CAUTI Bundle Development; Improved Patient Outcomes
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Problem: Catheter-associated urinary tract infections (CAUTIs) continue to be the most common hospital-acquired infection: 80% are attributable to an indwelling urinary catheter. In our neuroscience ICU (NSICU) monthly audits by hospital epidemiology showed CAUTI rates that we believed could be reduced.

Evidence: Monthly audits and physician reviews pinpointed specific patients who acquired CAUTIs. These cases were reviewed and specific and common causative factors were identified that led to infection. From these, practice changes were identified that could reduce the rates and incidence of CAUTIs.

Strategy: The task of reducing CAUTIs in the NSICU was given to the NSICU Practice Committee whose membership is comprised of staff RNs in the NSICU. A literature search was conducted and the protocols and recommendations of the 2007 and 2009 Healthcare Infection Control Practices Advisory Committee (HICPAC) and the Center for Disease Control (CDC).

A CAUTI Bundle was developed and a poster presentation was displayed in the staff lounge area for all to see. Safety huddles are done at each shift change and the presentation was reviewed and supported until all staff were introduced to practice changes.

Practice: The staff was enthusiastic about reducing infection rates. Changes in practice were not that difficult and compliance was 100% after only 2 months. Continued updating of progress and improvement and discussion of individual cases continues to be the best prevention tool. The critical care physicians also play a big part in the process by evaluating the need for an indwelling catheter during daily patient rounds.

Result: The rate and incidence of CAUTIs has been reduced using all these measures. A hospital-wide program is now being implemented based on our work using the CAUTI Bundle and in collaboration with Epidemiology and Infectious Disease.

Recommendation: Staff involvement of RNs, techs and the physicians has been the primary reason for success. The CAUTI Bundle components were simple and basic and did not involve major changes in practice, cumbersome documentation or time-consuming processes. Keeping everyone updated in progress toward improvement and the positive effects of practice change has promoted interest and compliance.

Lessons Learned: An evidence-based development of practice change and involvement of the staff and physicians has been the key to success. Changes in practice that are simple and makes sense result in high compliance and improved patient outcomes.
Bibliography: