Utilizing the American Nurses Association's (ANA) Streamlined Evidence-Based RN Tool: Catheter Associated Urinary Tract Infection (CAUTI) Prevention

Background/Guidance: This evidence-based (EB) tool was created with support from the Centers for Medicare and Medicaid Services (CMS) by the ANA-convened CAUTI Technical Expert Panel (TEP) (see ANA Website) for use by nurses to meet the following goals related to the use of indwelling urinary catheters:

> 1. Prevention of CAUTI;
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> 2. Placement of fewer indwelling urinary catheters (IUCs);
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> 3. More timely removal of IUCs per CDC (2009) Guidelines; and
>
> 4. Consistent, timely EB nursing assessments and interventions for adequate bladder emptying.

The tool has been developed to focus on the highest impact (i.e., most important) assessments and actions for the consistent use of urinary catheters; it has been based on the current state of the science, standards of care and CDC (2009) guidelines. It can be used to supplement full organizational protocols as well as to support and inform nurse-driven protocols to continue to drive CAUTI reduction efforts (see key care "structural supports" below)* as well as prevent avoidable harm.

Tool Components: The tool consists of <u>three main components</u>:

- **<u>Algorithm Section</u>** (page 1)
    - **Decision Making for IUC Insertion** using CDC Criteria (2009) (see box 1, page 1)
        - **CDC Insertion Criteria Met** (left side, page 1)
            - **Follow Insertion Checklist and Maintenance Care** (IUC and drainage system on page 2)
            - **Remove Catheter ASAP** following CDC IUC insertion criteria (page 1)
            - **Upon IUC Removal, Follow Sections A and B** per prompts (see below)
        - **CDC Insertion Criteria Not Met** (right side, page 1)
            - **Assess urination and bladder emptying**
            - **Respond to questions in the blue triangles**
            - **Follow sections A and B** (see below), **and address incontinence** as prompted via the algorithm
    - **Follow Assessment for Adequate Bladder Emptying: Sections A and B** as noted above and promoted by the algorithms (left and right side, page 1)
        - Section "A" — **Patient has urinated (voided) in 4-6 hours**
        - Section "B" — **Patient has not voided within 4-6 hours and/or complains of bladder fullness** – Timely EB assessment and action per this tool and following your organizational protocols will help prevent avoidable bladder/kidney damage and other serious avoidable harm in high-risk populations (e.g., those with spinal cord injury)
- **<u>Indwelling Urinary Catheter (IUC) Insertion Checklist</u>**   (page 1)
- **<u>Maintenance of IUC/Drainage System and Other Patient Care to Prevent CAUTI</u>**   (page 2)

See ANA's CAUTI website for resources to prevent CAUTI, full reference list, and TEP members:
http://nursingworld.org/ANA-CAUTI-Prevention-Tool

*Examples of "Structures" of Care (effective supports) to Reduce CAUTI:

• A culture of safety including EB practice via consistent use of EB tools, including time outs	• Timely nurse clinical expert consultations as needed for bladder emptying and incontinence
• Team-based care using effective models (e.g., Team STEPPS) and unit-based leadership such as Comprehensive Unit-based Safety Program (CUSP) and "resource teams" led by clinical experts	• High-impact accountability metrics, CDC's National Healthcare Safety Network (NHSN) metrics
	• Health information technology to cue nurse-driven protocols (e.g., timely IUC removal)