HOSPITAL CHARACTERISTICS

LANCASTER GENERAL HOSPITAL

- Lancaster, PA
- 640 beds
- www.lancastergeneralhealth.org

S.T.E.E.E.P.

SAFE

Decreasing hospital acquired UTI incidence exposes patients to fewer antibiotics and prevents patient discomfort.

EFFICIENT

Empowering nurses to act without requiring physician orders eliminates one step in the potential delays for removing unnecessary Foley catheters.

EFFECTIVE

A 44 percent decrease with statistical significance (p = 0.001) decrease in UTI rates support effectiveness of the protocol.

TEAM MEMBERS

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EMPOWERING NURSES TO REDUCE INFECTIONS

The Problem

Urinary tract infections are the most common hospital-acquired infection with 80 percent of these infections attributable to an indwelling urinary catheter (Foley). Logic follows if one can decrease the use and length of time Foley catheters remain in place, hospital-acquired urinary tract infections would decrease. Lancaster General Hospital (LGH) deployed a nurse driven protocol for Foley removal (NDPFR) that empowered nurses to remove a Foley without a physician order if there was no medical indication to keep the catheter.

The Solution

The 2008 Association for Professionals in Infection Control and Epidemiology's Guide to the Elimination of Catheter Associated Urinary Tract Infections (CAUTI) found that the strongest predictor of UTIs is the duration the Foley catheter was in place and the best strategy to eliminate UTIs is to address daily necessity of Foley. LGH empowered nurses to take the daily necessity assessment one step further; removing those catheters that had no medical necessity. The development and educational initiatives for the NDPFR included bedside nurses, nurse managers, infection control nurses, physicians, and the environmental control committee.

Results

LGH analysis of the nine months immediately prior to deployment of the NDPFR compared to the nine months after deployment, found a statistically significant decrease in symptomatic infection. The UTI rate decreased 44 percent from 1.5 to 0.9 per 1000 foley days. This eighteen month study interval was January 1, 2008 through June 30, 2009.