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# **What are the barriers and facilitators to Nurses' utilization of a Nurse Driven Protocol (NDP) for Indwelling Urinary Catheter (IUC) removal?**

**By Brenda Clark, BSN, RN, CMSRN**

Background: Urinary tract infections (UTIs) are recognized as a major cause of morbidity and mortality in hospitalized patients; 80% of UTIs are related to using indwelling urinary catheters. Reducing these infections is recognized as a National Patient Safety Goal (NPSG) by the Joint Commission; the American Nurses Association (ANA) has classified catheter associated urinary tract infections (CAUTIs) as one of the nurse-sensitive indicators that reflect the quality of nursing care. Centers for Medicare and Medicaid Services (CMS) consider CAUTIs “never events” and will not reimburse hospitals for treatment of these events. This has led hospitals to change their practice.

Literature Review: A literature search utilizing keywords such as: “CAUTI”, “nurse driven protocol”, “evidence based practice”, and “barriers” and “facilitators” was conducted in April 2017. Of the twenty articles found, five articles were critiqued, reviewed and synthesized in tabular format. The review supports that meaningful reduction in CAUTI rates can be achieved by reducing urinary catheter use. Evidence supports that implementation of a Nurse Driven Protocol (NDP) for removing IUCs (indwelling urinary catheters) has shown a decrease in both CAUTI and IUC utilization rates. There are both positive and negative themes to facilitating evidence based practice (EBP) and implementing NDPs.

At Maine Medical Center (MMC), the CAUTI rate has decreased, but catheter utilization rate has shown very little change. Bedside nurses insert the majority of the IUCs here at MMC, assess the daily need for an IUC, and perform the maintenance and care of IUCs . This quality data suggests that there needs to be further exploration of barriers to reducing IUC utilization rates.

Purpose: PICOT question: In adult inpatients (age > 18 years) who are candidates for Indwelling Urinary Catheter removal, what are the barriers and facilitators to nurses' utilization of a NDP for IUC removal?

Design/Methods/Plan: Citi training was completed in August 2017. A mixed method design (i.e. Likert type questions and open-ended questions) will be used to survey bedside nurses on the barriers and facilitators to using the NDP. This study will be used to inform the development of an intervention to increase bedside nurses' use of a NDP. Time frame TBD.