

# A CAUTI Initiative: Utilizing NDNQI Data and the EHR to Improve Catheter Associated Urinary Tract Infections

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#### Initiative Foundation

- Increased national awareness of CAUTI
- Facility level assessment of CAUTI
- Increasing CAUTI rate
- Increasing length of stay
- Increasing associated costs
- Ineffective/inconsistent documentation in the EHR
- Desire to change the practice culture to ensure the highest level of patient safety and quality of care

### Approach

- Interdisciplinary team
- Nursing Quality Council (NQC), physicians, infection control practitioner, information technology specialists, administration
- Team Functions
- Review of existing practice
- EHR documentation effectiveness
- Literature review of best practices related to CAUTI prevention

### EHR Order Changes

- January 2010
- Indwelling catheter orders
- MD required to choose from one of 12 evidenced-based criteria for placement
- Insertion and removal orders integrated into select surgical order sets
- July 2010
- Modified evidence based list of insertion rationales
- Removal of Other
- Addition of Non-Urologic procedure < 24 hours ago</li>
- Removal of Foley PRN order

## Nursing Practice Changes

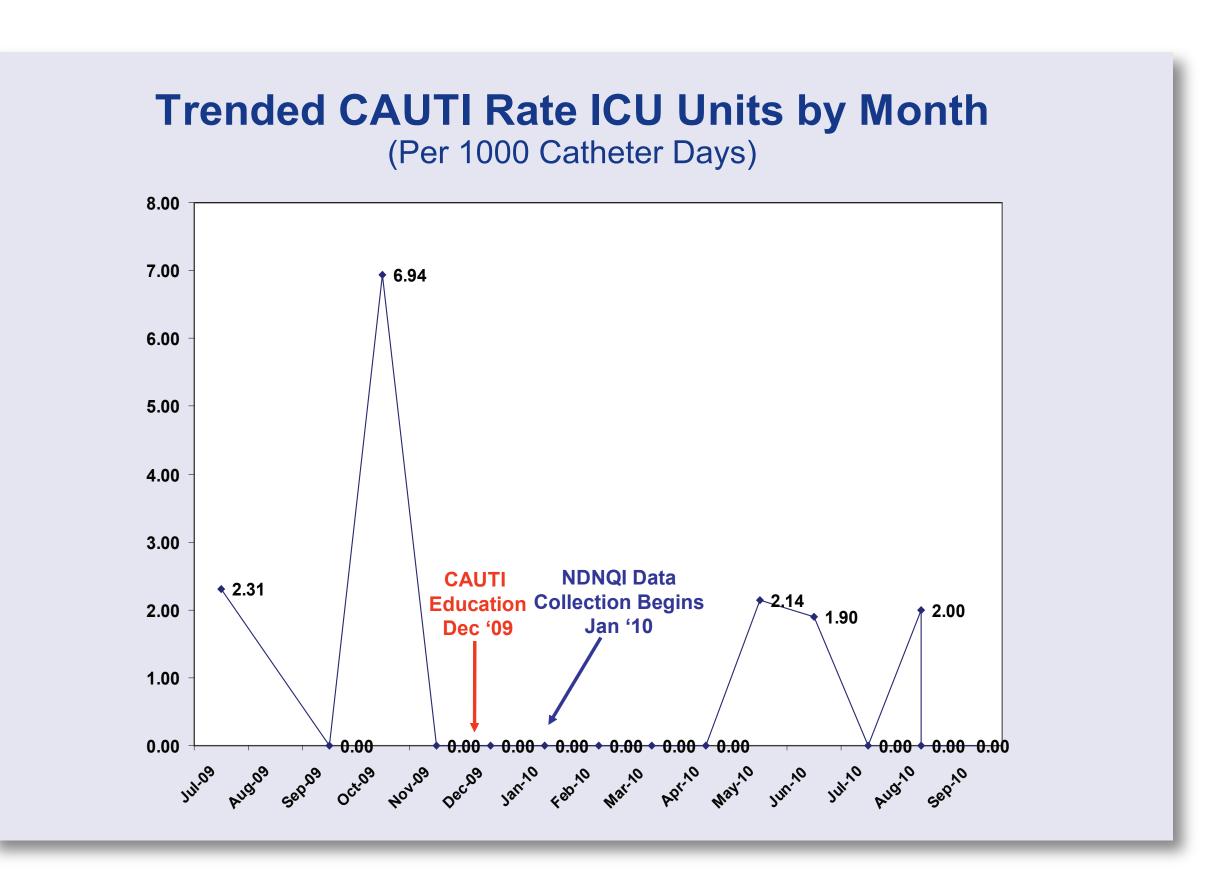
- January 2010
- Utilization of straight catheters instead of indwelling, when appropriate
- Improved the EHR to facilitate more accurate documentation of catheter placement
- Bladder Scanning
- Policy updated
- Additional equipment purchased
- EHR modified to include documentation of bladder scanning volume
- July 2010
  - Bladder Scanning policy to include care partners
- September 2010
  - Integration of Catheter Necessity Assessment in the EHR
  - Completed each shift by the RN

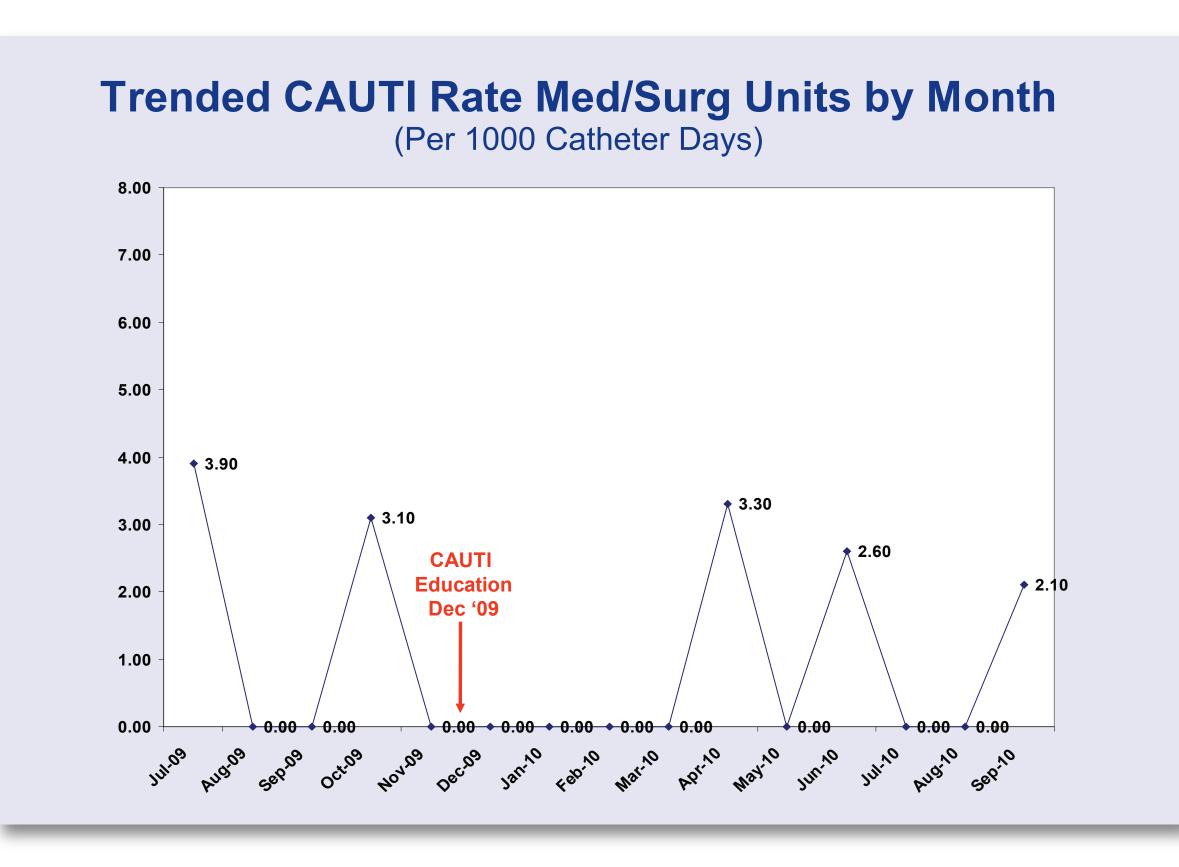
#### Interdisciplinary Education

- Nursing/Physicians
  - Best practices for CAUTI prevention
  - EHR orders/documentation changes
- Bladder scanning
- Straight catheters vs. indwelling catheters
- Core Measure compliance for catheter removal
- Transporters
- Safe handling of catheter drainage bags

#### Outcomes

- Dramatic decline in CAUTI rate
- Reduced from 1.6/1000 catheter days to 0.0 sustained over 5 months
- Began submitting CAUTI data to NDNQI Quarter 1 2010 from the ICU only
- Increased compliance with the Core Measure to remove indwelling catheters after surgery
- From 80% (Oct '09) to 100% (Sept 10)





- Change in catheter insertion practices
- More straight catheters
- 21 to 81/month
- Less indwelling catheters
- 495 to 272/month
- OR placing fewer catheters during cases and removing many of those inserted immediately post surgery
- EHR Audits
- Appropriate use of placement rational
- Manager review of catheter placement/removal documentation
- Catheter use by physician
- Lowered facility costs by decreasing supply costs by nearly \$5,000 over 6 months

