No Catheter, No CAUTI! Implementing Leadership Rounds to Decrease Device Utilization and CAUTI Rates in a 500-bed Acute Care Hospital

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Background

- The duration of catheterization is a key risk factor for developing a CAUTI.
- Over the last three years, our facility observed a significant increase in CAUTIs, in part due to challenges posed by the COVID-19 pandemic resulting in prolonged and unnecessary catheter use.

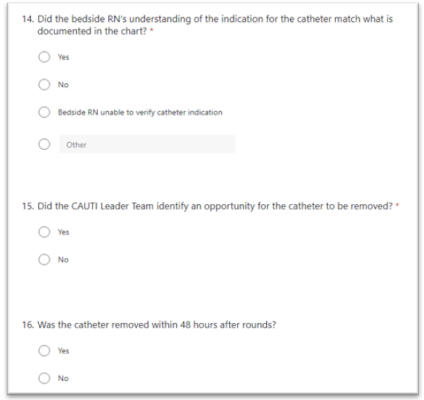
Objectives

- To identify and remove devices without clear indications.
- To provide education on assessing the necessity of catheters.

The EUHM CAUTI Prevention Team

Study Design

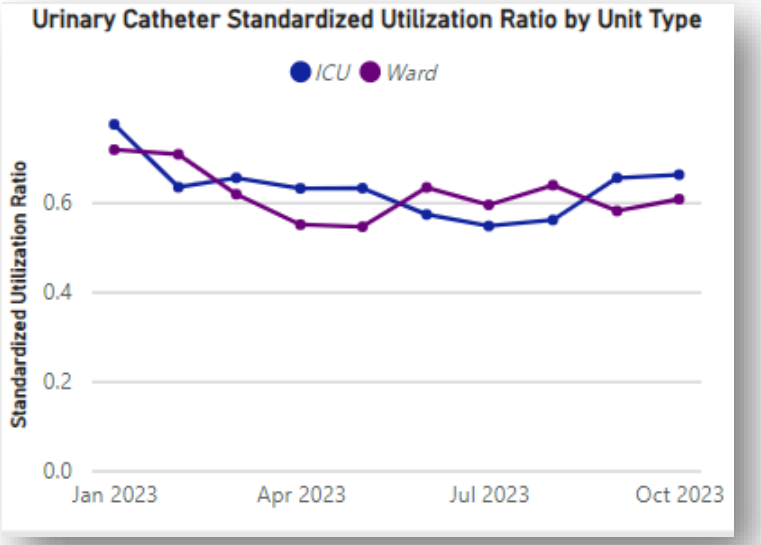
- Weekly leadership rounds on a designated unit selected based on recent CAUTI, high catheter utilization, or low catheter maintenance bundle compliance.
- Team consisted of Infection Preventionists, nursing leaders, infectious disease epidemiologists, and hospital executives.
- During rounds, the team engaged unit leadership and frontline nurses to discuss catheter indication.
- Results from rounds were captured using an electronic audit tool to provide real-time feedback and quantify progress.



Results

During the 9-month intervention period starting in January 2023 thru October 2023:

- We removed 35% (54/153) of catheters assessed.
- The hospital SUR decreased from 0.72 to 0.60 in acute care units and from 0.77 to 0.66 in intensive care units.
- **The median monthly CAUTI SIR decreased by 48% from 0.99 in the year pre-intervention to 0.51 in the 9-months post-intervention.**



Conclusion

- A structured process to routinely assess device appropriateness prompts discontinuation of unnecessary catheters and results in a significant decrease in device utilization.
- Engagement with key stakeholders, including senior leadership and frontline staff, is crucial to the success and sustainment of this intervention.

References

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Disclosures

None