

University of Virginia Health System: The Long-Term Acute Care Hospital Project
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Evidence Based Practice Project
 John Hopkins Model
 By Kailyn Hinrichsen



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Introduction

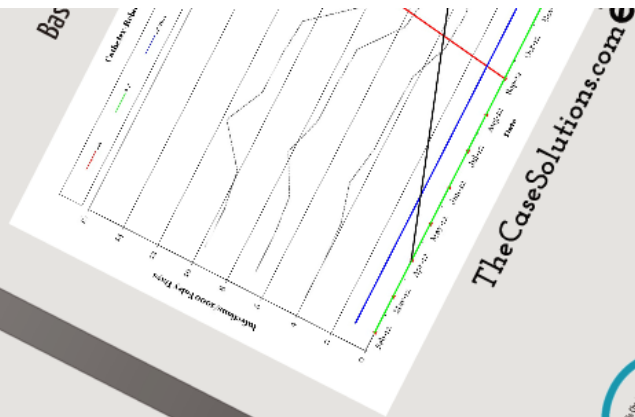
- High CAUTI incidence in ICU
- CAUTIs account for 40% of all HAIs (Gray, 2010)
- Trending upward with overall CAUTI rate at 7 infections per 1000 catheter days

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The magnifying glass highlights a slide with the following content: A title 'Introduction' followed by three bullet points. The first bullet point states 'High CAUTI incidence in ICU'. The second bullet point states 'CAUTIs account for 40% of all HAIs (Gray, 2010)'. The third bullet point states 'Trending upward with overall CAUTI rate at 7 infections per 1000 catheter days'. Below the text is a flowchart with several boxes and arrows, and the logo 'TheCaseSolutions.com' is visible at the bottom of the slide.

Recommendations?

ABODE:
reference to general infection
principles (e.g., hand
surveillance and feedback,
infection proper
education)
around may avoid
sterilization
or other
a IUC
dwelling catheter
catheter using
or nurse-
rol is

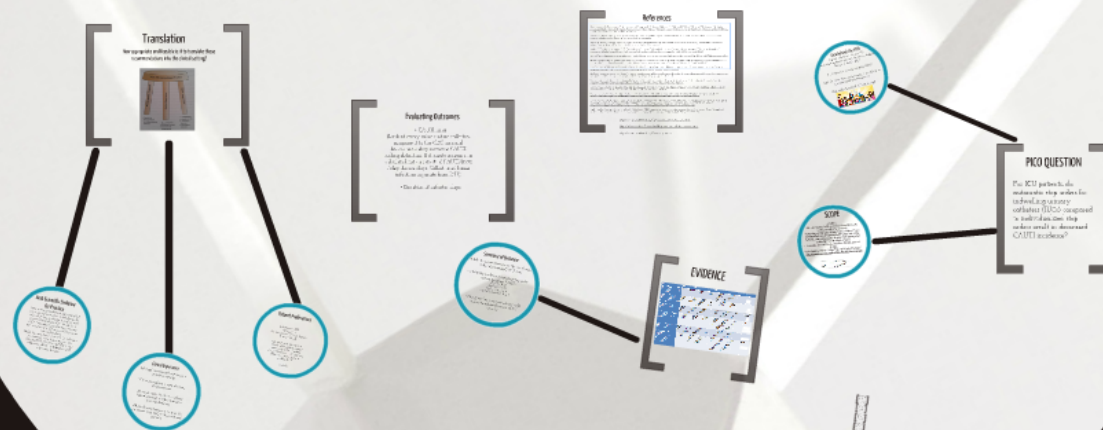


Current Practice

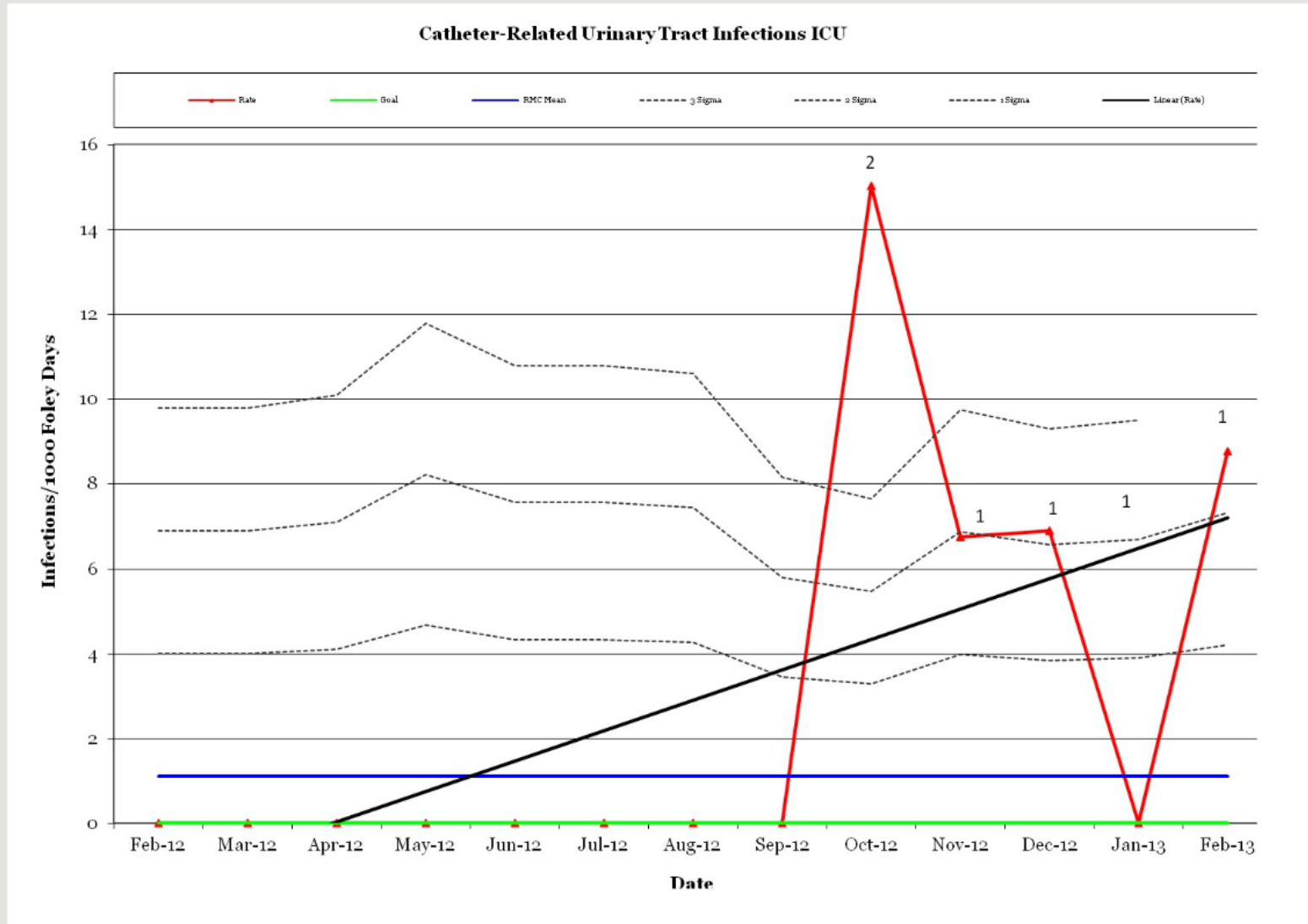
Introduction

Practice Problem

- High CAUTI incidence in ICU
- CAUTIs account for 40% of all HAIs (Gray, 2010)
- Trending upward with overall CAUTI rate at 7 infections per 1000 catheter days



Baseline CAUTI Rate



Alarming Statistics

- Up to 50% of patients who have IUC for 5 or more days will have bacteria in their urine (catheterout.org)
- Various studies have found that catheters are inappropriately initiated 21-50% of the time (catheterout.org)
- Catheter use is inappropriate approx. half of the days a patient is catheterized (catheterout.org)
- Respondents answered incorrectly when asked if their patient had an IUC in place 28% of the time, ranging from 21% for med students to 38% for attending physicians (Saint,2000)

"Risk for infection increases 5% for each day that a catheter remains in place." (catheterout.org)

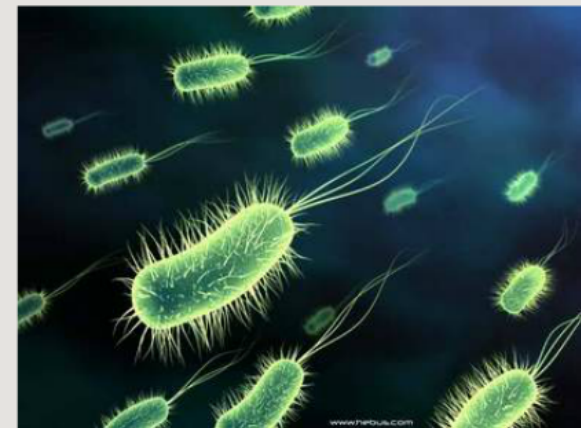
Why are CAUTIs in the ICU a big deal?

- CAUTIs are more prevalent in the ICU due to increased risk factors like fecal incontinence, systemic antibiotics, nature of the illness, and impaired immune system (Gray, 2010)
- October 2008 - hospitals won't be reimbursed for health-care associated infections (HAIs) (Gray, 2010)
- Cost of treating a single episode can be anywhere from \$980 to \$2900 (as cited in Gray, 2010)
- 2002 Public Health Report - estimated 13,088 deaths associated with UTIs (Klevens et al., 2007)

Morbidity

Mortality

Cost



Bundle Checklist for Indications of IUC

- Urinary retention and/or obstruction
- Assist in pressure ulcer healing for incontinent patients
- Gross hematuria and/or irrigation
- Palliative or hospice care
- Urine output monitoring in critical care pts only
- Monitoring first 24 hours post-op
- Vented/sedated

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Patient/Family Education
Infection Control Brochure

Daily Interprofessional (MD/RN)
Rounding to Assess Necessity of
Catheter

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Nurse Directed Foley Protocol

Nurses may d/c Foley catheters independent of a physicians order when patient has no indications for Foley to remain in place

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