**Education Design and Agenda**

Based on a class size 10-16

Overall Objectives:

* Describe the impact of hospital acquired catheter associated urinary tract infection
* Apply recommended evidence-based practices (bundles) for preventing hospital acquired catheter associated urinary tract infections

| Time | Topic | Program Notes | Debrief Questions | |
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| 5 | Welcome and CNE Instructions |  |  | |
| 10 | Pre-test |  |  | |
| Didactic Video (see link) | | | | |
| 20 |  | **15:37** minutes  leaves 4:23 for debrief  Ask debrief question after video | * The video discusses the cost of HA-CAUTI to our health care system; How does HA-CAUTI affect cost:   + To the facility/organization?   + To the patient and their family? * How can we as healthcare Providers reduce the risk of complications associated with HA-CAUTI? | |
| Simulation Video | | | | |
| 5 | Importance of preventing HA-CAUTI and bundle actions used to prevent HA-CAUTI (video) | 00:00-**04:17**  4:17 minutes | |  |
| 20 | Simulation Video & Debrief: Female (video) | 04:18-**12:38**  8:20 minutes  leaves 11:40 for debrief  *Stop video before male simulation*  Ask debrief questions | | * In the video simulation you saw a two person catheterization. You do not always need a second person for assistance according to the video.   + Why would you call for assistance?   + If you did call for a second person, what can they do to help in the procedure?   + Are they considered sterile or clean and how do you know? * Indwelling urinary catheter (IUC) kits may differ from one institution to the next. The IUC in this first simulation used prepackeged castile soap towelettes to perform perineal care.   + What are your other options for peri care and   + When do you perform this on the patient? * There are two devices that are imperative in securing of the IUC post insertion,   + What are they and   + What do they do? |
| 20 | Simulation Video & Debrief: Insertion: Male (video) | 12:39-**18:55**  6:16 minutes  leaves 13:44 for debrief | | * Discuss the difference in technique between male and female catheter insertion. * One of the insertion kits demonstrated in the video had the hand-washing gel packet.   + Is that typical?   + When do you “wash” or sanitize your hands? * In the video’s male simulation the over-bed table was in the way. Sterility was not compromised but   + What else should we ensure about the environment? |
| 10 | Break (finalize insertion setup) |  | |  |
| 45 | Insertion competency:  Aseptic technique (includes securement device) | Time allotted will depend on the number of peri-mannequins available and number of participants. All participants will do an insertion demonstration.  Plan on 10 minutes per participant to demonstrate insertion – need 30 minutes for 3 in the group; 40 for 4 in a group, etc.  For example, if there are 4 peri-mannequins available and 16 participants; divide participants into 4 groups of 4.  Each of the groups is assigned to a mannequin.  The groups will be work independently on the demonstration.  Randomly select participants to do a male or a female indwelling catheter insertion   1. 1 participant at a time demonstrates insertion while the other 3 in the group follow along with the insertion checklist providing remediation as needed. 2. When the first participant is done, repeat with the second participant in the group. 3. After the first 2 have completed the insertion, switch the mannequin to the other gender. So if they did a female insertion for the first two participants, their group will swap with a group completing male insertion demonstration. 4. Participants 3 and then 4 of the group will follow the same process as steps 1 & 2. | |  |
| 10 | Simulations & Debrief: Maintenance and Care (video)   * Assessing/inspecting * Emptying * Pericare/cleaning * Specimen * Ambulating and transport * Removal | 18:56-**24:35**  5:39 minutes  leaves 4:21 for debrief questions | | * You need a specimen; the nurse before you had disconnected the catheter at the connection between the actual catheter and bag.   + What is your first action?   + What is the proper way to obtain the specimen? * When emptying the IUC bag you notice that the only container in the room is mark NG tube.   + Is it ok to use this?   + Why or why not? * When you remove an IUC what patient teaching is essential? |
| 15 | Maintenance competency (audit) | The participants will assess/inspect 3 mannequins using the HA-CAUTI audit tool. | | Review finding of participant’s maintenance audit. |
| 5 | Nurse driven protocols to manage urinary catheters |  | | * Discuss urinary management of the patient with a hip fracture that is obese and had their catheter removed this AM. The patient has not voided in 8 hours. * The indwelling urinary catheter has been in 24 days and the patient does not exhibit signs of any UT infection. What do you do as the nurse? |
| 5 | Documentation associated with urinary catheters |  | | * The video demonstration/simulation does not show a handoff to another healthcare provider; but if you were receiving a patient from transport OR if you were sending a patient with transport   + How should you send/receive the patient and catheter?   + What about hand off and end of shift report?   + What should the nurse discuss with the oncoming nurse? * Discuss the importance of assessing line necessity during hand off/hand over while performing ITRACE activities. * Discuss patient IUC infection risks during hand off/hand over. |
| 10 | Post-test and Evaluation |  | |  |
| **180** | **Minutes** | Total video time 40 minutes:  Didactic 15:37 & Simulation 24:35  Activities:   * Insertion 45 minutes * Audit 15 minutes * Debrief questions 45 minutes * Pre- and posttests 20 minutes * Welcome and break 15 minutes | |  |
| **3.0** | **Hours** |  | |  |