2021

CAUTI: What are we testing?

Christoph Lecznar
VCU Health, Christopher.lecznar@vcuhealth.org

Follow this and additional works at: https://scholarscompass.vcu.edu/vcuhealthnursing

Part of the Nursing Commons

This work is distributed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International (CC BY-NC-ND 4.0) License (https://creativecommons.org/licenses/by-nc-nd/4.0/).

Downloaded from
https://scholarscompass.vcu.edu/vcuhealthnursing/10

This Poster is brought to you for free and open access by the VCU Health at VCU Scholars Compass. It has been accepted for inclusion in VCU Health Nursing by an authorized administrator of VCU Scholars Compass. For more information, please contact libcompass@vcu.edu.
Findings:

- Education provided to multi-disciplinary team
- Educational areas included: CAUTI vs CAASB, Biofilm, Fever related to CAUTI, Incidence of symptomatic CAUTI, Ongoing best practices
- Implemented practice change to replace catheter when obtaining urine specimen
- Conducted daily prevalence studies for data collection and direct follow up with nurses and provider to ensure adherence to education and practice changes

Background:

- Catheter Associated Urinary Tract Infections (CAUTI) are deemed never events by CMS.
- CDC estimates 17-69% of CAUTIs are preventable.
- Every day a catheter is in place, the risk increases by 3-7%.
- Current recommendations for CAUTI reduction include:
  - Education strategies
  - CHG bathing and Catheter Care
  - Catheter Avoidance
  - Policies for insertion
  - Urine testing stewardship
- Our unit experienced an increase in CAUTI incidence in May and June of 2020
- Drill downs showed near 100% compliance from nursing modifiable risk factors
- Drill downs identified opportunities for improvement in urine testing stewardship

Methods:

- Databases Searched: Pubmed, Embase, CINAHL
- Search Terms: CAUTI, Biofilm, Fever, reduction

In this evidence-based PI project:

- Interdisciplinary Collaboration
- Educational intervention
- Multi-disciplinary accountability
- Implementation of a practice change obtaining urine specimen

led to 73% reduction in urine culture testing and a 0 CAUTIs since implementation