Title: EMPOWERING NURSES TO OWN THEIR PRACTICE IN THE DEVELOPMENT OF A NURSING DRIVEN URINARY CATHETER REMOVAL PROTOCOL
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Poster Presentation

Background/Significance: Prolonged urinary catheterization is a major risk factor for Catheter Associated Urinary Tract Infections (CAUTIs). It is known that there is high usage of urinary catheters during inpatient hospitalization; approximately 25% of inpatients on medical-surgical units and up to 90% of patients in an Intensive Care Unit (ICU) have a urinary catheter at some time during their hospitalization. CAUTIs can be decreased by interventions that facilitate removal of unnecessary urinary catheters. CAUTIs are a nursing sensitive indicator and best practice drives clinicians to avoid unnecessary placement and facilitate early removal. A nursing driven urinary catheter removal protocol is known to promote better patient outcomes and support hospital financial viability.

Purpose of the Study: A nursing driven urinary catheter removal protocol was created with the intent of empowering nurses to assume best practices with urinary catheter management. It is hypothesized that this protocol will reduce the occurrence of CAUTIs and also decrease the number of catheter days across the inpatient setting. Decreasing the number of hospital acquired infections creates a financial savings through a cost avoidance approach.

Conceptual Framework: Wheaton Franciscan Healthcare’s organizational framework for process improvement, the Plan, Do, Study, Act (PDSA) model, was chosen to implement this protocol and continually evaluate outcomes.

Sample Description/Setting: Inpatients in the acute care setting at Wheaton Franciscan Healthcare. This is a community hospital staffed for over 300 beds.

Method/Design: The Housewide Nursing Practice Council identified CAUTI rates as a concern while evaluating nurse sensitive indicators. After researching solutions, it was identified that a urinary catheter removal protocol may facilitate best practice in urinary catheter management. A protocol was developed and approval was granted by the Medical Executive Team. Nursing partnered with Clinical Informatics to develop electronic ordering and documentation of protocol within the organization’s Electronic Health Record. Education was created and distributed to nursing and physician groups alerting them of best practices and the change in process.

Outcomes: Data of CAUTI rates and catheter days will be evaluated for overall improvement. Financial savings will be calculated based on cost avoidance of hospital acquired infections.

Implications for Practice: Empowering nurses to assume ownership of nursing sensitive indicators builds a culture that promotes nursing practice and creates improved patient care outcomes.