CAUTI Alert
Sinai Hospital of Baltimore

Program/Project Description.
Despite evidence that Catheter-associated urinary tract infection (CAUTI) and sequelae can often be prevented, these remain among the most predominant healthcare-associated infections. The daily risk of developing CAUTI is 3-7% in the acute care setting. CAUTI comprise 40% of all hospital-acquired infections. In 2008, The Centers for Medicare and Medicaid Services (CMS) identified hospital acquired CAUTI as one of the ten Hospital Acquired Conditions (HACs) as part of the Inpatient Prospective Payment System (IPPS) payment provision. Effective October 1, 2009 the evidence based Surgical Care Improvement Project (SCIP) added a new measure for hospitals (SCI-Inf-9). Sinai hospital identified two major issues that impact SCIP-Inf-9, one the routine practice for many surgical procedures to include insertion of an indwelling Foley catheter and duration of Foley catheters.

Process.
A multidisciplinary team at Sinai Hospital sought to reduce its incidence of CAUTI with a two-pronged approach to urinary catheter placement and removal. The process design involved tracking all patients with urinary catheters using the Cerner platform technologies and to alert clinicians with daily prompts to discontinue the Foley catheter in their patients.

Solution.
The Cerner engine monitors all nursing documentation for the presence of an indwelling urinary catheter. The system generates a daily alert for the nurse to alert physicians caring for their patient to remove the Foley. The clinician has two options on the alert: 1. Discontinue the catheter, or 2. Attest that the catheter continues to be medically indicated. The system produces precise real-time reports of clinical activity monitoring which gives key personnel the ability to see the indwelling urinary catheter for all patients. The electronic system was foundational to identifying and tracking the patient population. However, the ability of the CAUTI performance improvement team to obtain support from the medical staff, promote attention to alerts, and monitor compliance was key to achieving results.

Measurable Outcomes.
The CAUTI rate for the 12 months before this solution was fully deployed was reported to be higher than our peer group by The National Surgical Quality Improvement Program (NSQIP). In the 11 months following full training and deployment CAUTI rate has dropped more than 75 percent to less than 1.02 infections per 1,000 catheter days.

Sustainability.
At Sinai Nursing education in proper insertion technique and catheter care, and physician education have led to the decline in CAUTI rate and an increase in compliance for removal of urinary catheter on post-operative day 1 or day 2. As reported by CMS on hospital compare, Sinai Hospital is in the top 10% of reporting US hospitals for this measure. This work at Sinai Hospital to apply the EMR system to the clinical care convincingly demonstrates that EMR systems can improve efficiency and quality in the acute-care setting.

Role of Collaboration and Leadership.
Sinai Hospital often exceeds state and national rates for quality care and continues to raise the bar with high marks on national patient safety goals, quality core measures and patient satisfaction. Patient safety is a strategic priority, the board and the senior executives continue to prioritize patient safety and embed it across the hospital. The chief executives participating in the CAUTI initiative will all attest that responsibility for patient safety cannot be delegated, and that they play a unique role in building and sustaining the focus on patient safety issues throughout our organization. Without this infrastructure to support the CAUTI team, improvements would not have moved beyond rudimentary changes. Systems to produce and support change are a constant at Sinai Hospital of Baltimore.

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