New catheter kits and CAUTI education.

House wide implementation of new foley catheter kits, documentation and care.
In 2012, Pomerene Hospital partnered with OHA’s Hospital Engagement Network to work on reducing HAC’s (Healthcare Associated Conditions) HAI’s (Healthcare Associated Infections) and other measures such as avoidable readmissions, medication reconciliation etc. We formed a committee and looked at several of our practices and decided to focus on CAUTI.
• Catheter Associated Urinary Tract Infection
• According to the CDC, CAUTI is the most common type of health care associated infections, leading to
  – Increased morbidity and mortality
  – Increased length of stays
  – Increased costs
• Joint Commission requirements
  – National Patient Safety Goal – 2013
  – Goal 7
  – Reduce the risk of health care-associated infections.
  – Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).
Pomerene and CAUTI

• After a drill down of our process for insertion, orders, care and maintenance and documentation, we found that we had significant variations from dept. to dept.

• There were 4 main areas of need...
  – Lack of education
  – Lack of protocol
  – Lack of documentation
  – Incomplete or missing MD orders.

• Based on EBP (evidence based practice) research by the HEN team, we found it necessary to implement some changes.
Reasons for a Urinary Catheter

- Urinary obstruction to bladder
- Alteration in BP or volume status
- Need to accurately measure I&O fluids (patient cannot use urinal)
- Continuous bladder irrigation
- Urinary retention due to neurogenic bladder
- Surgery with epidural anesthesia
- Management of stage III or IV pressure ulcer with incontinence
- Urological procedure
- Palliative or comfort care
New Kits to help us follow CDC guidelines for prevention of CAUTI

- These kits include
  - BARD Hydrophilic-Coated Foley Catheter
  - STATLOCK Foley Stabilization Device
  - Tamper Evident Tubing Junction Seal
  - EZ-LOK Needleless Urine Sample Port
  - 2000ml Collection Bag
  - Anti-Reflux Chamber
  - CONTROL-FIT Outlet Device
Prevention Strategies

• First and foremost, we must make an effort to eliminate unnecessary catheter insertion.
• All orders for catheter insertion MUST come with an indication.
• Educate your patients about catheter insertion before insertion. See FAQ sheet and Urinary Catheter Ed. sheet. Will be in the catheter bundle kits.
Available on intranet-forms-patient education or in the catheter bundle kits.

FAQs
(frequently asked questions)

“Catheter-Associated Urinary Tract Infection”

What is “catheter-associated urinary tract infection”?

A urinary tract infection (also called “UTI”) is an infection in the urinary system, which includes the bladder (which stores the urine) and the kidneys (which filter the blood to make urine). Germs (for example, bacteria or yeasts) do not normally live in these areas; but if germs are introduced, an infection can occur.

If you have a urinary catheter, germs can travel along the catheter and cause an infection in your bladder or your kidney; in that case it is called a catheter-associated urinary tract infection (or "CA-UTI").

What is a urinary catheter?

A urinary catheter is a thin tube placed in the bladder to drain urine. Urine drains through the tube into a bag that collects the urine. A urinary catheter may be used:

• If you are not able to urinate on your own
• To measure the amount of urine that you make, for example, during intensive care
• During and after some types of surgery
• During some tests of the kidneys and bladder

People with urinary catheters have a much higher chance of getting a urinary tract infection than people who don’t have a catheter.

How do I get a catheter-associated urinary tract infection (CA-UTI)?

If germs enter the urinary tract, they may cause an infection. Many of the things that can cause this include:

• Germs from hands or other objects
• Germs from the skin of the penis when catheters are used in men

Catheter Insertion

• Catheters are put in only when necessary and they are removed as soon as possible.
• Only properly trained persons insert catheters using sterile ("clean") technique.
• The skin in the area where the catheter will be inserted is cleaned before inserting the catheter.
• Other methods to drain the urine are sometimes used, such as:
  • External catheters in men (these look like condoms and are placed over the penis rather than into the penis)
  • Putting a temporary catheter in to drain the urine and removing it right away. This is called intermittent urethral catheterization.

Catheter Care

• Healthcare providers clean their hands by washing them with soap and water or using an alcohol-based hand rub before and after touching your catheter.

If you do not see your providers clean their hands, please ask them to do so.

• Avoid disconnecting the catheter and drain tube. This helps to prevent germs from getting into the catheter tube.
• The catheter is secured to the leg to prevent pulling on the catheter.
• Avoid twisting or kinking the catheter.
URINARY CATHETER EDUCATION

Urinary catheters are used when a person cannot empty his or her bladder either because something is blocking the urine flow or the bladder does not feel the need to empty. Urinary catheters may also be used during and shortly after some types of surgeries.

WHEN SHOULD YOU NOT RECEIVE A URINARY CATHETER?

Urinary catheters should not be placed just because you cannot get out of bed or because you leak urine (meaning you are “incontinent” of urine). There are other more safe measures that can be used instead.

WHAT ARE THE RISKS OF A URINARY CATHETER?

Urinary catheters can be harmful. They can hurt the bladder and cause you to feel pain below your belly button. Also, urinary catheters cause urinary infections which could spread to your blood and lead to a longer stay in the hospital. How do you get an infection from your urinary catheter? Germs can travel along the catheter to your bladder or kidneys. Urinary catheters can tend to limit your movement in bed and in your room. Limited
Prevention Strategies continued..

• Use aseptic insertion technique with sterile equipment.

• Keep catheter below level of bladder AT ALL TIMES, even while transporting patients.

• Perform daily catheter care and DOCUMENT.

• Discuss removal criteria with MD daily.

• Use STATLOCK Foley Stabilization Device with each Catheter insertion.
Prep STAT LOCK
1. Place Foley catheter into retainer. Directional arrow should point towards catheter tip, and the balloon inflation arm should be next to the clamp hinge.
2. Close lid by placing your fingers under the pad and pressing the grip markers at the end of the clamp with your thumb, being careful to avoid pinching the catheter.
3. Identify proper securement site by gently laying the STATLOCK® Stabilization Device straight on the front of the thigh, then back up one inch towards the insertion site.* Make sure leg is fully extended.
   – Gently place the STATLOCK® Stabilization Device off to the side, away from the selected securement site.
4. Cleanse and degrease securement site with alcohol, or per hospital policy and procedure. Let skin dry. Be sure to clean area larger than securement site.
5. Apply skin protectant using both pads, in direction of hair growth, to area larger than securement site. Allow to dry completely (10-15 seconds).
6. Using permanent marker, write initials and date of application on STATLOCK® device anchor pad.

NOTE: Always secure catheter into the StatLock® Stabilization Device retainer BEFORE applying adhesive pad on skin.
Place and Peel

7. Align the STATLOCK® Stabilization Device over securement site leaving one inch of catheter slack between insertion site and the STATLOCK® device retainer.* Make sure leg is fully extended.
8. While holding the retainer to keep the pad in place, peel away paper backing, one side at a time, and place tension-free on skin.

DAILY MAINTENANCE

1. The STATLOCK® Stabilization Device should be assessed daily and changed when clinically indicated, at least every seven days.
2. If pad becomes soiled, wash with soap/water, saline or hydrogen peroxide. Do not use alcohol or prepackaged bathing systems, which could lead to early lifting.
3. If showering/bathing, cover with plastic wrap or waterproof dressing.
4. Conduct skin assessment prior to application and repeat daily per facility protocol.
5. Use clinical judgment on the removal of the STATLOCK® Stabilization Device if the patient experiences any fluid shifts that may interfere with skin integrity.
REMOVAL-

Disengage
1. Open retainer by pressing release button with thumb, then gently lift to open.
2. Remove Foley catheter.

Dissolve
3. Wipe the edge of the pad using at least 5-6 alcohol pads until a corner lifts. Then continue to stroke undersurface of pad in a back-and-forth motion by squeezing the alcohol out to dissolve the adhesive pad away from the skin. **DO NOT REMOVE LIKE TAPE!!!** Can damage patient skin!
Changes to the catheter kits

Steps removed
• Testing urinary catheter balloon
  – Already performed by manufacturer
• Use of cotton balls to cleanse urinary meatus
  – Product changed to swab sticks

Steps added
• Use of castile soap
• Hand sanitizer included
• Use of betadine swab sticks
• Use green sheeting clip to secure catheter drainage tube to the sheet
• Only 16F catheter kits will be stocked on the units, 18F will be available in MM, as well as additional STATLOCK devices.
Highlights from new catheter policy, please review entire policy. Changes in red.

1. Wash hands and don clean gloves
2. Using proper aseptic technique open outer wrap, place pad under patients hips.
3. Use the provided packet of castile soap wipes to cleanse patient’s peri-urethral area.
4. Remove gloves and perform hand hygiene with provided alcohol hand sanitizer gel.
5. Don sterile gloves, position fenestrated drape.
Highlights from procedure cont.

6. Deposit lubricant into tray top compartment, remove top tray and place next to bottom tray (stay on outer wrap).

7. Attach water filled syringe to the port. NOTE- it is not necessary to pre-test the foley catheter balloon. Place catheter in lubricant.

8. Use betadine swab sticks, females use separate sticks for first left labia, right then middle. Males cleanse in circular motion starting at meatus and then working outward.
10. Inflate balloon using entire 10cc of sterile water provided.
11. Use STAT LOCK stabilization device as discussed.
12. BARD kits contain orange stickers to date/time INITIAL and attach to drainage tubes.
Daily Catheter Care

- Daily catheter care consists of washing the perineum thoroughly with water and soap daily as well as a visual inspection of insertion site, urine color and clarity.
Department Specific Documentation and Care.

For ED, MS, SCU, OB and OR
• You **MUST** have an order WITH an indication for foley insertion. It is not standard practice to place a foley catheter to get a urine specimen.
• If a catheter placed in ED must have order to maintain for admission per admitting MD.
• Documentation
  – **Aseptic** insertion of **16F** Foley catheter performed, balloon filled with **10ml** sterile water. Collection bag placed **below level of bladder**. Securement device in place. Document amt. of urine return, color and clarity.
• Tracevue Documentation
  – Under GU, in comments document Foley catheter inserted *aseptically*, what size French, collection bag below level of bladder, securement device in place, Document amt. of urine return, color and clarity.
  – Daily, document catheter care performed, collection bag below level of bladder and securement device in place.
  – Will see if this can be added to your check boxes for easier documentation.
Use Foley Catheter Order Set to Order, make sure you have an indication listed.
MS/SCU

• **Bladder Scan first.** When calling the MD with results of scan, obtain order for the scan and enter into CPSI. Remember to charge for scan and insertion.

• **Document insertion under Routine Activities, Elimination Urinary Catheter.** Make sure to hit all the boxes that apply, aseptic technique, what French, how much water in the balloon, bag below level of bladder and securement device.
• WITH ANY NEW FOLEY CATHETER, implement the “Foley Catheter Order Set” in CPOE, under “Order Sets” “Nursing”. Check all boxes that apply. This way instructions and orders on how to take care of catheters will appear on the MEDACT for daily review by the RN.
MS/SCU

• Daily document catheter care performed, bag maintained below level of bladder and securement device in place.
• Daily have a discussion with the MD as to the necessity of the catheter and remove as soon as possible.
**OR- updated Flow Record**

New check boxes, make sure to fill out all boxes.

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References

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• BARD ® Foley and Urethral Catheterization tray insert documents.
• The Indwelling Catheter Insertion, Daily Care and Removal Procedure, Pomerene Hospital, 2013.
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