

CAUTI Maintenance Bundle



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Remove catheters as soon as possible, care for catheters individually

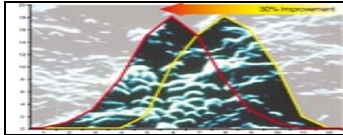
The Bundle

1. Perform a *daily review* of the need for the urinary catheter.
2. Check the catheter has been *continuously connected* to the drainage system.
3. *Ensure patients are aware* of their role in preventing urinary tract infection. (Alternative bundle criterion if the patient is unable to be made aware: Perform routine daily *meatal hygiene*).
4. Regularly *empty urinary drainage bags as separate procedures*, each into a clean container.
5. *Perform hand hygiene* and don gloves and apron prior to *each* catheter care procedure; *on procedure completion*, remove gloves and apron and perform hand hygiene again.



Improving process to improve outcome.

Assumes ongoing checks for obstruction and monitoring for signs of infection (including observation for/inspection of): urine flow; urine clarity, patient discomfort or fever. And the referring of any abnormal findings to the medical team.



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This example of a Standard Operating Procedure illustrates one way to deploy the CAUTI Maintenance Bundle. You can use it as somewhere to start, but it is anticipated that locally the bundle will be used in many different ways, for example, local decisions include: when it is done, how often it is done, who does it and how the data are collected. Successful implementation of this bundle can be achieved using the SPSP rapid cycle testing methodology.

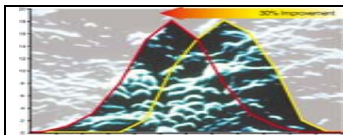
As long as the bundle criteria data are collected, and reported back then the bundle is being done. Therefore please use this procedure as a starting point but do not consider it to be prescriptive. To confirm the bundle criteria are fixed, how you execute the procedure to complete the bundle criteria reliably is up to you and your team locally.

HPS would be delighted to assist in the sharing of good practice, please let us know of anything you have identified that could help someone else do it better quicker. Email: HPSinfectioncontrol@hps.scot.nhs.uk

Other tools that may help you with this bundle are found at <http://www.hps.scot.nhs.uk/haic/ic/index.aspx>

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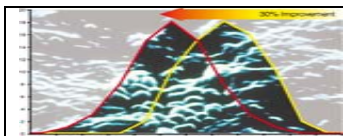


CAUTI Maintenance Bundle – Example of a Standard Operating Procedure to implement the bundle

Statement	UCs are used frequently in healthcare, however, their use can lead to serious life-threatening complications. UCs cause urinary tract infections and are the second leading cause of blood stream infections . Complications arise directly from their use and in particular if the care is sub-optimal. The risk of infectious complications increases the longer they are in use. We have a duty to our patients to optimise UC care and to ensure that our UC care does not cause the patients harm. Monitoring our UC care will assist us to optimise procedures, reduce the risk to patients and demonstrate the quality of care we provide.
Objectives	Objectives: 1. To optimise CAUTI Maintenance procedures in OUR ward and thereby minimise the risk of catheter associated urinary tract infections and secondary bacteraemias. 2. To be able to demonstrate quality UC care in OUR ward.
Requirements	Before the CAUTI Bundle Procedure can be considered Signed commitment from the clinical team: consultants; junior doctors, ward manager and nurse team to optimising UC care. Signed agreement from all consultants that named individuals on a weekly/named basis will undertake a CAUTI maintenance bundle, including agreement from the clinical team for the actions within the bundle. Named individuals competent in performing the bundle as written.
Procedure	1. Perform hand hygiene. 2. Collect a bundle form and complete the top boxes: name, location, etc. 3. Identify all patients in the ward/clinical area who have a urinary catheter. 4. Proceed to the first patient with a urinary catheter (if possible be accompanied by the patient's nurse). 5. Introduce yourself to the patient and explain that you are checking all patients with urinary catheters to see if any catheters can be removed. 6. To get the bundle data: a. Perform hand hygiene. Confirm from the patient's documentation that the need for the UC has been reviewed daily and is still required. If the continuing need for the catheter has not been documented, check with the patient's nurse/doctor whether the urinary catheter can be removed.

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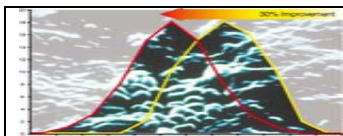
	<p>b. Ask the patient or a nurse whether the catheter has been disconnected – find out whether the disconnection was appropriate.</p> <p>c. Ask the patient if they know what they can do to minimise the risk of infection – if they are not aware, inform the patient how to minimise the infection risks. If the patient cannot perform self-catheter care, confirm with the nurse that daily meatal hygiene has been performed.</p> <p>d. Confirm that the urinary catheter bag has been emptied regularly, as a <i>separate procedure</i>, into a clean container. (The use of ‘separately’ here implies that the same container has not been used to empty more than one catheter bag - without appropriate decontamination of the container, change of personal protective equipment and performing hand hygiene. If the container is for single use it must not be reused – with or without decontamination.)</p> <p>e. Confirm with patient/nurses that hand hygiene has been done before and after all UC procedures by healthcare workers (HCWs) wearing disposable plastic aprons and gloves.</p> <p>7. Perform hand hygiene between patient observations.</p> <p>8. Record actions in the bundle against the appropriate number – make arrangements for removal of urinary catheter if necessary.</p> <p>9. Go to the next patient with a urinary catheter perform hand hygiene and repeat steps 5-9 until all patients with a urinary catheter have been visited.</p>
After care	<p>Complete form.</p> <p>Discuss results with nurse in charge.</p> <p>Give completed form to:</p> <p>Discuss and display the data when it has been returned.</p> <p>Keep Bundle forms for XX time</p>

*When collecting data for 6d or 6e, consider using a Buddy system, i.e. nurses would confirm with each other that they are performing UC procedures aseptically
HCWs should feel comfortable about reminding colleagues if they forget hand hygiene, and being reminded if they themselves forget hand hygiene.*

Ward		Named individual performing bundle	
Date		* This bundle criteria aims at ensuring the daily hygiene is performed either by the patient, if able, or by the nurse if the patient is unable	

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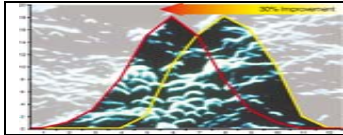
**CAUTI
Maintenance Bundle**



Bundle Criteria	Use a single column for each catheterised patient. Put a tick ✓ if achieved, or 'x' if not achieved, in each box.							
	Sample	1	2	3	4	5	6	Total
There is daily documented assessment of the need for the UC	✓							
The UC has been continuously connected	✓							
The patient is aware of his/her role in minimising the risk of developing a urinary tract infection, <i>or</i> daily meatal hygiene has been performed by nurses*	✓							
Empty UC bag often, as a separate procedure, into a clean container	x							
Hand hygiene performed and disposable apron and gloves worn before & after procedure	✓							
Action: Request Removal/Leave in situ	Leave in situ							

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Maintenance Bundle**



Example of a Summary Table of UC Maintenance Bundle Findings	Total	Comment (if required)
Total number of UCs <i>in situ</i> at start of the Bundle		
Total number of UCs with a daily documented comment on the continuing need for the UC		How many UCs can be removed as a consequence of the Bundle round:___
Total number of UCs which were continuously connected		
Total number of patients aware of their role in minimising urinary tract infection, or whose personal meatal hygiene the nursing staff has maintained.		
Total number of UCs which have been emptied regularly as separate procedures into clean containers		
Total number of UCs for which all procedures were performed aseptically (before and after hand hygiene and correct use of Personal Protective Equipment (PPE), [disposable gloves and apron]		
All or None Table – Was UC Care Today Optimal	Tick if achieved	
100% of UCs <i>in situ</i> are required		
100% of UCs were continuously connected		
100% of patients were aware of their role in minimising urinary tract infection/daily meatal hygiene performed		
100% of UCs drainage bags were emptied regularly as separate procedures		
100% of UC procedures were performed aseptically (before and after hand hygiene and correct use of PPE).		
If all the above were achieved the UC care was optimal		

Signature of person completing the UC bundle: _____

Date bundle completed _____

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