

## CAUTI Initiative: Optimizing Catheter Discontinuation Rapid Improvement Tests

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

- Test the implementation/enhancement of hard and soft stops for catheter discontinuation upon daily review of necessity.
- Perform tests of change to build triggers for catheter review and discontinuation on specific pilot units
- Continue vigilance to adhere to CAUTI maintenance bundle elements.

| Pilot I: Implement Stop Orders for Foley Discontinuation  |   |
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| Activity  | Tips & Strategies   |
| Phase 1: Introduce Pilot and Engage Clinical Champions (2-3 days)                                   | <ul style="list-style-type: none"> <li>• Establish owners and engage key physician and nurse leaders and unit champions.</li> </ul>   |
| Phase 2: Understand Baseline Performance and Practices AND Conduct Small Test of Change (1-2 weeks) | <ul style="list-style-type: none"> <li>• Undertake tests of change on specific pilot units.               <ul style="list-style-type: none"> <li>-Review policies/protocols for catheter orders, daily review of catheter necessity, renewal orders, and discontinuation orders. Obtain consensus on criteria for continuing catheters.</li> </ul> </li> <li>• Develop a pilot order sheet and signage for the pilot: provide education to targeted staff and clinicians on goals, criteria, rationale, and parameters of the test of change.</li> <li>• Identify clinical champion or unit clerk to assist.</li> <li>• Track and enter data on catheter utilization on pilot units [Consider using attached form for concurrent data collection].</li> <li>• Collect ideas and suggestions from staff.</li> </ul> <p><b>Determine Hard and Soft Stop Strategies (see definitions below)</b></p>  |
| Phase 3: Evaluate Experience/Results of Tests of Change (2-3 weeks)                                 | <ul style="list-style-type: none"> <li>• Analyze data collected (e.g., unit champion, infection preventionist, quality) and share results with unit staff and physicians, solicit feedback (did the unit pilot facilitate more timely removal of catheters? What would make the process work better?).</li> </ul> <p><b>Suggested Evaluation Elements:</b> #/% of catheters that met criteria for discontinuation; % of catheters that met criteria and for which the catheter was discontinued on the same day or shift; # of hours between identification of removal criteria being met and catheter discontinuation; top reasons for not discontinuing medically unnecessary catheters;% of discontinued catheters requiring re-insertion.</p> <ul style="list-style-type: none"> <li>• Share CAUTI infection data.</li> <li>• Share urinary catheter utilization data (e.g., did catheter utilization decrease in response to interventions?).</li> </ul> |

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| Phase 4: Incorporate Change and/or Conduct New Tests of Change (Ongoing) | <ul style="list-style-type: none"> <li>• Develop/refine criteria, protocol or order sets to review and discontinue catheters.</li> <li>• If successful, implement and hardwire the process and spread to other units</li> <li>• Continue to reinforce process, track and trend catheter removal practices, and share the impact or “harm” associated with prolonged catheter continuation on units.</li> </ul> |
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**Hard Stops:**

- Physician order to automatically discontinue catheter on day XX: OR
- Physician order for catheter discontinuation protocol which includes a nurse to assess the need for the catheter daily and to discontinue when patient meets removal criteria. (Consider a two-nurse check and assessment if needed).

**Soft Stops:**

- Nurse assesses the need for the catheter daily and contacts the physician for order to discontinue when criteria for continuation are not met (track delays in this process).