

3rd World Congress on CARDIOLOGY AND CARDIAC NURSING

March 25-26, 2019 | Amsterdam, Netherlands

Monette Mabolomoses, J Cardiovasc Med Ther 2019, Volume 3

WE “CAUTI” A PROBLEM!

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Indwelling urinary catheters are commonly used for heart failure inpatients to support strict intake and output monitoring related to IV diuretic administrations. In our 30 bed heart failure unit, high indwelling catheter utilization and high Foley days led to increased Catheter Acquired Urinary Tract Infection (CAUTI). As we drilled down the problem, we identified inconsistent use of the nurse driven urinary catheter protocol and inaccurate documentation of I & O. These triggers prompted our team to use the IOWA model to identify best practices in CAUTI prevention.

Methods/Materials: Using the IOWA model, the team reviewed literature for best practice strategies. Baseline data on I & O documentation and catheter care practices were collected. Staff were re-educated on the urinary catheter guidelines, proper Peri and Foley care, use of nurse driven protocol to discontinue Foley catheter and I&O documentation through daily huddle messages and one on one staff education. Practice was changed in Intake and Output documentation of catheter output to every 4 hours; Foley/Peri care annual competency was established and the team selected a Nurse tech and a nurse to be CAUTI champions.

Results: The unit CAUTI rate in 2013 was 3.16 with 7 CAUTI's and 949 Foley utilization days. After staff re-education and practice change in 2014, the CAUTI rate decreased to 1.22 with 1 CAUTI and 807 in Foley utilization days. In 2015 the unit CAUTI rate continued to decline despite a slight increase in Foley utilization of 924 days. By 2016, the unit continued to be CAUTI free, and YTD they remain CAUTI free with Foley utilization reduced to 350 days.

Conclusion: This evidence based project positively impacted practice by promoting early removal of Foley catheters and accurate documentation of Intake and output. The results demonstrate a dramatic and consistent decrease in CAUTI rates, as well as a decrease in catheter days. Adherence to Protocol driven care and commitment to maintaining increased staff awareness has dramatically reduced the incidence of CAUTI on this department resulting in the unit's achievement of 4 years CAUTI free.

BIOGRAPHY

Monette Mabolomoses completed her doctor degree in nursing practice from American Sentinel University in Aurora, Colorado with a focus in executive leadership. She is currently the director of a 30 bed heart failure unit at Moses Cone Memorial Hospital, a 500 bed acute care hospital that is a part of a 6 hospital enterprise in Southeastern North Carolina. She has presented numerous evidence based posters to various national nursing conferences including the American Nurses Association and the American Association of Critical Care Nurses.

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