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Title: Results of a Hospital-wide Initiative to Decrease Catheter Infections

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Aims/Objectives: Objectives of this study were to determine if components of an evidence-based (EB) hospital-wide patient care initiative on prevention of catheter-associated urinary tract infections (CAUTIs) are being practiced, to determine if the CAUTI rates and device days had decreased, and to determine registered nurses (RNs) knowledge of CAUTI prevention. The underlying hypothesis was that there would be differences in IUC practice between patient units with low CAUTI rates as compared to those with high rates.

Methods: Prospective descriptive study of patients with IUCs on 8 units in a large academic center located in USA and the RNs providing patient care. Methods included: direct observations of IUC system components on the 8 patient units, an online anonymous survey of RNs on these units, and monitoring of CAUTI rates and device days.

Results: Total of 91 IUC observations were completed. The majority of RNs practice EB patient care, are following components of the EB initiative, and no differences were seen between units with high and low CAUTI rates. A total of 301 nurses (58% response rate) completed the survey, only 7.0% answered all EB questions correctly. Differences in knowledge depended on the number of years the RN had practiced. More inexperienced RNs would not independently make decisions about IUC removal ($p=0.000$) without a physician's order. A higher percentage of experienced RN's ($p=0.040$) did not know bladder volume necessitating IUC reinsertion.

Discussion: Factors other than training and education may be involved in CAUTI rates as there were no statistically significant differences between patient units with low CAUTI rates compared with those with high rates.

Conclusions: This study demonstrated a significant gap in RN knowledge of EB recommendations of IUC indications and use. Unfortunately, hospital-wide device days did not change with this initiative, though overall, the initiative appeared to have a positive impact on CAUTI rates.

Ethical Approval: University of Pennsylvania IRB Approved Protocol # 813084

Funding: Study was supported by a grant made available by the Society of Urologic Nurses and Associates (SUNA)