Implementing CAUTI Prevention Evidence-Based Practices to improve Nurses’ Knowledge Gain & Documentation Practices

Kerlene T. Richards DNP RN CCRN

**Practice Problem**
- Lack of standardized education
- High device utilization ratio (DUR)
- Inconsistencies in nursing documentation

**Background / Significance**
- The financial impact of CAUTI measures over $350 million yearly (Saint, Gaies, Fowler, Harrod, and Krein 2014).
- The CDC / NHSN recommends use of electronic surveillance to monitor & ensure accurate documentation, and proposes education related to catheter care (Lo et al., 2014).
- Accurate electronic surveillance and documentation in the EMR can contribute to saving 10,000 lives annually because of CAUTI prevention (Wald, Bandle, Richard, Min, & Capezuti, 2014).
- Providing education with technology & assessing RN knowledge is best practice to reduce device days (Oman et al., 2014).

**Clinical Question**
Would the implementation of CAUTI prevention evidence-based processes improve the registered nurses’ knowledge gain and documentation compliance significantly on two units of a community hospital in an 8-week period?

**Method**
- Pre / Post knowledge base surveys via email
- Web-based educational modules
- Electronic medical record charts to monitor documentation
- TEAMStepps strategies to monitor best practice
- Pre / Post chart evaluation tool

**Data**
- De-identified data collected using REDCap database
- Demographic tool
- Paired sample t-test
- Pre / Post knowledge – base survey
- Pre / Post chart evaluation tool

**Project Outcomes**

![Device Utilization Ratio](image)

**Conclusions**
- Use of EBP processes improved knowledge of CAUTI prevention practices.
- Nurses are empowered and advocate to remove the indwelling catheter as per EBP.
- Nurses communicate using EBP to enhance teamwork & outcomes

**References**