ZERO INFECTIONS

The Problem
Health care acquired infections in U.S. hospitals account for 1.7 million infections and 99,000 associated deaths each year, according to the Centers for Disease Control and Prevention. Of these, 32 percent are urinary tract infections. At Health Central, catheter-associated UTIs were less than the national average yet the infection control committee thought one catheter-associated UTI was too many and wanted to work on eliminating them all together.

The Solution
A multidisciplinary team, led by physicians was formed to find a solution. The goal was to reach zero incidents of Foley catheter-associated UTIs. The solution was to reduce incidents of infection by reducing the number of catheters all together.

A hospital-wide protocol was put in place for all patients whose condition indicated the need for a Foley catheter. The protocol included a nine-part insertion criteria:

1) Patient is hemodynamically unstable.
2) Patient is on strict I and O (every one or two hours).
3) Patient has urine output greater than 200ml post voiding.
4) Patient has gross hematuria and/or needs bladder irrigation.
5) Patient is immediately post-op (24-48 hours) for urological, abdominal, gynecological, neurological, vascular, or orthopedic procedure.
6) Patient has neurogenic bladder.
7) Patient needs medication instilled into the bladder.
8) Patient has perineal or sacral skin breakdown and the presence of incontinence will impact healing.
9) Patient has hip, pelvic, and/or femur fracture prior to repair.

The other protocols besides the insertion criteria are:

1) Assess patient every shift to ascertain if Foley is still indicated.
2) Obtain a urinalysis on all patients admitted with a Foley in place. Have a reflex culture done by laboratory if bacteria count is 2+ and/or white blood cell count is > 10
3) Obtain urine for urinalysis when Foley inserted. Have a reflex culture done by laboratory if bacteria count is 2+ and/or WBC is >10.
4) Discontinue the Foley after 48 hours or when the patient no longer meets criteria.
5) If the patient had UT surgery or gynecological surgery and no specific orders are written pertaining to the Foley it is necessary to speak with the surgeon prior to Foley removal.

Results
Health Central has had zero incidents of Foley catheter-associated UTIs since July 2008.