Urinary Catheters Do Not Have To Be Removed If They Were Never Placed: A Formal Process Improvement Project To Decrease Utilization Of Urinary Catheters

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Introduction: Catheter-associated urinary tract infection (CAUTI) is a major, preventable source of hospital-acquired infection at our institution. Our CAUTI rates place us in the bottom 10\% of ACS NSQIP hospitals. While most efforts focus on removing catheters promptly, our objective was to decrease overall utilization of urinary catheters. Methods: We assembled a multidisciplinary team of stakeholders involved in the peri-operative care of surgical patients. Using the DMAIC method of process improvement, ACS NSQIP and institutional data were
analyzed and practical, potentially impactful interventions were identified. Results: Of the 11,390 catheters utilized in the OR in the previous year, 67% were for cases < 3 hours and only 18% were removed upon completion of the operation. Consensus criteria for catheter insertion in short cases were identified and preference cards were adapted. Finally, formal discussion of catheter indication and necessity was integrated into the OR pre and postoperative discussions. To promote early removal of catheters, we mandated a formal discussion between the circulating nurse and attending surgeon regarding catheter removal upon completion of the procedure. Additional interventions included a pre-operative voiding protocol and a mandatory two-person catheter insertion technique to identify breaks in sterile technique. Documentation of compliance with each intervention was mandated to permit tracking. Conclusion: We anticipate that the interventions identified by our multi-disciplinary QI team will decrease catheter utilization while stimulating a durable change in practice patterns. We expect a resulting decline in CAUTI and improvement of our institution’s performance in comparison to national benchmarks.