



# Meeting The EMR Documentation Challenge

## For Best Practice Catheter Associated Urinary Tract Infection Prevention

Andrea Churchill-Boutwell BSN, RN-BC (Clinical Educator Surgical Care Unit), Nancy Meszaros BSN, RN CIC (Infection Control/ Performance Improvement), Brittini Racine BSN, RN-BC, OCN (Staff Nurse Surgical Care Unit)

### Purpose:

Recognizing Catheter Associated Urinary Tract Infection (CAUTI) as the greatest hospital associated infection risk today empowers nurses to utilize best practices by decreasing the number of catheter days and to demonstrate compliance through documentation as recommended by The Joint Commission (TJC) to meet CAUTI prevention standards.

### Relevance/Significance:

*Goal:* To reduce Foley catheter days and CAUTI

*How to get there:* Front line nurses responsible for: knowing and documenting indication for use, accepted insertion guidelines, and the need for daily review.

(Screen Shot of Foley) screen from RRMCM EMR

### Strategy and Implementation:

RRMC recognized that our EMR was an obstacle to compliance with NPSG 07.03.01. RRMC needed urinary catheter data improvement. National patient safety goals reviewed with staff at nursing skills day.

The CAUTI prevention team consisted of an Infection Prevention Nurse, an ICU nurse, clinical informatics RN, EMR/nursing liaison RN, a clinical educator RN, an EMR information technologist (IT) and frontline nurses.

*→To meet regulatory requirements:* Incorporated approved CDC and TJC indications, a standard of care reference statement, and a daily review of the need for a catheter.

*→To meet education requirements:* Interactive e-learning module developed by the team and executed by education department Mandatory for all RN, LNA, and tech that could care for patients with catheters.

EMR live domain was then upgraded and implemented following completion of hospital-wide education with continuing support from education department.

### Evaluation:

Education, awareness, increased vigilance in catheter insertion, maintenance, and prompt discontinuation of catheters has empowered bedside nurses towards nurse driven protocol. Since implementation, CAUTI rate is well below the national average. RRMC will continue to monitor CAUTI rates and adjust EMR documentation of catheter insertion, indications, and daily review as needed to provide the utmost quality care for our patients.

FY 15 Foley Data for RRMCM

RRMC Wide	Foley days	CAUTI	CAUTI rate
<b>FY15</b>			
<b>Q1</b>	<b>934</b>	<b>3</b>	<b>0.3</b>
<b>Q2</b>	<b>1014</b>	<b>1</b>	<b>0.1</b>
<b>Q3</b>	<b>856</b>	<b>0</b>	<b>0.0</b>
<b>Q4</b>	<b>812</b>	<b>2</b>	<b>0.2</b>

Includes data from the following units: Intensive Care Unit, Progressive Care Unit, Medical/Oncology Unit, Surgical Care Unit, and Women's and Children's Unit.