

Virginia Commonwealth University **VCU Scholars Compass**

VCU Health Nursing VCU Health

2022

CAUTI: Are We Testing Appropriately?

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 poster 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/11

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.

CAUTI: Are We Testing Appropriately?

Christoph Lecznar, BSN, RN, CCRN, TCRN

Interim Nurse Clinician; Surgical Trauma Intensive Care Unit VCU Health, Richmond, VA

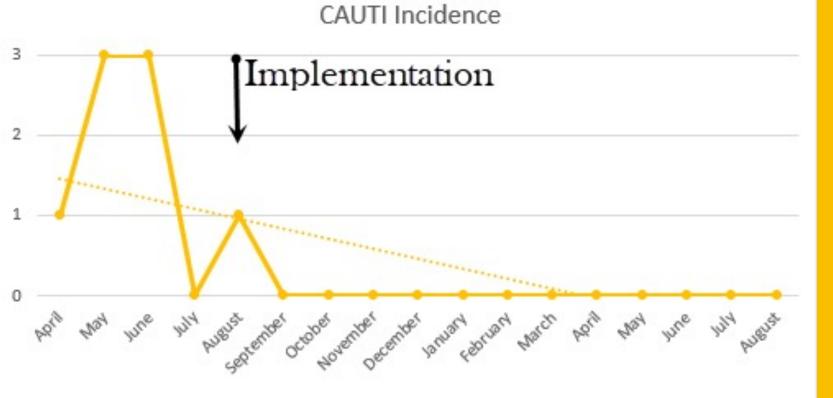


Background:

- Catheter Associated Urinary Tract Infections (CAUTI) are deemed never events by Centers for Medicare & Medicaid Services.
- Centers for Disease Control and Prevention estimates 17-69% of CAUTIS are preventable.
- Current recommendations for CAUTI reduction include:
 - Education strategies, Chlorhexidine Gluconate bathing and catheter care, catheter avoidance, policies for insertion, and urine culture testing stewardship.
- Our unit experienced an increase in CAUTI incidence in May and June of 2020.
- Case Reviews demonstrated compliance with nursing modifiable risk factors.
 Opportunities for improvement in urine testing stewardship were identified

Methods:

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

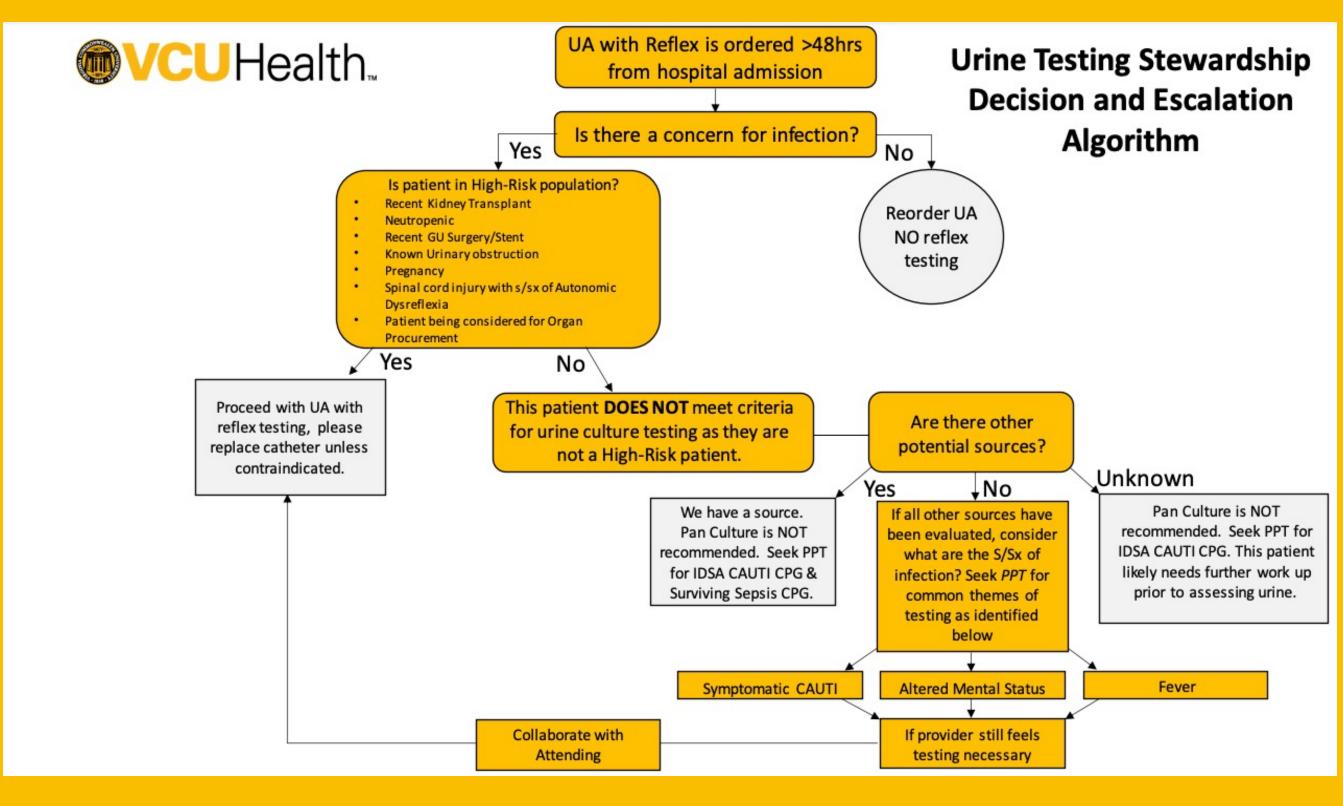


In this evidence-based QI project:

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

led to 73% reduction in urine culture testing

and ZERO CAUTIs for over 400 days.





Interventions:

- Education (grand rounds presentation & PowerPoint presentation) provided to multidisciplinary team focused on:
 - CAUTI vs Catheter Associated
 Asymptomatic Bacteriuria, Biofilm, Fever
 related to CAUTI, Incidence of symptomatic
 CAUTI, Urine Testing Stewardship.
- Implemented testing guidance from 2008 IDSA & ACCM guidelines for evaluation of fever.
- Implemented practice change to replace catheter when obtaining urine specimen for culture to minimize the risk of false positive due to biofilm.
- Bedside RN escalated to Nurse Clinician, who developed and followed the urine testing stewardship algorithm.

Measurements and Results:

- Conducted daily audits to ensure adherence to practice changes and compliance with testing stewardship guidelines.
 - Provided feedback to nurses and provider leadership on audit findings.
- Developed report with IT that identified all urine testing weekly.
- 73% reduction in Urine Culture specimen collection rate. (see graph)
- Zero CAUTIs for over 400 days since implementation.

