CAUTI reduction quality improvement project; rounding with an Infection Preventionist (IP)

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Background
- Catheter associated urinary tract infections (CAUTI) are the most common healthcare associated infection (HAI)
- Bundling care and maintenance interventions reduces CAUTI incidence and device line days
- During COVID-19 pandemic 43% increase in CAUTI
- Gap in current literature; which element is most effective
- Relational approaches for quality improvement and rounding at the bedside make patient safety a priority

Purpose and Aim
- Evaluate the impact that rounding with an infection preventionist has on total device days, CAUTI incidence and CAUTI prevention bundle compliance

Organizational Setting: Mid-Atlantic community hospital
Patient Population: Adult medical/surgical pts with IUC
Project Participants: RNs and Patient Care Technicians

Method
- 44 rounding sessions completed with 17 different RNs (64.7%) and PCTs (41.2%)
- Reduced CAUTI incidence, improved CAUTI bundle compliance and reduced device days

Results

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Educational Rounding Tool

CAUTI Incidence

CAUTI Bundle Compliance Percentage

Foley Device Days

Tools Used During Rounding

Discussions and Implications
- Rounding tools addressed potential practice gap and accounted for various skill level of RNs and PCTs
- Alternative method to traditional audit and feedback – creates opportunities for on-the-spot coaching and access for bedside staff to a subject matter expert
- Small sample size-lower than expected number of IUC, future studies should target units with higher IUC
- Rounding method reproduced at project site to target other nursing practice bundles (CLABSI and HAPI)
- Project methods can be easily replicated for immediate practice application in any acute care setting

References


