The Problem
Urinary tract infections are the most common infections in hospitals. The majority are caused by instrumentation with a urinary catheter. Catheter-associated urinary tract infections (CAUTI) increase cost and morbidity. A performance improvement team was formed to reduce CAUTI by 30 percent in 2008.

The Solution
Defining the indication for indwelling urinary catheters was fundamental to the project. Engaging nursing, physicians, physical therapists, transporters, and nursing assistants lead to an awareness of catheter care and indications for use. The primary approach to the problem was to limit the device days. Said another way, “Don’t put it in if it isn’t needed, and take it out when it isn’t needed.” Nurses in the emergency department were not allowed to place a catheter without a physician order PRIOR to the placement. The culture in many ED’s allows nurses to place the catheter first then get the order. This single intervention dramatically reduced the catheter use when the ED physicians were “on-board.” Policies, computer reports of urinary catheter days, and computerized required fields for the indication supported the human process changes.

Results
Catheter days for the organization were reduced from approximately 6000 per month to about 4000 per month. CAUTIs were reduced from 80 per quarter to about 55 per quarter. A regression analysis was performed that showed CAUTIs were driven by the organizational level device days with an R2 of 0.86.