



New York State Partnership for Patients



Infection Prevention Initiatives CAUTI

CAUTI Initiative: Getting to the Next Level with CAUTI Reduction across New York State

Overview: “Don’t Put Catheters In” Rapid Improvement Tests

This Rapid Improvement Plan addresses reducing CAUTIs and includes these strategies:

- Perform tests of change for reducing catheter insertions in the Emergency Department (ED) setting.
- Continue vigilance to adhere to CAUTI insertion bundle elements.

OPTIMIZING USE OF CATHETERS IN THE ED

Activity	Tips & Strategies
Phase 1: Education and Roll-Out (2-3 days)	Establish owners and engage key leadership and team members (ED medical director, nurse manager, quality improvement representative, ED clerks, front line ED clinicians). Provide brief educational sessions (e.g., huddles) about urinary catheter insertion indications, alternatives, potential adverse outcomes
Phase 2: Understand Baseline Performance and Practices AND Conduct Small Test of Change (1-2 weeks)	<ul style="list-style-type: none"> • Undertake tests of change in the ED. <ul style="list-style-type: none"> - Review criteria for appropriate catheter indications and develop pilot process to track/enter data on patients with catheter insertions who are admitted (ED nurse or clerk) [Consider using attached form for concurrent data collection]. - Develop signage for the pilot week. - Provide education to ED staff on goals, criteria, rationale, and parameters of the test of change. • Track and enter data on admitted patients with catheter insertions (ED nurse or clerk) [Consider using attached form for concurrent data collection]. • Collect ideas and suggestions from staff.
Phase 3: Evaluate Experience/Results of Tests of Change (2-3 weeks)	<ul style="list-style-type: none"> • Analyze data collected during the test of change (e.g., infection preventionist, ED quality) and share results with ED team; solicit feedback (did the pilot stop staff from inserting urinary catheters?). <p>Suggested Evaluation Elements: reasons for medically indicated urinary catheters; opportunity for improvement; reasons for inserting urinary catheters without appropriate indication; percentage of insertions that did not meet criteria; trends and patterns among shifts and/or providers; staff responses; need for further refinement of criteria.</p> <ul style="list-style-type: none"> • Consider having infection preventionists or other clinician/staff member collect data on how many patients developed a CAUTI from a urinary catheter inserted in the ED.
Phase 4: Incorporate Change and/or Conduct New Tests of Change (Ongoing)	<ul style="list-style-type: none"> • If test was successful, implement and hardwire the process to manage appropriateness of catheter insertion in the ED setting and educate staff. • Continue to reinforce process, track, and trend ED catheter utilization, and share the impact or “harm” associated with catheter insertion in the ED. • If the test indicates further opportunity for improvement, develop an action plan and continue to test intermittently (PDSA cycles)

In the coming weeks, NYSPFP will expand its rapid improvement plan for CAUTI to address catheter removal by focusing on: Triggering discontinuation at high risk transition points, such as transfers out of the operating room (OR) or critical care and implementing “hard or soft stops” for catheter discontinuation.