



Abstract Title: Because bladder matters: Reducing post-surgical urinary tract infection

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Introduction

Urinary tract infection is the fourth leading cause of healthcare associated infections (Magill et al. 2014), with approximately 70-80% being attributed to the inappropriate use of indwelling catheters (Nicolle, 2014). In many cases, indwelling catheters are used inappropriately without any valid indication, creating potentially avoidable and significant patient distress, discomfort, pain, and activity restrictions, together with substantial care burden, cost, and hospitalization (Saint et al., 1999). Nursing can play a major role in reducing urinary tract infections (American Nurses Association).

Objectives

The objective is to reduce the rate of urinary tract infections by 50% through collaboration between inter-professional team members and implementing strategies to reduce unnecessary use of indwelling catheters in orthopaedics.

Method

We identified urinary tract infection rate of 2.1% (n = 666) between January-June 2016. The further data review revealed that indwelling catheters were overused, with 55.2% of patients receiving indwelling catheters in the same time period.

Following the analysis of the baseline data, the quality improvement initiative was implemented using the "4 E's approach": engage, educate, execute, and evaluate which has been proven to be an effective tool in translating evidence into practice (Pronovost, Berenholtz, et al., 2008). To engage the stakeholders, a meeting with orthopedic surgeons was organized by Surgeon Champion and Surgical Clinical Reviewer to discuss the baseline data. Since then, meetings continue to occur with nurse manager and nurse practitioners to disseminate the data. Education on urinary tract infection quality improvement initiative was provided to all nursing staff. Following the Educate phase, change ideas were implemented and the progress has been evaluated by tracking and monitoring performance indicators. The data on the use of indwelling catheter (process measure) and the rate of urinary tract infection (outcome measure) before and after the implementation of change ideas was monitored.

The data is displayed monthly on orthopedic quality board located on the inpatient unit to ensure continuous engagement of the interdisciplinary team members.

Result

The rate of UTI rate decreased from 2.1% in between January and June 2016 to 1.1% between July 2016 and May 2017. Furthermore, the frequency of indwelling catheter use decreased from 55.2% to 18.4% after implementation of the changes.

Conclusion

The study indicated that a systematic approach, engaging all frontline staff as well as multi-stakeholders helps to facilitate implementation of practice changes.

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