

Keen to Clean!

Decreasing Urinary Tract Infections at BC Children's Hospital

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Nothing to Disclose

In The Beginning...

Our Goal

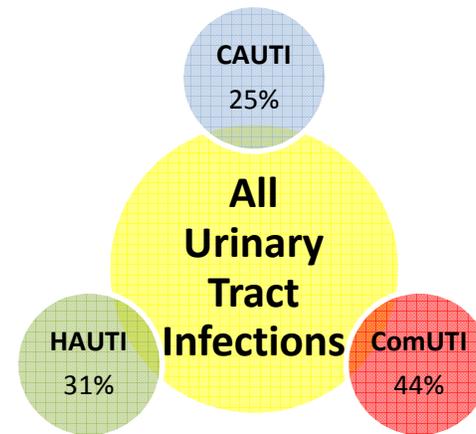
To decrease the post-operative incidence of UTIs to an occurrence rate of 1% as measured by Pediatric NSQIP samples within 1 year.

Starting Out

- Identified potential variables contributing to UTIs for data collection.

- Divided out our UTIs into 3 categories:

- CAUTI
- HAUTI
- ComUTI



- Completed a descriptive analysis and case control study with identified variables:
 - Majority of the patients had a catheter and went to the surgical ward post-op.
 - Having a foley catheter at any point in time, for any length increased the risk of developing a UTI by 25%.

Team Development

- Established a core group of nurse champions.
- Completed multiple feedback sessions:
 - Safety Rounds
 - Tea@3
 - Kaizen Event focusing specifically on UTIs

The result was an overwhelming request to standardize our daily bathing practices for all caregivers (including families and the patient themselves).

Measurements

We were continuously tracking our NSQIP-P UTI rate, but we needed something more...

1. Reviewed documentation of peri-care/bathing/foley care.
2. Tracked inpatients on the surgical ward to determine ward specific rates of UTIs.
3. Length of time it took to complete a full bed bath.

Practice Change – Bathing

- We reviewed all policies and procedures related to daily care and bathing.
- We measured and displayed daily documentation rates of bathing/perineum/foley care.
- Choose two new products to standardize bathing:
 - ***Disposable Basin*** – re-useable basins have been shown to be a potential source of infection.
 - ***Bathing Washcloth*** – a one-time use package of cloths that can bathe the entire patient without the need for a basin or soap and water.

Practice Change – Foley Care

- Can't forget those foleys...
 - Information/education sessions with various surgical and medical departments encouraging a decrease in foley use.
 - Reviewed/updated all foley related practice guidelines.
 - Pop Quiz on nursing knowledge of foley care.

Outcome Two – Measurements

- **Bathing:**

- Patients, families and nurses report a higher satisfaction in bathing and perineum care.
- The percentage of documentation of bathing doubled within a month of new products being introduced.
- Bed bath time went from 20 minutes to 4-5 minutes.
- Products rolled-out to all inpatient medical wards.

- **Foley Care:**

- Staff knowledge increased substantially.
- Catheter insertion guidelines were developed for specific procedures.
- Overall decrease of about a day of dwell time.

Conclusion

- Standardized bathing and education sessions around foley use/care can substantially decrease UTIs in the pediatric population.

What's happening now?

- Continual monitoring of UTI rates – raw and risk adjusted.
- Repeated documentation check-in.
- Repeated foley education with frontline staff.