



Safe Everyday

Our responsibility to keep patients from harm

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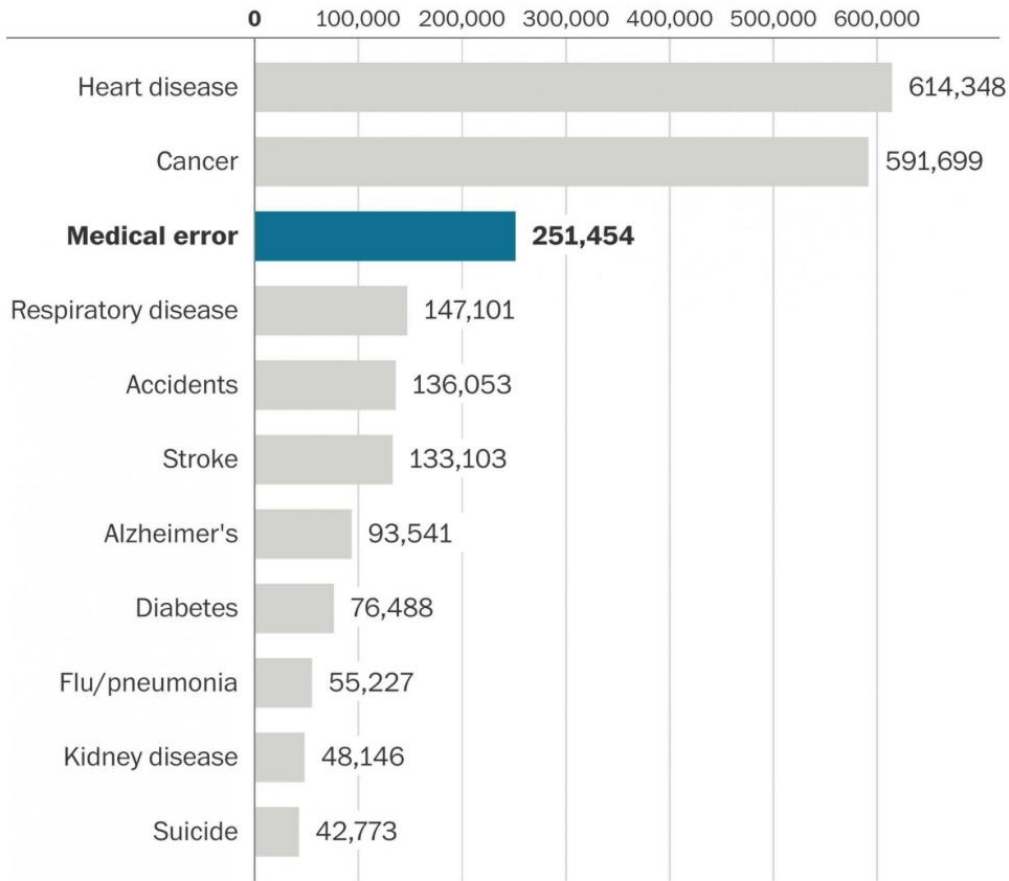
No disclosures

UC San Diego
HEALTH SYSTEM

Learning Objectives

- Review appropriate UC indications
- Foster independent RN action on unnecessary UC
- Reinforce Urine culturing stewardship
- Brainstorm strategies for partnering with MDs

Medical Error Kills 700 / day



- “Between the health care we have and the care we could have, lies not just a gap, but a chasm.”

Source: National Center for Health Statistics, BMJ

THE WASHINGTON POST

UC San Diego
HEALTH SYSTEM

CAUTI: Catheter Associated UTI

UCSD Case: 2008

- Man with urethral stricture goes to ICU for rapid atrial fibrillation.
- Foley placed: “critically ill”
- Stricture tears; false passage. Urine drains to scrotum
- CAUTI causes necrotizing soft tissue infection. Both thighs debrided, total scrotoectomy
- Drug resistant Klebsiella required gentamicin → renal failure, too.
- Don't forget nonCAUTI harms



Image from similar case. Our patient had wider debridement

Caution: Danger Ahead



- I'm speaking to a patient on contact precautions with an infected diabetic foot ulcer
- Vascular surgeon comes in ungowned
- "This is a contact precautions room"
- Proceeds to take gauze out of foot without gloves
- "Don't forget to wash your hands."
- "I'd like to see you wash your hands."
- Scowls and complies



The Evolution of Physicians



- Caveman MD:
 - What foley?
- Old School
 - I'm the Doctor
 - How Do I Justify It?

- Modern MD:
 - Team Approach
 - How Do We Remove this Dangerous Thing?

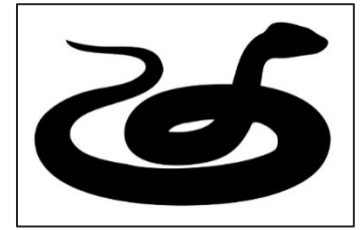
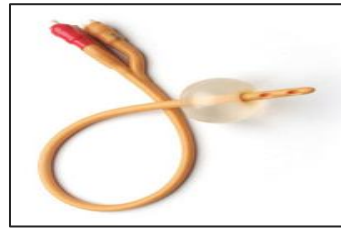


CAUTI Prevention: UC indications

- Critical Illness *actively using I+O q2H*
 - Shock, massive diuresis etc
 - NOT respiratory failure alone
- Urine retention
 - *And* straight cath not appropriate
- I+O
 - Not an indication outside of ICU
 - Possible exception: bad HF if *forced*
- Sacral Wounds
 - With failure of noninvasive device
- Unstable spine/fractures
 - Never “immobility”



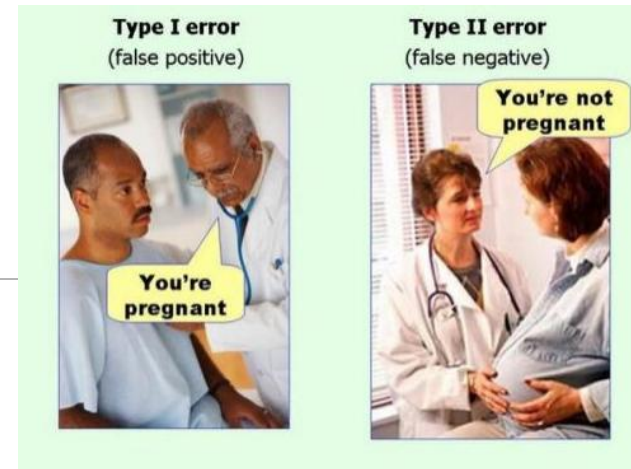
Other Valid Indications



- Urology Service-managed, or Bladder irrigation for hematuria
- Pelvic surgeries (Colorectal, Gyn-Onc)
 - Early removal may increase retention (OR 3.8)
 - Yet it may reduce LOS (6.5 vs 8.9 days)*
 - Remove as soon as clinically indicated.
- Brief perioperative use
 - Remove ASAP
 - Avoid in short procedures without hemodynamic / fluid shift issues
- Hospice Care
 - Patient request. Don't assume a foley is more comfortable
 - Limit to patients for whom CAUTI workup *would not be done if infection occurred*

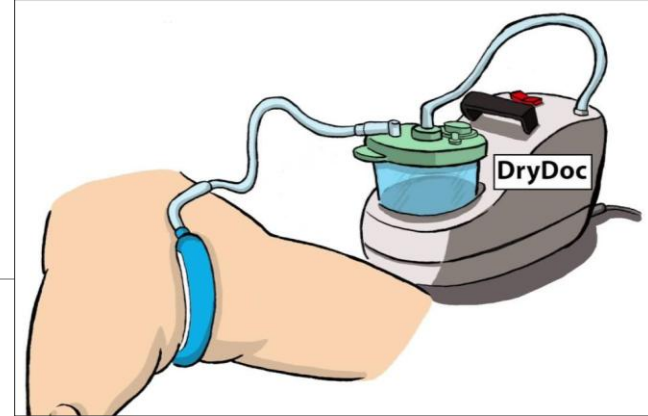
THINK Before You Culture, THINK Before You Treat

- Bacteriuria increases daily
 - ~100% at a month
- Asymptomatic Bacteriuria / Pyuria: *meaningless for CAUTI*
- DO NOT Culture urine unless you think there is an infection. Raises “CAUTI” rate with false positives.
 - On admission? NO
 - Urine looks funny? NO
 - Foley patient with fever, no other source? YES.
 - Foley patient with fever, big pneumonia, sputum, dyspnea? NO
- *Do NOT treat asymptomatic bacteriuria*
 - *Exceptions: pregnancy, urologic procedures*
- Replace UC prior to Ucx (>1 week)



MD or RN: Everyday!

- Assess catheter for removal
- Mindset:
 - Not: can I possibly use the I+O?
 - Yes: How do I get this thing out? MUST it remain?
 - Straight cath
 - Condom cath
 - External urine management system
 - Weights
- Maintenance:
 - Correct dependent loops
 - Not on floor
 - Not on lap / bed for transport; empty first



RN Role: Padawan to Jedi



- Following Orders
- Query Necessity, Prompt MD
- Independent Protocol Use
- Jedi: Manage and Escalate

Misadventures in CAUTI Prevention



- “Go to medical school if you want to make decisions”
- “I don’t have to work here”
- “I told all my nurses to ignore the new workflow”
- “We just click some indication”

Negotiation 101

- Deal with the People Problem First
 - Physicians resist change??
 - Physicians resist *being changed*
 - From: “You are doing this wrong” & “I’m here to correct you.”
 - To: “I need your help” & “What are your concerns re _____?”
 - You have bigger issues... can we take this off your plate?
 - Remember the messenger – colleague > admin
- Discuss Interests not Positions
- Refer to Objective Standards
- Expand the Pie

Negotiation 101

- Deal with the People Problem First
- Discuss Interests not Positions
 - ~~Catheters must remain for X days~~
 - Would you like your safety score to improve?
 - How can we manage epidural related urinary retention?
 - What can we do to assist with incontinence management?
 - How can we make this easier for you?
- Refer to Objective Standards
- Expand the Pie

Negotiation 101

- Deal with the People Problem First
- Discuss Interests not Positions
- **Refer to Objective Standards**
 - Awesome you're a genius however
 - The institutional protocol says THIS
 - External guidelines say THIS
 - What literature are you referring to?
- Expand the Pie

Negotiation 101

- Deal with the People Problem First
- Discuss Interests not Positions
- Refer to Objective Standards
- Expand the Pie
 - Nurse driven protocols
 - Patient education materials to improve experience
 - MD / division safety score improvement
 - Recognition for participation
 - Quid pro Quo

Negotiating 101

- The BATNA!
- Best Alternative to a Negotiated Agreement

- Peer Pressure
- Peer Review
- CMO leverage
- Public Shame / Praise
- Patient Education
- Maintenance efforts

Brainstorm and Questions!

