



Catheter Associated Urinary Tract Infection: The Unwelcome Visitor

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ABSTRACT



Background: Catheter-associated urinary tract infections (CAUTI) are associated with significantly increased mortality and length of stay in hospitals. In the rehabilitation unit of our large urban medical center, CAUTI incidence reached 40.0 per 1000 patient days compared to the nation's benchmark of 5.08 in Quarter 1 of 2022. For our rehabilitation unit, CAUTIs can interrupt the rehabilitation stay causing transfer of the patient back to medicine to be treated for infection. This transfer delays their rehabilitation stay and functional improvement.

Purpose: The purpose of this quality improvement program was to decrease the number of CAUTIs in the rehabilitation unit by teaching best practices to rehabilitation staff, which included both registered nurses and ancillary staff.

Approach: Initial discussions with staff indicated that there was resistance by providers to remove Foley catheters. This was due to rehabilitation providers adhering to established orders of the urology department. In addition, infection control practices were challenged due to the need for patients to be switched to leg bags from an overnight drainage system in order to participate in physical therapy in the gym. Over a two-month period, we disseminated an online educational module on CAUTI reduction via the health system's learning platform, which was mandated for all hospital nursing staff including the rehabilitation unit. During daily huddles, staff reviewed CAUTI prevention education and gathered around the unit's daily management board, which displayed pictures of appropriate use of the correct leg bags. Several team members also went to a hospital-acquired conditions training class which included a return demonstration on the insertion, care, and removal of Foley catheters, reinforcing the hospital's CAUTI protocol. We tracked quarterly CAUTI incidence rates through data retrieved from the National Data Nursing Quality Indicators database.

Findings: The CAUTI incidence per 1000 patient days reduced to zero after implementing the interventions over three subsequent quarters (Quarter 4, 2022, through Quarter 2, 2023). Implementation was well received by nursing staff, who reported that visual aids on the unit's daily management board served as a constant reminder and reinforcement to apply the new interventions.

Implications for future practice: These findings suggest that enhanced knowledge and vigorous reinforcement of infection control practices like single use of leg bags makes a difference in the reduction of CAUTIs. These findings also represent a clear path for nursing leadership seeking to reduce CAUTIs on their units.

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TO CITE THIS ARTICLE:

Garcia, S., & Brindisi, S. (2024). Catheter Associated Urinary Tract Infection: The Unwelcome Visitor. *Practical Implementation of Nursing Science*, 3(2), pp. 13–14. DOI: <https://doi.org/10.29024/pins.71>

COMPETING INTERESTS

The authors have no competing interests to declare.

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*Practical Implementation
of Nursing Science*
DOI: 10.29024/pins.71

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TO CITE THIS ARTICLE:

Garcia, S., & Brindisi, S.
(2024). Catheter Associated
Urinary Tract Infection: The
Unwelcome Visitor. *Practical
Implementation of Nursing
Science*, 3(2), pp. 13–14. DOI:
[https://doi.org/10.29024/
pins.71](https://doi.org/10.29024/pins.71)

Submitted: 10 November 2023

Accepted: 01 March 2024

Published: 17 May 2024

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*Practical Implementation of
Nursing Science* is a peer-
reviewed open access journal
published by Levy Library Press.