



A. Start with a clear goal

- To reduce complications, including CAUTI, related to unnecessary use of indwelling urinary catheters

B. Conduct Facility-specific Practice assessment

Why?

- Important for understanding current use of indwelling catheters and for identifying opportunities for improvement.
- The beginning of the planning phase, because the assessment may suggest how to target your efforts and who or what (e.g., electronic tools) might be available to help.

Where?

- May be hospital-wide or limited to specific areas within the hospital, because much of the information to be collected should be collected and reported at the unit level.

How and What?

- Collect the following information, for example:
 - Processes – point prevalence to establish prevalence of catheter use, catheter days, proportion of catheters inserted that meet facility-specific indications, converse: proportion of catheters that do not meet indications, SCIP 9? Measure: proportion of urinary catheters removed by 24-48 hours postop., etc.
 - Outcomes – CAUTI rates by patient unit, frequency of CAUTIs documented in hospital-acquired conditions (HACs) claims data
 - Insertion & Urinary Care Processes – flow map to describe current use, from insertion through removal, to identify where catheters are inserted and who does the insertions.
 - Structure – personnel, education resources, data collection, alert/reminder system of personnel that patient has a urinary catheter in place, and analysis resources, IT, and equipment. Some may be hospital-wide rather than unit specific.

C. Create a plan

1. Choose the focus of your change initiative. You may choose to focus on one or both of the following:

- Catheter insertion
 - Focus on indications for insertion, use of alternatives and/or insertion technique. Unit-specific plans may be required for the ED, OR, Floor, ICU.

- Catheter care and removal.
 - Focus on indications for continued use, use of alternatives, and timely removal. Unit-specific plans may be required for Floor, ICU.

2. Identify quality improvement team or teams. These teams can be established by thinking about specific roles and responsibilities and who might best fill that role. Example roles and responsibilities table is attached.

3. Identify and develop tools and strategies to execute your plan. For example,

- Education materials and approaches
- Monitoring tools
- Checklists
- Competency assessment
- Reminders

D. Execute the plan

- Kick-off
- Roll it out
- Sustain the change

E. Evaluation – occurs in every phase

- Data collection
- Monitoring and feedback

Example Assessment Tool

	Unit or Area					
	Med/surg floor #1	Med/surg floor #2	MICU	SICU	ED	OR/PACU /recovery
Outcomes						
5 day count (M-F) Number of indwelling urinary catheters/ number of patients						
Are CAUTI or UTI rates/numbers collected for this unit (and if so what is the current rate/number and the timeframe, e.g., monthly)						
Processes						
Where are indwelling urinary catheters placed for patients on this unit						
What personnel insert indwelling urinary catheters on this unit or area						
Structure						
Number of beds						
Nurse staffing (type and number per patient)						
Number of different physicians and/or number and type of services that treat patients on this unit						
Does the hospital or unit have any policies or standard operating procedures related to indwelling urinary catheter use						
If the hospital or unit uses an electronic medical record, do they use any templates or reminders related to use of indwelling urinary catheters						

Example Implementation Team Roles and Responsibilities Table

Identify/engage a site-specific implementation team, including required roles and personnel to fill those roles. Below is a list of potential roles and responsibilities and examples of the types of personnel who might be considered for each. Individuals can fill more than one role. Identify which of these roles and responsibilities are needed for your implementation plan, keeping in mind that not all roles may be needed and that some may be short-term and others longer-term. Roles marked with an asterisk are roles those that are generally required.

Role or responsibility	Example of personnel to consider
* Project coordinator	Infection preventionist, quality manager, nurse manager
* Nurse champion	Nurse manager, charge nurse, staff nurse
Nurse educator	CNS/nurse educator
Nurse policy/procedure liaison	Nurse executive
Medical/physician content expert or opinion leader	Urologist, ID physician, hospital epidemiologist
* Physician champion	Hospitalist, hospital epidemiologist
Medical staff policy/executive board liaison	Chief of medicine/chief of staff
Physician education	
* Assessment and Evaluation	Quality improvement /Utilization management/ infection prevention
Administrative representative	