

Urinary Catheter Management and CAUTI Prevention Promise Package



[Frequently Asked Questions](#)

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Background

Catheter associated urinary tract infections (CAUTI) are the most common healthcare associated infections, and have been linked to increased morbidity, mortality, hospital cost, and length of stay. Many CAUTIs can be prevented by minimizing prolonged use of indwelling urinary catheters (e.g. Foley). In fiscal year 2015, the CAUTI Prevention Team developed appropriate criteria for insertion and maintenance of Foleys that aligned with best practices, and in September 2016, the CAUTI Prevention Promise Package was implemented. The Promise Package was developed by a multidisciplinary team comprised of nursing, physicians, infection prevention, and quality improvement. The package focuses primarily on insertion, maintenance, and removal of Foleys including: revision of policy, educational tools, alternative method resources, appropriate ordering of Foleys and urine cultures, and shifting the PHC “culture” regarding Foleys. Currently, the CAUTI Prevention Advisory Committee governs the contents and update of this document.

Evidence Based Practice Information

Piedmont Healthcare follows recommendations provided by the Centers for Disease Control and Prevention. This includes, but is not limited to appropriate urinary catheter use, alternatives to indwelling urinary catheters, proper techniques for insertion and maintenance, catheter materials, management of obstruction, specimen collection, quality improvement programs, education and training, as well as surveillance practices and resources. Specific evidence based information can be found in the [References](#) section.

Metrics Summary

Outcome Metric	1. Maintain the system-wide CAUTI SIR at or below 0.617 for FY 2019	
Process Metrics	1. Insertion Bundle 2. Maintenance Bundle	Compliance Goal: ≥ 95%
	3. Foley Utilization	Utilization Goal: ≤ 17%

Process Metric: Insertion Bundle

Process metrics are important in order to measure our compliance to standard work.

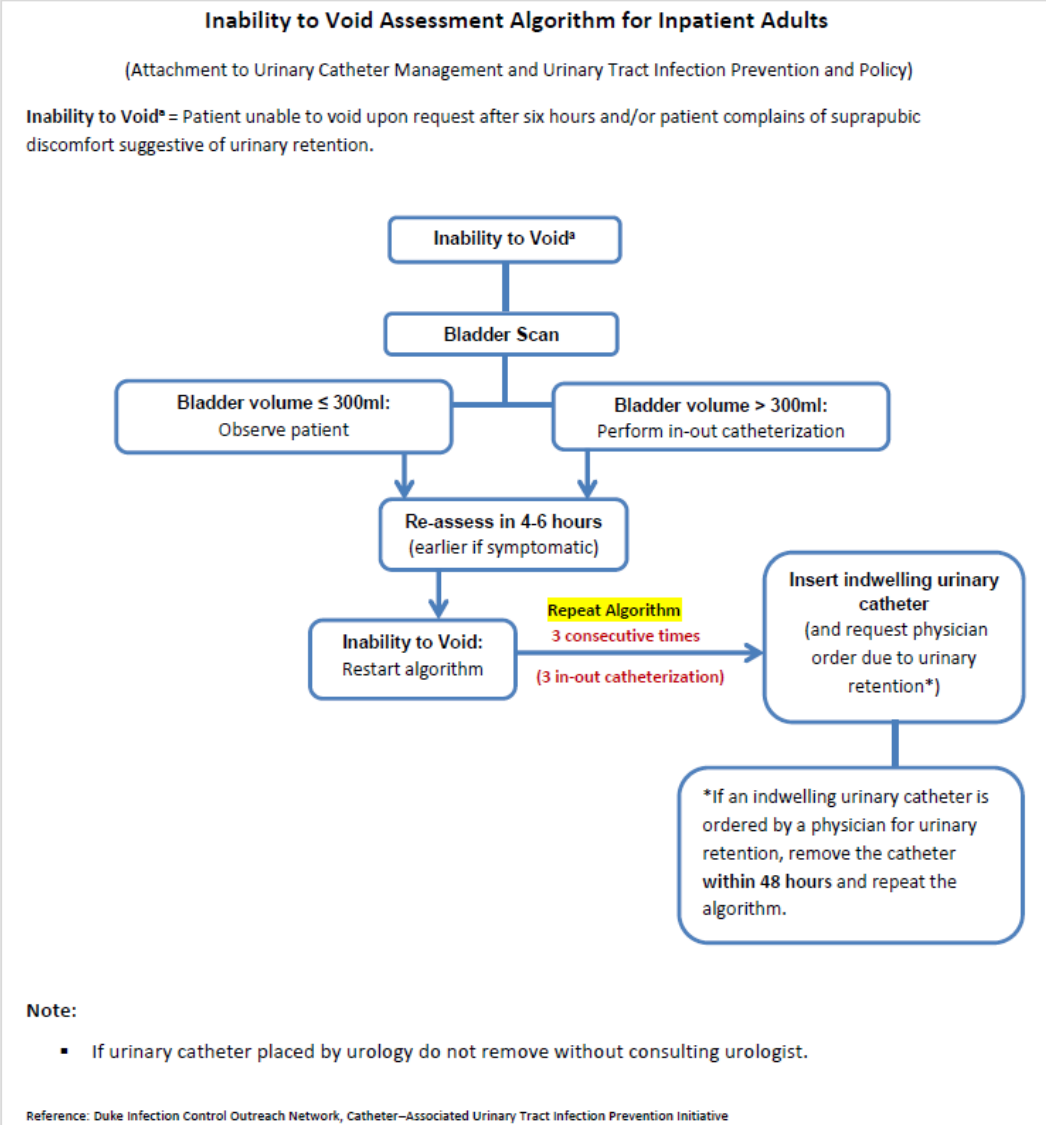
Policy and Procedure	Rationale	Resources	Performance Tracking
<p><u>Policy:</u> Indwelling Urinary Catheter Criteria can be found in Section 4.2.</p> <p><u>Procedure:</u> For insertion processes, refer to hospital approved manual of nurse practice and procedures.</p> <p>Staff are to document insertion bundle metrics including indication for indwelling urinary catheter (also known as Foley) insertion, date and time of catheter insertion, and name of individual who inserted catheter.</p> <p>Insertion Bundle Compliance Criteria:</p> <ul style="list-style-type: none"> • Has physician order and indication for urinary catheter • Urinary catheter was documented/placed by urology • If present on admission (POA), was urinary catheter removed • Urinary catheter type documented 	<p>25% of inpatient and 90% of ICU Foleys are placed without sufficient rationale, and/or remain in place after indications expire. Prolonged catheterization is the major risk factor for CAUTIs.</p> <p>Documenting POA: - We cannot verify how or when the Foley was placed.</p>	<p>Management and Prevention Policy</p> <p>Indwelling Urinary Catheter Insertion - Female</p> <p>Indwelling Urinary Catheter Insertion - Male</p>	<p>Insertion Bundle Compliance</p>

Process Metric: Maintenance Bundle

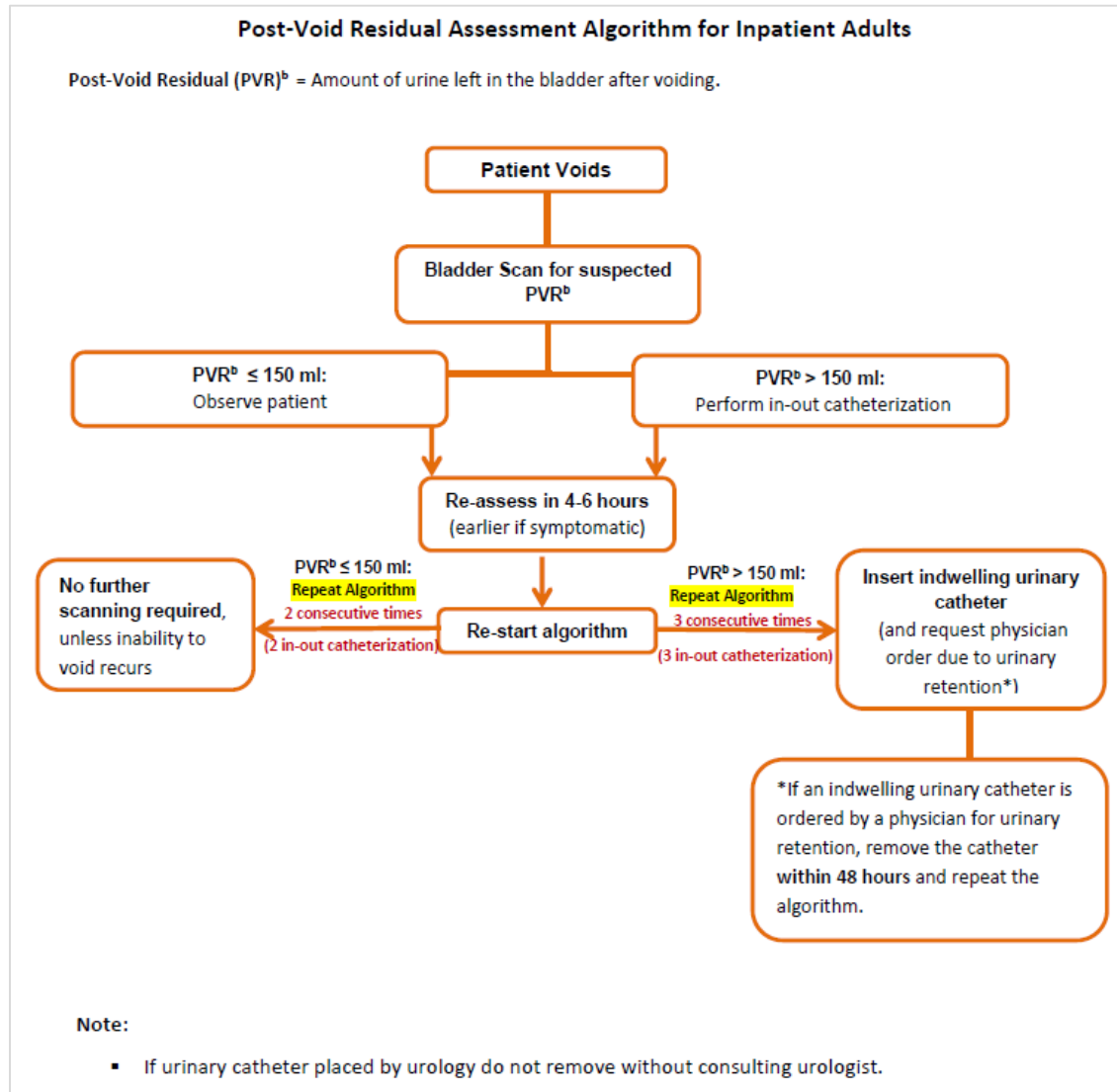
Process metrics are important in order to measure our compliance to standard work.

Policy and Procedure	Rationale	Resources	Performance Tracking
<p><u>Policy:</u> Indwelling Urinary Catheter Assessment can be found in the Policy (Section 6.3).</p> <p><u>Procedures:</u> For maintenance processes, refer to hospital approved manual of nurse practice and procedures.</p> <p>Staff is responsible for assessing and documenting in the EMR whether a patient with an indwelling urinary catheter (also known as Foley) meets at least one of the policy-approved appropriate indications. Every catheter must have an active order.</p> <p>Maintenance Bundle Compliance Criteria:</p> <ul style="list-style-type: none"> • Perineal hygiene was performed • Has nursing indication • Has red seal intact • Has securement method • Drain tube and drain bag care was complete: <ul style="list-style-type: none"> - Drainage bag below bladder - Drainage bag not on floor - Drainage bag is less than 50% full - Foley is free of loops 	<p>To validate and verify the continued need for the Foley. Proper maintenance can prevent irritation of the urethra, decreasing the possibility of infection.</p>	<p>Management and Prevention Policy</p> <p>Indwelling Urinary Catheter Care and Management</p> <p>Perineal care: Female patient</p> <p>Perineal care: Male patient</p>	<p>Maintenance Bundle Compliance</p> <p>Catheter Daily Report</p>

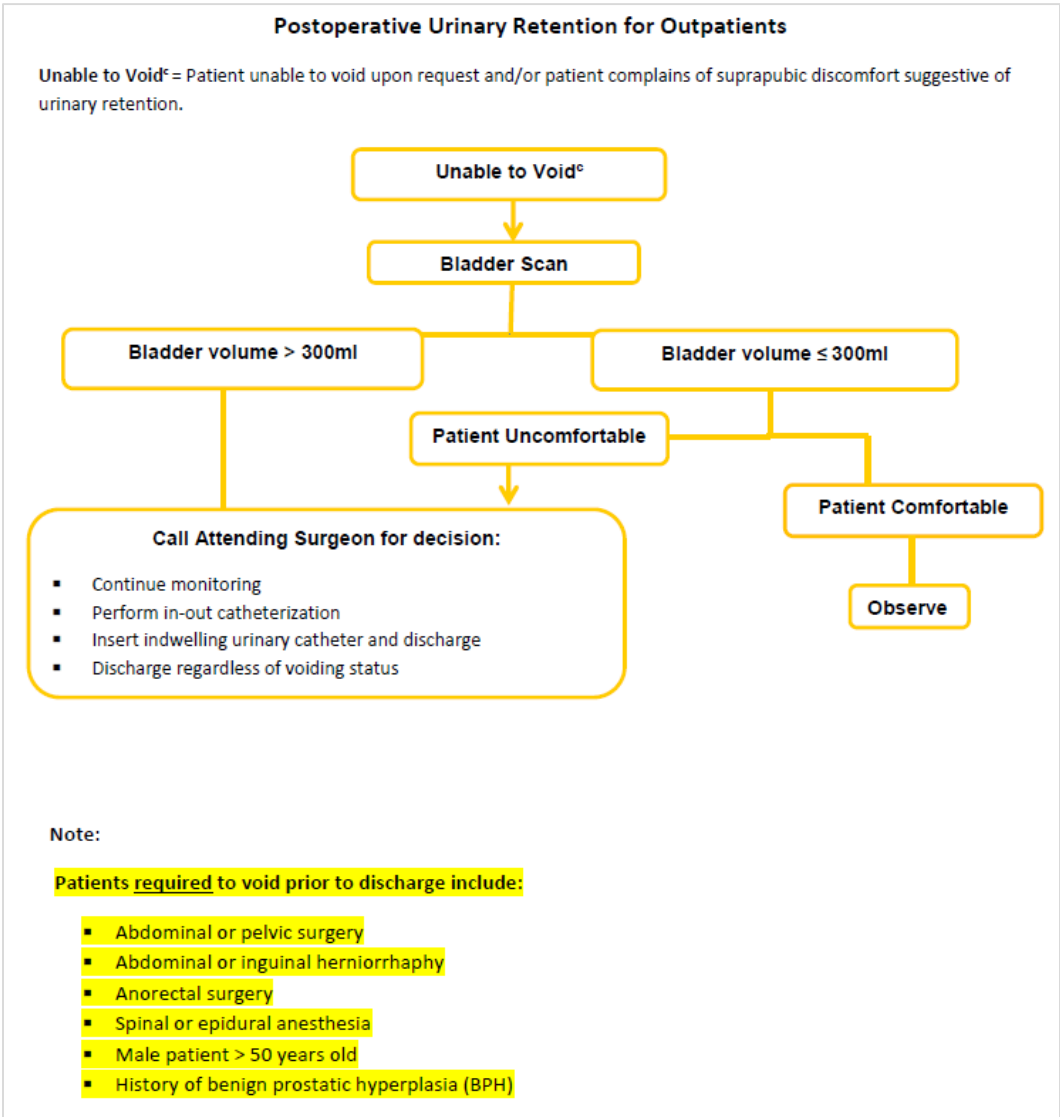
Visuals: Inability to Void Assessment Algorithm



Visuals: Post-Void Residual Assessment Algorithm



Visuals: Postoperative Urinary Retention Algorithm



Visuals: Patient Safety Check - Epic

To support CAUTI prevention standard work and documentation, real-time clinical decision support tools are available within Epic for several clinical roles. See the [Patient Safety Check Village page](#) for additional training materials.

Patient Care Tech

Patient List Template and Columns – Indicates patients with a foley, as well as Clean 4 You metrics.

Isolation	Infection	Clean 4 You (Icon)	Pt w Central Line?	Pt w Urethral Catheter?	CHG bath since Midnight	Linen change since midnight
Contact	CRO, MRSA1	✗	—	—	—	—
—	—	✓	✓	✓	CHG bath Complete	Completed
—	—	✗	—	—	—	—
—	—	✗	—	—	—	—
—	—	✗	—	—	—	—
—	—	✗	—	—	—	—
—	—	✗	✓	—	—	—

Staff Nurse

Active LDA section in Admission Navigator – Displays all active LDAs on a patient’s electronic medical record. Reconciliation of lines can be completed in this section using the Remove Now or Properties hyperlinks.

ACTIVE LDA: Reconcile existing lines, drains, and airways at admission

Values By Flowsheets

Remove All Choose Time / Now

CVC Double Lumen 12/27/18

Properties Placement Date/Time: 12/27/18 1425 Assess Remove Now

Nurse Manager/Director/CNO

Radar Dashboards – Collection of reports displaying non-compliant records for all infection prevention standard work including CAUTI prevention, insertion bundle, maintenance bundle, and line days. Data is available at the department or facility level.

Patient Safety Check - DEPARTMENT

Real-Time Bundle Compliance Reporting

Central line Insertion Bundle Compliance

Just now

Central Lines for which Insertion bundle has not been completed

Incomplete	# Patients	# Lines
Incomplete	3	3

Central Line Maintenance Bundle Compliance

Just now

Central Lines for which Maintenance Bundle has not been completed this shift

Incomplete	# Patients	# Lines
Incomplete	9	9

Central Lines Days Just now

Line Duration	# of lines
!! 10+ days	5
5-9 days	0
2-4 days	2
>24 hrs <2 days	2
<24 hrs	0
Total count	9

Required Documentation – Includes tasks for bathing and Foley maintenance.

Required Current Shift Documentation

Last Updated: 1426

Upcoming (12)

- Assessment (Head to Toe) 0701 - 1901
- Care Plan Updated 0701 - 1901
- Central Line Insertion Bundle - CVC 0701 - 1901
- Central Line Maintenance Bundle - CVC 0701 - 1901

Charge Nurse

Patient List Template and Columns – Indicates patients with Foley catheters, line days, and insertion/maintenance bundles.

HAI Bundle Risk Score	Clean 4 You (Icon)	Pt w Central Line?	Central Line Insertion Bundle (Icon)	Central Line Mainten Bundle (Icon)	Pt w Urethra Cathete	Urethra Cathete Insertion Bundle (Icon)	Urethra Cathete Maint Bundle (Icon)	Perinea Hygiene since midnight (Icon)	Linen change since midnight (Icon)	CHG bath since midnight (Icon)	Line Days
4	✓	✓	✗	✗	✓	✓	✗	✗	✓	✓	1
1	✗	—	—	—	—	—	—	✗	✗	—	—
1	✗	—	—	—	—	—	—	✗	✗	—	—
1	✗	—	—	—	—	—	—	✗	✗	—	—

Visuals: Insertion Bundle – Documenting Catheter Insertion in Epic

Documenting Indwelling Urinary Catheter Insertion:

1. Within Doc Flowsheets, click the “Intake/Output” flowsheet button.
2. To add a new LDA group, click **Add LDA**.
3. Search for “Urethral Catheter” and click **Accept**.
4. Enter all properties in order to meet compliance on the Insertion Bundle.
5. Click **Accept**.

Properties
Urethral Catheter

Show: Row Info All Choices

Placement Date ⚠️ 📅

Placement Time ⚠️ 🕒

Present on Admission to Hospital? Yes
Present on Admission (POA)-A catheter that is present when the patient arrives to a Piedmont Hospital facility. A catheter placed in another Piedmont entity within 24 hours does not fit into the definition of POA.

Inserted by

Value	Comment	Time Recd	User Taken	User Recd	Show Audit

Insertion Bundle Compliance Criteria:

- Has physician order and indication for urinary catheter
- Urinary catheter placement date and time entered
- If present on admission (POA) to hospital, was urinary catheter removed?
- Urinary catheter type documented

Visuals: Maintenance Bundle – Documenting Catheter Maintenance in Epic

- Documenting Indwelling Urinary Catheter Maintenance:**
1. Assess whether a patient with an indwelling urinary catheter meets at least one of the policy-approved appropriate indications.
 2. Select the “Intake/Output” Flowsheet to document daily maintenance of the indwelling urinary catheter.
 3. Enter all properties in order to meet compliance on the Maintenance Bundle.

Hygiene	
Hygiene	
Urethral Catheter	
Urethral Catheter Properties	Placement Date
Indication for Continuing Urinary Catheterization	
Red Seal Intact	
Securement Method	
Drain Tube and Drain Bag Care Complete?	
Site Assessment	
Output (mL)	

- Maintenance Bundle Compliance Criteria:**
- Perineal hygiene was performed
 - Has nursing indication
 - Has red seal intact
 - Has securement method
 - Drain tube and drain bag care was complete:
 - Drainage bag below bladder
 - Drainage bag not on floor
 - Drainage bag is less than 50% full
 - Foley is free of loops

Visuals: Maintenance Bundle – Documenting Perineal Hygiene in Epic

➤ In the LDA

Hygiene	
Hygiene	
Urethral Catheter	
Urethral Catheter Properties	Placement Date
Indication for Continuing Urinary Catheterization	
Red Seal Intact	
Securement Method	
Drain Tube and Drain Bag Care Complete?	
Site Assessment	
Output (mL)	

Selection Form

- Bathed
- Chlorhexidine Gluconate (CHG) bath
- Shower
- Back rub
- Catheter care
- Perineal hygiene**
- Hair washed
- Nail care

➤ In the Daily Cares/Safety Tab

VS, I/O	Daily Cares/Safety
Precautions	<input checked="" type="checkbox"/>
Safe Environment	<input checked="" type="checkbox"/>
Family/Significant Othe...	<input checked="" type="checkbox"/>
Mobility	<input checked="" type="checkbox"/>
VTE Mechanical Proph...	<input checked="" type="checkbox"/>
Nutrition	<input checked="" type="checkbox"/>
Hygiene	<input checked="" type="checkbox"/>
Comfort and Environme...	<input checked="" type="checkbox"/>
Miscellaneous Devices	<input checked="" type="checkbox"/>
Safety Equipment at Be...	<input checked="" type="checkbox"/>
Entertainment	<input checked="" type="checkbox"/>

Hygiene
Hygiene
Oral Care
Skin Care
Level of Assistance
Comfort and Environment Interventions
Comfort
Patient Preferences
Additional Comfort/Environmental Interventions
Miscellaneous Devices
Miscellaneous Devices
Safety Equipment at Bedside
Safety Equipment at Bedside

Selection Form

- Bathed
- Chlorhexidine Gluconate (CHG) bath
- Shower
- Back rub
- Catheter care
- Perineal hygiene**
- Hair washed
- Nail care

Visuals: Urinary Catheter Daily Report

Details on how to access and use this report are located in the **Resources** section of this document.

PAH Cath Days Dashboard | PAH Total Cath Patient List

PAH Department: (All) | **Foley Warning Count = 30**

Foley Count: Sub Total (Exc. <24 Hrs.): **25**

> 5 Days

Patient Name	MRN	Department	Room and Bed	Day of Insertion Date	Count	Foley Days
		PAH 4 SOUTH		January 3, 2018	1.00	10
		PAH 5 EAST ICU		January 7, 2018	1.00	14
		PAH 4 SOUTH		January 10, 2018	1.00	11
		PAH 5 NORTH		January 12, 2018	1.00	9
		PAH 2 NORTH		January 13, 2018	1.00	8
		PAH 5 NORTH		January 15, 2018	1.00	6
		PAH 5 EAST ICU		January 15, 2018	1.00	6
		PAH 2 NORTH		January 15, 2018	1.00	6
		PAH 5 SOUTH		January 16, 2018	1.00	6
Total					9.00	84

(2-4) Days

Patient Name	MRN	Department	Room and Bed	Day of Insertion Date	Count	Foley Days
		PAH 5 EAST ICU		January 18, 2018	1	3
		PAH 5 SOUTH		January 19, 2018	1	3
		PAH 3 NORTH		January 18, 2018	1	3
		PAH 1 WEST ICU		January 18, 2018	1	3
		PAH TRANSPLANT		January 19, 2018	1	3
		PAH 5 SOUTH		January 19, 2018	1	3
		PAH 5 SOUTH		January 19, 2018	1	3
		PAH 5 SOUTH		January 19, 2018	1	3
		PAH 4 SOUTH		January 20, 2018	1	3
		PAH 4 EAST ICU		January 19, 2018	1	3
Total					10	24

1 Day (>24 Hours)

Patient Name	MRN	Department	Room and Bed	Day of Insertion Date	Count	Foley Days
		PAH 4 NORTH		January 21, 2018	1	1
		PAH 4 EAST ICU		January 20, 2018	1	1

Summary Table:

Department	Count	Department	Count
Grand Total	34	PAH 1 WEST ICU	2
PAH 1 WEST ICU	2	PAH 2 NORTH	2
PAH 2 NORTH	3	PAH 2 SOUTH OB	3
PAH 2 SOUTH OB	3	PAH 3 NORTH	1
PAH 3 NORTH	1	PAH 3 SOUTH	1
PAH 3 SOUTH	1	PAH 4 EAST ICU	2
PAH 4 EAST ICU	2	PAH 4 NORTH	1
PAH 4 NORTH	2	PAH 4 SOUTH	3

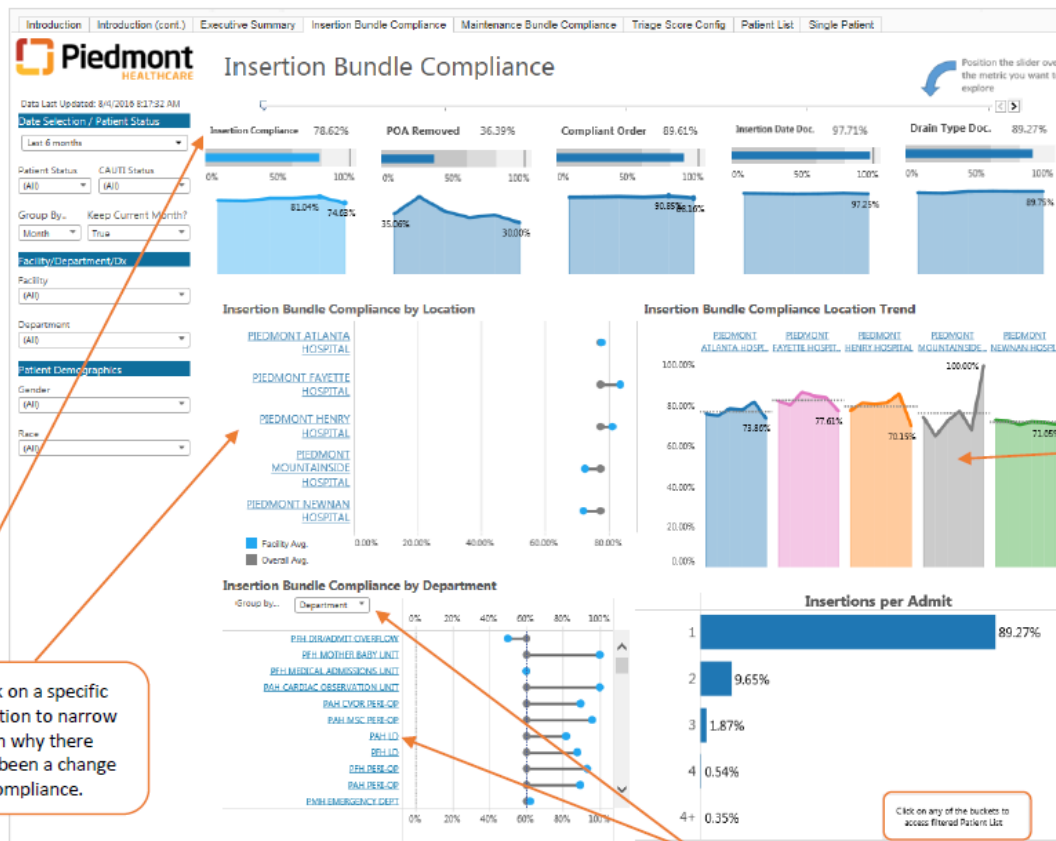
You can subscribe to the Catheter Days Daily Report by clicking on the **Subscribe** button. Once subscribed, this report will be emailed to you each morning.

The Foley Warning Count is defined for each facility. Once the warning count is above threshold, the count turns from green to red.

Visuals: Urinary Catheter Management Dashboard – Insertion Bundle Compliance

Details on how to access and use this report are located in the **Resources** section of this document.

Insertion Bundle Compliance Tab



Look for on-screen directions and tips for using the application.

Position the slider bar over the metric you want to explore. The data bar for the selected metric appears as a brighter blue. **Insertion Compliance** is currently selected.

Hover over the graphs to view more detail.

Click on a specific location to narrow in on why there has been a change in compliance.

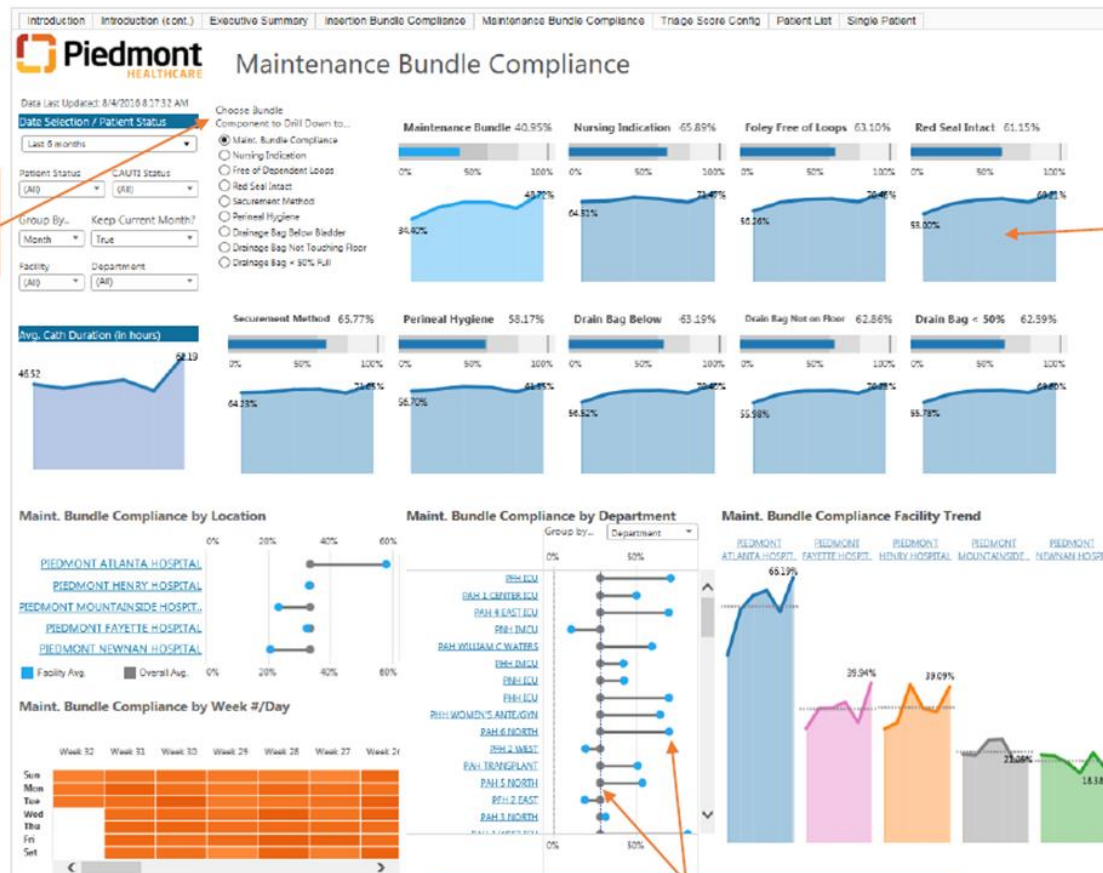
Drill down on compliance to the unit level. You can also click the arrow and select from the list to change the items listed in this graph to **Admit Provider** or **Attending Provider**.

Click on any of the buckets to access filtered Patient List

Visuals: Urinary Catheter Management Dashboard – Maintenance Bundle Compliance

Details on how to access and use this report are located in the **Resources** section of this document.

Maintenance Bundle Compliance Tab



Click on each radio button to focus on a different measure and change the charts on the screen.

Hover over the graphs to view exact percentages over the time period, counts for the component, and the denominator used for calculation.

The calendar view can be helpful to identify trends over time and days of the week with gaps in bundle compliance.

The dotted line denotes the average, while the blue circles indicate performance for that specific unit.

IV. Potential Barriers and Resolution Steps

Potential Barriers to CAUTI Prevention and Resolution Steps		
Barrier	Resolution/Escalation Process	Recommended Script
<p>Provider Pushback</p> <p>Provider in disagreement with removal of indwelling urinary catheter.</p>	<p>Using SBAR, discuss your decision making process with the provider – keep in mind: <i>At Piedmont Healthcare, removal of indwelling urinary catheters is a nurse driven protocol.</i></p> <ul style="list-style-type: none"> Using the SBAR format and “Recommended Script”, discuss your decision making process Peer check and peer coach provider by accessing and reviewing the Urinary Catheter Management and Infection Prevention policy and algorithms if needed If issue is not resolved, follow escalation path using ARCC: <p>Charge Nurse</p> <ul style="list-style-type: none"> Contacts provider to discuss their concerns If not resolved, notifies Nurse Manager <p>Nurse Manager</p> <ul style="list-style-type: none"> Notifies Unit Director of issue Contacts provider to discuss his/her concerns If not resolved, notify Physician Champion <p>Physician Champion</p> <ul style="list-style-type: none"> Contacts provider to discuss his/her concerns Discusses with provider whether there is further need for an indwelling urinary catheter or whether other alternatives are appropriate Educate/refer to Urinary Catheter Management and Infection Prevention policy if needed If needed, contact CMO for further guidance on resolution of the issue <p>DQSI serves as a resource throughout and can collaborate with manager, Physician Champion and CMO as needed.</p> <p><i>Any non-compliance will be submitted through the RL Variance Reporting System and will be addressed through the Professional Practice Evaluation process.</i></p>	<p><u>The following script serves as a guide if questions/concerns are raised by a provider:</u></p> <p><i>“Dr. [insert provider’s name], removal of Foleys at Piedmont Healthcare is a nurse driven protocol. I’ve assessed the patient [discuss actions taken as part of your assessment] and there is not an indication for further catheterization. For the safety of our patients and in an effort to prevent a CAUTI, I made the decision to remove this Foley.”</i></p> <p>If you have decided to use other alternatives in place of the Foley catheter, discuss the less invasive alternatives available and your decision.</p> <p><i>“I recommend [insert alternative] as it will be a less invasive and safer alternative to use in this case. This option will allow us to ... [provide your reasoning]”</i></p> <p>Please refer to the Alternatives to Indwelling Urinary Catheters section of this guide for options available, as well as specific procedures.</p> <p>If provider has further questions or concerns, and would like to review the policy, locate the promise package and using the links available navigate to the policy to review with the provider appropriate sections of the policy including the algorithms if needed. If issue is still not resolved, escalate using the path described in escalation/resolution process steps.</p>

IV. Potential Barriers and Resolution Steps

Potential Barriers to CAUTI Prevention and Resolution Steps		
Barrier	Resolution/Escalation Process	Recommended Script
<p>Nursing Staff Pushback (including PCTs)</p> <p>Nursing staff in disagreement with removal of indwelling urinary catheter.</p>	<p>Example scenarios may include:</p> <ul style="list-style-type: none"> - Discrepancy on the definition of “Critically Ill”. For clarification, please review the Urinary Catheter Management and Urinary Tract Infection Prevention Policy. - The catheter was not inserted based on medical necessity, but instead because the patient is difficult to move. <p>Charge Nurse</p> <ul style="list-style-type: none"> • Discusses with staff nurse the reasons indicated for removing the urinary Catheter • Discusses with staff nurse their concerns or barriers and reasons for removing a urinary catheter • Discusses with staff nurse Piedmont Healthcare’s policy on urinary catheter management and connects nurse with appropriate resources (e.g., Promise Package) • If issue or concern is not resolved, notifies the Nurse Manager <p>Nurse Manager</p> <ul style="list-style-type: none"> • Contacts nurse to discuss their concerns, barriers they face, and if educational gap is identified connects them with appropriate resources (e.g., Promise Package, Clinical Educator) • Discusses with staff nurse Piedmont Healthcare’s policy on urinary catheter management • If issue or concern is not resolved at the unit level, notifies Unit Director or CNO <p>Unit Director*</p> <ul style="list-style-type: none"> • Contacts nurse and discusses his/her concerns and barriers they face • If needed, contact CNO to resolve issue <p>*Please note that some units may not be overseen by a Unit Director. In that case, Nurse Manager will perform all issue resolution steps prior to escalating to CNO.</p>	<p>The following script serves as a guide if questions/concerns are raised by a staff nurse:</p> <p><i>“Based on my assessment [discuss actions taken as part of your assessment], there is not an indication for further catheterization. For safety of our patients and in an effort to prevent a Catheter Associated Urinary Tract Infection (CAUTI), let’s remove this Foley and document the removal accordingly.”</i></p> <p>If less invasive alternatives to indwelling urinary catheters are more appropriate, then discuss the alternatives available and which will suit the patient best.</p> <p>Please refer to the Alternatives to Indwelling Urinary Catheters section of this guide for options available, as well as specific procedures.</p> <p><i>“Nurse [insert nurse’s name], I believe [insert alternative] will be a less invasive and safer alternative to use in this case. This option will allow us to ... [provide your reasoning]”</i></p>

IV. Potential Barriers and Resolution Steps

Potential Barriers to CAUTI Prevention and Resolution Steps

Barrier	Resolution/Escalation Process	Recommended Script
<p>Indwelling urinary catheters inserted in the ED</p> <p>Indwelling urinary catheter is inserted with no order written or missing documentation</p>	<p>Using effective communication during nursing hand-off:</p> <ul style="list-style-type: none"> Determine if patient has an indwelling urinary catheter If so, ask the following questions: <ul style="list-style-type: none"> Was the catheter Present on Admission (POA)? If the indwelling urinary catheter was POA, did the patient transfer from a Piedmont facility? Was the indwelling urinary catheter placed by a urologist? If the indwelling urinary catheter was POA and not placed by a Piedmont facility, was it changed? If the indwelling urinary catheter was not POA, when was it placed? Did you add the LDA to document the insertion of the Urinary Catheter? If ED nurse has not documented the LDA in EPIC , peer check and peer coach to request for the LDA and associated documentation to be completed by ED nurse If you encounter pushback on adding the LDA or gathering the necessary information on the indwelling urinary catheter, use ARCC to escalate to your Charge Nurse <p>Charge Nurse</p> <ul style="list-style-type: none"> Contacts the ED Charge Nurse to escalate the challenge in receiving necessary information on the urinary catheter. Requests for appropriate information to be provided and documented in Epic. If a knowledge gap is identified, peer coach to connect the Charge Nurse to the right resources (e.g., promise package, clinical educator). If issue is still not resolved, notifies the Nurse Manager. <p>Nurse Manager</p> <ul style="list-style-type: none"> Contacts ED manager to discuss Piedmont Healthcare’s policy on urinary catheter management. Discusses the importance of documenting the insertion and maintenance bundle criteria in prevention of CAUTIs at Piedmont. If a knowledge gap on policy or documentation requirements is identified, peer coach ED manager with the right resource (e.g., promise package, unit -based educator) 	<p><u>The following script serves as a guide if questions/concerns are raised by ED staff:</u></p> <p>Ensure that you ask the appropriate questions listed during handoff: <i>“Nurse [insert nurse’s name], does patient [insert patient’s name] have a Foley?”</i></p> <p>If the patient is being transferred to an inpatient department with an indwelling urinary catheter, then proceed to ask the hand-off questions.</p> <p>In the case where the LDA has not been added in Epic: <i>“Would you please add the LDA for the patient in Epic and document the insertion bundle appropriately?”</i></p> <p>In case of pushback in providing the necessary information: <i>“I will have to escalate to my Charge Nurse as I need this information to appropriately perform maintenance for this Foley.”</i></p>

V. Standard Work Supplies

Products and Supplies Required for Standard Work

Product Name	Product Description
PureWick	A flexible, contoured external catheter (a Wick) is positioned between the labia and gluteus muscles.
Statlock	Foley Catheter Stabilization Device is a disposable catheter holder for latex and silicone Foley catheters up to 26 fr.
SureStep Foley Tray (Latex and Latex-free) Kits	Insertion tray that includes a peri-care kit, foam swabs for greater coverage and saturation, on tray instructions, and supplies necessary for a Foley insertion.
Indwelling Urethral Catheter* (14 Fr, 16 Fr, 18 Fr, 20 Fr) *Latex-free options available	Indwelling device that drains urine from the bladder to a bag outside of the body. Note: 16 Fr. is standard sizing, all others available for order.
Indwelling Urethral Catheter Coude* *Latex-free options available	
Male incontinence device (condom catheter)	Urine storage device that can be used to treat short-term incontinence in men. It consists of a flexible sheath that fits over the penis just like a condom.
Straight (Intermittent) urinary catheter	Also known as “In-Out” catheter. a hollow rubber tube inserted through the urethral opening into the bladder to empty urine once.
Urine complete cup collection kits	Complete kit used for urine collection and specimen analysis.
Extrasorb - Gel absorbent pads	Air permeable dry pads used under patients to prevent urine or liquid from soiling bed sheets or attire.

Alternatives to Indwelling Urinary Catheterization

Alternatives are important in order to decrease the risk of a CAUTI and increase overall patient well-being.

	Procedure	Description
1	Bladder scanner (ultrasonography)	Bladder ultrasonography is a noninvasive method of assessing bladder volume associated with a lower risk of urinary tract infection (UTI).
2	Male incontinence device (condom catheter) application	A male incontinence device, also known as a condom catheter or penile sheath, consists of a condom catheter secured to the shaft of the penis and connected to a leg bag or drainage bag.
3	PureWick External Female Urinary Catheter	PureWick is composed of a soft flexible EXTERNAL disposable 'wick' that is easily positioned externally with a woman seated or lying down. The "wick" is connected via a piece of tubing to a continuous low pressure vacuum pump, which pulls urine through the wick, even during full-speed urinations.
4	Intermittent (straight) urinary catheter insertion Female Patient and Male Patient	Intermittent (straight) urinary catheter insertion involves inserting a temporary catheter into the bladder to drain urine. In contrast to an indwelling urinary catheter, you remove an intermittent catheter as soon as you drain the urine.
5	Gel absorbent pads	One pad is placed under the patient and changed when the patient has voided.
6	Frequent toileting	During purposeful rounding, patients who are safe to do so are regularly encouraged to use the toilet or bedside commode.

Resources Related to Urinary Catheters and CAUTI Prevention		
	Resource	Summary
Evidence-Based Literature	Catheter-Associated Urinary Tract Infection (CAUTI) Recommendations (CDC)	Summary of recommendations by the Centers for Disease Control and Prevention (CDC) related to appropriate urinary catheter use.
	Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2009 (CDC)	Healthcare Infection Control Practices Advisory Committee (HICPAC) 2009 guidelines for prevention of CAUTIs
	Toolkit for Reducing Catheter-Associated Urinary Tract Infections in Hospital Units: Implementation Guide (AHRQ)	Toolkit provided by the Agency for Healthcare Research and Quality (AHRQ) detailing infection prevention practices and recommendations related to the prevention of CAUTIs.
Performance Tracking	Urinary Catheter Management Dashboard User Guide and FAQs: Urinary Catheter Management Dashboard	Helps track catheter utilization, insertion and maintenance compliance, as well as other measures to help prevent catheter-associated urinary tract infections (CAUTI)
	Catheter Daily Report: Atlanta Athens Fayette Henry Mountainside Newnan Newton Rockdale Walton User Guide: Catheter Daily Report	Line item report of patients, categorized by Foley days, including Foley Warning Count.
	Urinary Catheter Management and Urinary Tract Infection Prevention Policy	General policy guide for Piedmont Healthcare
Policy	Urinary Retention Assessment Algorithms (Attachment A to Policy)	Assessment algorithms for: Inability to Void for Inpatient Adults; Post-Void Residual for Inpatient Adults; Postoperative Urinary Retention for Outpatients

Continued on next page.

Resources Related to Urinary Catheters and CAUTI Prevention		
	Resource	Summary
Additional Materials	Frequently Asked Questions: Urinary Catheter Management and CAUTI Prevention	Frequently asked questions regarding indwelling urinary catheters, CAUTI Prevention, and this Promise Package
	Roles and Responsibilities	Details the responsibilities in CAUTI Prevention of each staff member
	Epic Documentation Training: Maintenance bundle	Guide for documenting urethral catheter maintenance and insertion bundle
	Epic Documentation: Admission order set changes	Guide for documenting for patients with an active Foley through the admission order set
Piedmont University Educational Materials	Note: To access these materials, please sign into Piedmont University	
	Preventing Healthcare Associated Infections: Catheter Associated Urinary Tract Infection	Explains background, appropriate indications, and best practice prevention strategies for CAUTIs
	CAUTI Prevention Promise Package: An Overview of Piedmont’s CAUTI Prevention Promise Package	An overview of the CAUTI Prevention Promise Package
	CAUTI Prevention Promise Package: Piedmont Catheter Days Report	Detailed description on how to use the Catheter Days Report effectively in the unit
	CAUTI Prevention Promise Package: Urinary Catheter Management Dashboard	Shows step-by-step how to use the Urinary Catheter Management Dashboard, including each of the tabs

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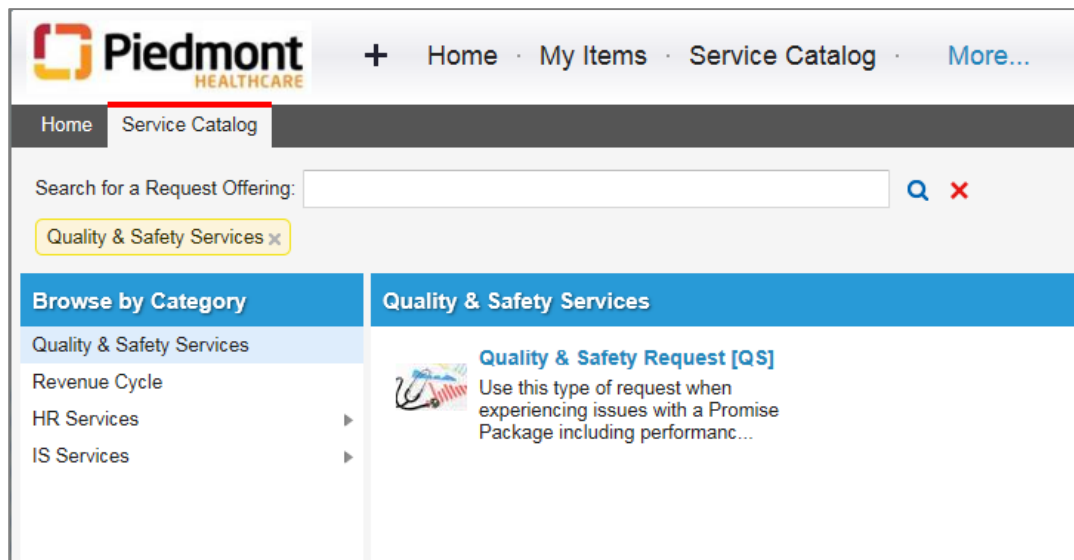
Resources Related to Urinary Catheters and CAUTI Prevention		
	Resource	Summary
Lippincott Procedures for Urinary Catheters	Insertion of Indwelling Urinary Catheter for: Female patient and Male patient	Piedmont Healthcare-approved manual of nurse practice and procedures relating to urinary catheterization.
	Insertion of Intermittent (straight) Urinary Catheter for: Female patient and Male Patient	
	Indwelling urinary catheter care and management	
	Indwelling urinary catheter removal	
	Urine specimen collection from an indwelling urinary catheter	
	Indwelling urinary catheter irrigation	
	Bladder irrigation, continuous (Murphy Drip)	
	Perineal care: Female patient	
	Perineal care: Male patient	
	Self-catheterization: Female patient	
	Self-catheterization: Male patient	
Incontinence Management, Urinary		

What is Advisory Council?

Operational Advisory Councils are formed as each Hospital Acquired Infection Promise Package is launched. These councils govern any changes related to the clinical standard work outlined in the Promise Package and resolve any break/fix issues that arise post go-live. If the Advisory Council determines there is a need to change the standard work, the change request would be reviewed at System QSS. Any break/fix requests are also managed by the Advisory Council and are appropriately assigned to IT or EPIC to help resolve.

How do I submit a question or request to the Advisory Council?

Anyone can submit questions or issues regarding the Promise Packages with a Quality and Safety Heat ticket. This ticket will automatically route to the appropriate Advisory Council for review. Instructions for submitting a Quality and Safety Heat ticket can be found [here](#).



The screenshot shows the Piedmont Healthcare Service Catalog interface. At the top, there is a navigation bar with the Piedmont Healthcare logo and links for Home, My Items, Service Catalog, and More... The 'Service Catalog' link is highlighted. Below the navigation bar is a search bar with the text 'Search for a Request Offering:' and a search icon. A filter tag 'Quality & Safety Services x' is visible. The main content area is divided into two columns. The left column is titled 'Browse by Category' and lists 'Quality & Safety Services', 'Revenue Cycle', 'HR Services', and 'IS Services'. The right column is titled 'Quality & Safety Services' and features a card for 'Quality & Safety Request [QS]' with a description: 'Use this type of request when experiencing issues with a Promise Package including performanc...'. There is also a small icon of a hand holding a pen next to the card.

Our Purpose, Our Promise

I promise to contribute to the achievement of zero harm at Piedmont Healthcare by:

- Monitoring and ensuring that Urinary Catheter Management policy and standard work as outlined in this promise package is followed by all responsible staff.
- Reporting on CAUTI prevention process metrics and outcome goals as defined in this promise package in Monthly Operating Review (MOR) sessions, and taking action as needed to address gaps in compliance at my facility.



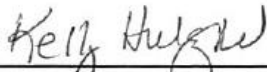
Dr. Mark Cohen, MD, PhD
CMO, Piedmont Atlanta Hospital



Dr. Lily Henson, MD
CMO, Piedmont Henry Hospital



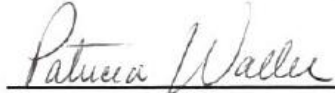
Dr. Norris Little, MD
CMO, Piedmont Newton Hospital



Kelly Hulsey, RN, BSN, CCRN, MSN
CNO, Piedmont Atlanta Hospital



Debbie Reeves, RN, BSN, MS
Interim CNO, Piedmont Henry Hospital



Patricia Waller, MSN, RN, CNM
CNO, Piedmont Newton Hospital



Dr. Fred Willms, MD, FRCPC, FACP
CMO, Piedmont Fayette Hospital



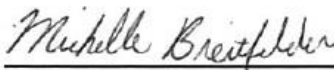
Dr. Moiz Master, MD
CMO, Piedmont Mountainside Hospital



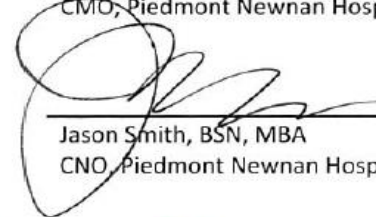
Dr. Jeffrey Folk, MD, MHA
CMO, Piedmont Newnan Hospital



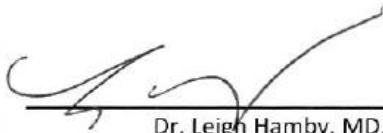
Merry Heath, RN, MSN
CNO, Piedmont Fayette Hospital



Michelle Breitfelder, MSN, BSN
CNO, Piedmont Mountainside Hospital



Jason Smith, BSN, MBA
CNO, Piedmont Newnan Hospital



Dr. Leigh Hamby, MD, MHA
CMO, Piedmont Healthcare



Denise Ray, RN, MBA
CNO, Piedmont Healthcare

