

For Immediate Release

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Speare Nurses Leading the Way *New infection prevention protocol introduced*

PLYMOUTH, N.H. --- Over the last 10 plus years, healthcare has been taking a long, hard look at its patient care procedures and processes, identifying evidence-based best practices, and establishing national standards to improve the overall quality and safety. Reducing the incidence of catheter-associated urinary tract infection (CAUTI) is one of many initiatives being focused on nationally. In New Hampshire, Speare Memorial Hospital is a leader in working to address CAUTI infection prevention.

Among healthcare-associated infections, CAUTI is the most frequently occurring in an acute (i.e. hospital) setting, accounting for 36 percent of all infections nationally, according to the Centers for Disease Control. A urinary tract infection is an infection in the urinary system including the bladder and kidneys. When a urinary catheter—a thin tube inserted in the bladder to drain urine—is placed it can provide an avenue for germs to enter the urinary tract and lead to infection.

“There are specific medical indications (reasons) for a patient to have a urinary catheter,” says Speare’s Chief Nursing Officer Kris Hering, RN, BSN, CCRN. Examples include: select surgical procedures or prolonged duration of surgery; need to measure precise urine output of critically ill patients; significant lack of mobility; severe pain, deep sedation or paralysis. Hering says, “Nurses, working in partnership with physicians, assure that only those patients who need a catheter get one, and that the catheter is removed as soon as possible, to avoid infection.”

To achieve the required reduction in CAUTI, Speare has introduced a new nursing protocol following months of research on best practices with physician input and support. Essentially, the new protocol will give nurses the authority to assess a patient’s need for continued use of a catheter and remove it as soon as deemed appropriate. They will no longer need a physician order to do so.

“This is a significant departure from past practice when a physician order was required not only for placement, but also removal of a catheter,” explains Hering. “As a result, waiting for the order could delay the removal of the catheter. Now nurses will assess a patient’s ongoing prescribed use of a catheter twice a day, and remove it immediately when the medical need for the catheter is no longer present. The sooner the catheter is removed, the less chance a patient has of acquiring a urinary tract infection.”

She continues, “Instituting this new protocol demonstrates our focus on individual patient-centered care and the positive, professional relationship between our nurses and physicians in delivering it. More importantly, the partnership will result in providing patients better healthcare outcomes and increased satisfaction with their overall Speare experience.”

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