A Better Foley Kit to Reduce CAUTI in long term indwelling catheter use—
A Vendor-Staff Nurse Collaboration
Adventist Rehabilitation Hospital of Maryland

Program/Project Description.
As an acute rehabilitation setting, one of our most important goals is to send patients home with restored bladder function. However, some of our patients have a medical condition that necessitates them being discharged back to the home environment with an indwelling catheter. In this patient population, we had been using a traditional Foley kit with a 2-liter bedbag, and exchanging the bedbag for a legbag appropriate to the rehabilitation and the home setting. This involved opening the closed catheter system and potentially exposing the patient to infection. Our year-to-date (January-October) 2010 CAUTI rate was 6.5 per 1000 catheter-days and our year-to-date 2010 expenses for Foley kits and legbags added up to $2369.01.

Process.
We used PDCA as our process improvement methodology.

Solution.
The organization's Clinical Practice Committee, a shared governance committee composed of staff nurses, nurse leaders, and interdisciplinary collaborators, worked with the Materials Manager in searching for Foley kits with a legbag already attached to the catheter. Unfortunately, no product was found. The Clinical Practice Committee then worked with a medical product vendor to commission a prototype based on their existing silver-coated, latex-free, closed-system foley tray. After 7 months and 5 prototypes, the new closed-system foley kit with legbag is now ready for ordering.

Measurable Outcomes.
The new kits will be rolled out in December 2010. Data collection on subsequent CAUTI rates and expenses associated with the new Foley kits will take place from January on, and will be provided at the Maryland Patient Safety Conference.

Sustainability.
Along with the new kits, our Clinical Educator will roll out CAUTI education to all clinical staff. CAUTI rates will be posted on each unit on a quarterly basis.

Role of Collaboration and Leadership.
This project was developed by our organization's Clinical Practice Committee, which is composed of 7 staff nurses and 1 Magnet Program Coordinator. The Committee collaborated with 1 Materials Manager, 1 Clinical Educator, and 2 Sales Representatives. The project was supported by the organization's CNO.

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