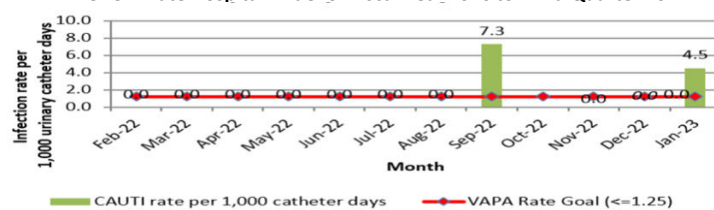
Outcome Measures

In September 2022, the total number of CAUTIs were two. In January 2023 before the implementation of the project, there was one CAUTI in the unit. From mid-January 2023 to mid-February 2023 and after implementation of the project, the CAUTI rate was zero. The secondary goal of this project was to reduce catheter days. In September 2022, the total number of catheter days were 220 and, after implementing the Project, the number of catheter days were reduced to 140.

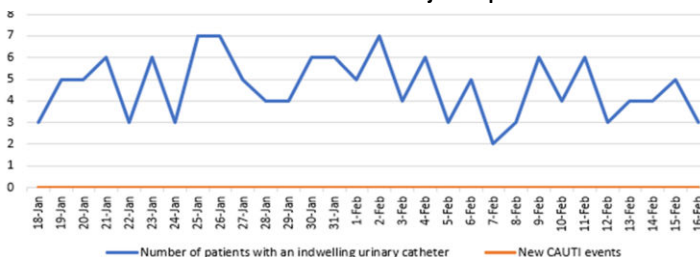
CAUTI Rate Hospital Wide for Fiscal Year 2020 to Third Quarter 2022



CAUTI Rate Hospital Wide for Fiscal Year 2020 to Third Quarter 2022



CAUTI Rate in SCI Unit After Project Implementation



Practice Recommendation

The recommendation for the next step is to integrate the practice change into new nursing employee orientation and training champions in other inpatient units. The implications of the process measures include maintaining CAUTI logbook, continuing daily rounding, and training new RNs in the unit by the champions.

Dissemination

The result, analysis, strengths and limitations of the project were reviewed by preceptor, chief nurse and manager of SCI Unit, EBP coordinator, clinical nurse specialist, and course chair. The results were shared via email with unit manager, chief nurse, EBP coordinator, and clinical nurse specialist. The flyers and visual charts will be created with the results and posted in the units. The results were presented to the leadership. The closing statement was discussed with the availability of training and additional resources to sustain the practice change. This QI project's findings were shared with the facility's divisions. The results will be shared in the national conferences after obtaining approval from the facility.

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