Background
SCI patients with neurogenic bladder who undergo frequent catheter manipulation are potentially at high risk for Catheter Acquired Urinary Tract Infections (CAUTI).

Evidence for optimal timing or frequency of catheter change is inconclusive.

Paralyzed Veterans of America (PVA) recommends catheter change every 4-weeks unless clinically indicated.

Variance exists in catheter change recommendations for SCI patients at home versus in patient (monthly vs. weekly).

Purpose
Revise Veterans Affairs Palo Alto Health Care System’s (VAPAHCS) indwelling catheter policy to address specific needs and recommendations for SCI patients based on best available evidence.

Establish consistent inpatient and outpatient catheter care.

Determine adherence to policy and examine the impact on CAUTI rates.

Methods
Phase I: Review of literature/ current guidelines
Conducted by CAUTI committee, comprised of nurses and urologists, SCI CAUTI champions (unit representatives) and SCI nurse educators.

Phase II: Revise SCI/D policy and procedure to be in alignment with VAPAHCS

Phase III: Develop SCI/D policy and implement change
August 2015 to January 2016

Phase IV: Education of patients and family

CAUTI Champions served as unit resource providing education as needed for staff nurses.

· Interactive “CAUTI PALOOZA” in-services on all shifts and units.
· CAUTI rates shared with front line staff.
· Teach back to ensure understanding of material, via “10 in the bank” worksheets.

Adherence to policy change assessed by CAUTI committee.

Monthly Foley Audit Spreadsheet

| Patient | Foley catheter in weeks | Foley catheter in months | Indwelling catheter in weeks | Indwelling catheter in months | Who collected catheter | Where collected (inpatient or outpatient) | Policy discrepancy of B1 with VAPAHCS | Reason for CAUTI
<table>
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</thead>
<tbody>
<tr>
<td>Patient 1</td>
<td>2 weeks</td>
<td>3 months</td>
<td>1 week</td>
<td>1 month</td>
<td>Staff nurse</td>
<td>Inpatient</td>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>Patient 2</td>
<td>4 weeks</td>
<td>6 months</td>
<td>2 weeks</td>
<td>2 months</td>
<td>Staff nurse</td>
<td>Outpatient</td>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

Audit Q1 2016- Q2 2016

Results
Phase I - II
· Currently implementing “The PVA Guidelines”.
· SCI urinary catheter care policy revised accordingly.

Phase III:
· 100% (n=63) SCI staff nurses attended education;
· 100% monthly adherence to policy change;
· Quarterly (Q) CAUTI rates were:
  · Q1: 3.15 cases
  · Q2: 3.16
· NDNQI® CAUTI benchmark = 4.91

Summary:
· Policy change and implementation was a unit movement.
· Patient centered care is delivered when the interdisciplinary team (Nursing, Physicians, Specialists) partner with patients and families to deliver care according to the most current clinical guidelines.

Implications for Clinical Practice
· Innovative teaching methods, such as CAUTI Palooza, are effective in implementing and disseminating practice changes.
· Policies for care of indwelling catheter care for SCI patients should be reviewed annually and revised according to new recommendations and supporting guidelines.
· Future research studies need to examine the optimal timing of indwelling catheter care for SCI patients to guide clinical practice and reduce risk for CAUTI.

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References

Future Directions
· Provide quarterly interdisciplinary updates on CAUTI rates through in-services
· Continue to collaborate with SCI Urologist to assess other factors that may impact CAUTI rates