



Is it really Necessary? Using Clinical Decision Support to Decrease Urinary Catheter Device Days and Reduce CAUTI's

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Abstract

Although EMRs have been used for several decades in acute care hospital settings, only recently have clinical decision support (CDS) tools matured enough to contribute significantly to patient safety and quality outcomes. A 2014 study concluded that catheter-associated urinary tract infection (CAUTI) was the most common device-associated infection in the United States, with 69% considered avoidable. This frequency occurred despite a 2008 Centers for Medicare & Medicaid Services initiative to reduce the incidence of CAUTI by 25%. Grounded on evidence-based best practice, Northwell Health, an integrated healthcare delivery system in New York, developed and implemented a CAUTI electronic documentation 'bundle' in July 2016. This was designed to alert clinicians to assess the necessity of urinary catheter use and to provide reminders for proper catheter care. CAUTI rates and catheter device days were collected prior to implementation of the EMR documentation 'bundle' and compared to the rates and days post implementation. Results thus far, 6 months after implementation, indicate a significant reduction in urinary catheter device days across multiple hospitals. These findings have accelerated an enterprise program to re-educate staff on evidence-based care for patients with urinary catheters.