**CAUTI Prevention Key Driver Diagram Project Leader: \_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**SMART AIM**

**KEY DRIVERS**

**INTERVENTIONS**

Reduce catheter-associated urinary tract infections (CAUTI) by 40% compared to the 2010 baseline by December 31, 2013\*

Correct indications\*\*

Committed culture of safety\*\*

Reliable catheter discontinuation\*\*

Reliable physician notification\*\*

* Avoid unnecessary urinary catheters. Prior to placement of any indwelling urinary catheter, assessing patient for accepted indications and alternatives
* Guidelines for intermittent catheterization and bladder ultrasound

Timely reviews\*\*

Zero CAUTI every month

**GLOBAL AIM**

* Review necessity of catheter continuation for all patients with urinary catheters on a daily basis
* Provide reminders to physicians to review the need for continued catheterization and to remove catheters promptly when they are no longer indicated
* Remove catheter 24-28 hours post-operative
* Promptly discontinue indwelling urinary catheters as soon as indications expire
* Nurse driven protocol for removing
* Maintain unobstructed urine flow
* Keep catheter properly secured to prevent movement and urethral traction

Safe catheter management

* Comprehensive program to reduce CAUTI
* Systems for insertion indication & prompt removal of catheters when no longer indicated
* Insertion technique audited
* Post-op catheter management audited
* Leadership reviews trend data
* Assemble indwelling catheter kits
* Insert urinary catheters using aseptic technique including hand hygiene
* Maintain a sterile, continuously closed drainage system
* Keep collection bag below the level of the bladder at all times
* Empty collection bag regularly, using a separate collecting container for each patient, and avoid allowing the draining spigot to touch the collecting container

Effective infection control processes

\* Outcome measure

\*\* Process measure

http://tc.nphhi.org/Collaborate/Hospital-Acquired-Infections/CAUTI.aspx

