The Power of Two:
Steps to Decrease CAUTI Rates Using a 2-Person Indwelling Urethral Catheter Insertion

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Burning Platform

- ❑ Catheter associated urinary tract infections (CAUTIs) are the most common hospital acquired infections (HAIs).
- ❑ 70-80% CAUTIs are attributable to indwelling urinary catheters (IUCs).[4]
- ❑ CAUTI-related complications lead to prolonged hospitalization, increased patient discomfort & mortality, and excessive healthcare costs, estimated to $350-450 million yearly.[1]
- ❑ Since 2008, the Centers for Medicare and Medicaid Services no longer reimburses HAI CAUTIs. This results in $1300 to $1600 additional costs per patient!

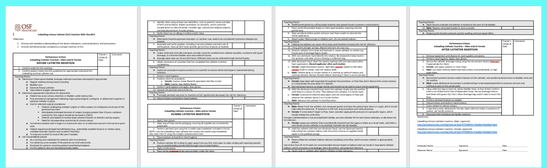
Change Sustainability

- ❑ Start small, with one department.
- ❑ Be thorough with personnel education and training, including nursing students and nursing instructors.
- ❑ Use a variety of tools:
  - ➢ insertion checklist
  - ➢ simulation
  - ➢ ow-to videos
  - ➢ advocacy-inquiry
  - ➢ return demonstrations
- ❑ Consider an annual IUC insertion competency for staff, to maintain accountability and EBP practices.

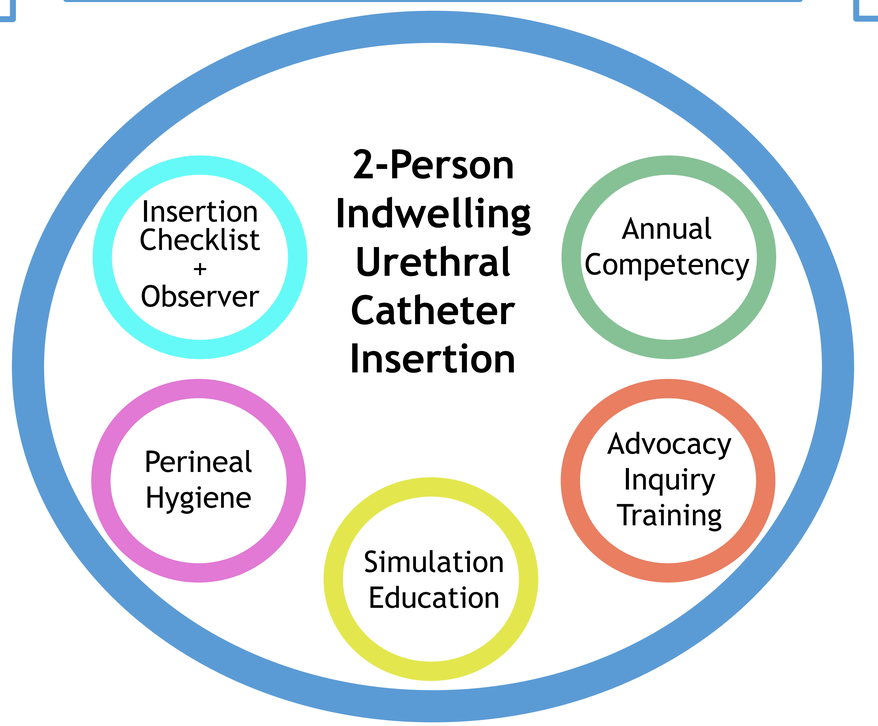
Opportunities for Change

- ❑ Eliminate unnecessary IUC use by including hard-stop criteria in the annual insertion competency checklist.[3]
- ❑ Train staff for IUC insertion following EBP written procedure.[3]
- ❑ Consider using a 2-person insertion process: “Does your facility require at least two personnel to be present for indwelling urinary catheter insertions – one to perform the insertion and the other(s) to observe the procedure to ensure proper aseptic technique (e.g. using a checklist)?” [2]
- ❑ Follow EBP guidelines for maintaining IUCs.
- ❑ Adhere to prompt IUC removal practices.

- ❑ Only trained staff members should insert indwelling urinary catheters (IUC).
- ❑ Document proficiency prior to independent IUC insertion.
- ❑ Consider using 2 staff members for all IUC insertions.
- ❑ Use an insertion checklist to ensure compliance with aseptic technique.



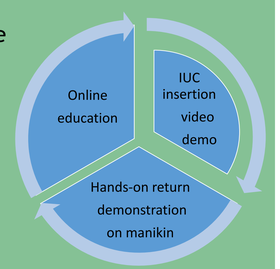
- ❑ Sweep before you mop!
- ❑ Perform perineal hygiene prior to inserting IUCs.
- ❑ Use dedicated wipes for this procedure.



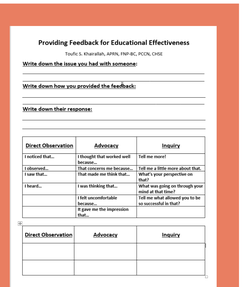
- ❑ Charge RNs
- ❑ Unit educators
- ❑ Nursing instructors

- ❑ Aseptic technique
- ❑ Insertion checklist
- ❑ Return demonstration

- ❑ Low frequency of IUC insertions linked to
  - ➢ breaks in correct technique
  - ➢ proficiency insecurity
  - ➢ increased CAUTI rates
- ❑ Mandatory annual IUC insertion competency:
  - ➢Online education
  - ➢Educational videos of IUC insertion demonstration
  - ➢Return demonstration of IUC insertion on manikin



- ❑ ADVOCACY:
  Expressing one’s opinion related to the situation (broken sterile field, incorrect technique, lack of hand hygiene etc.)
- ❑ INQUIRY:
  Asking questions to clarify intent & corrective actions.



Providing Feedback for Educational Effectiveness

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Write down the issue you had with someone:

Write down how you provided the feedback:

Write down their response:

Direct Observation	Advocacy	Inquiry
I noticed that…	I thought that worked well because…	Tell me more!
I observed…	I was concerns me because…	Tell me a little more about that.
I saw that…	That made me think that…	What’s your perspective on that?
I heard…	I was thinking that…	What was going on through your mind at that time?
	I felt uncomfortable because…	Tell me what allowed you to be so successful in that?
	It gave me the impression that…	

Direct Observation	Advocacy	Inquiry

Acknowledgments:
Marji Oliver, MSN,CCRN, RN- BC[1]; Jamie Almasy, RN, BSN, CIC[1]

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