

876. Strategies for Success in Emergency Department Catheter-Associated Urinary Tract Infection Prevention Programs

Eileen J. Carter, RN, BSN¹; Daniel J. Pallin, MD, MPH²; Leslie Mandel, PhD, MA, MS³; Corine Sinnette, MA, MPH⁴; Jeremiah Schuur, MD, MHS⁴; ¹Columbia University School of Nursing, New York, NY; ²Brigham and Women's Hospital, Boston, MA; ³School of Nursing, Science, and Health Professions, Regis College, Weston, MA; ⁴Brigham and Women's Hospital, Boston, MA

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Background. The emergency department (ED) is a primary source of urinary catheterization in hospitals; yet, CAUTI prevention bundles have been developed in the inpatient setting. We aimed to identify successful strategies used among EDs who were early, successful adopters of CAUTI prevention programs.

Methods. Qualitative study of early adopting EDs. Using data from a prior nationwide survey and national publicity, we screened over 400 EDs and identified 6 ED CAUTI programs with early, successful adoption of CAUTI prevention programs, defined as utilizing criteria for urinary catheter (UC) placement and tracking ED-placed UCs. We conducted 6 ED site visits, 58 semi-structured interviews and 9 focus groups

with key personnel. In total we enrolled 102 participants (e.g., ED nurses, doctors, infection control staff). We assessed motivations, barriers and successful strategies, focusing on UC use, insertion practices, and maintenance. We transcribed interviews verbatim and 3 coders used content analysis to code material in NVivo9. The primary coder subsequently reviewed all codes and transcripts to identify themes of CAUTI programs, which were reviewed by all authors and discussed to ensure consensus.

Results. ED staff reported that they were motivated to prevent CAUTI by feeling accountable for UC use, and believing that program compliance results in better patient care. Successful approaches to minimize UCs in the ED included: requiring doctors to use decision support tools, nurse use of UC criteria checklists, and removal of default UC orders from trauma protocols. Programs cited the following strategies to ensure proper insertion technique: modifying workflow of insertions (e.g., use of specified staff), changing UC products, training staff on placement, and conducting insertion audits. Barriers to process change included difficulty proving that CAUTI originated in the ED and goal conflict in urine culture practice patterns with some EDs routinely culturing UCs, whereas others limited testing.

Conclusion. Among EDs that successfully adopted CAUTI prevention programs, common motivations, barriers and strategies emerged. Workflow redesign around UC utilization and insertion technique was cited as most critical to success by participants.

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