

**Changing Perceptions: Implementation of a Protocol to Decrease CAUTIs**  
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**Problem:**

Catheter-associated urinary tract infections (CAUTIs) are frequently caused by the prolonged use of urinary indwelling catheters and can represent a high percentage of hospital acquired infections. Patients in our community medical center had catheters placed without application of defined criteria and for an indeterminate length of time. The existing protocol needed revision to reflect current evidenced-based practice.

**Evidence:**

The Nursing Quality Council utilized the Iowa model of evidenced-based practice to guide the project. A literature review was conducted to develop a new evidenced-based protocol. The communication plan structure was developed using The Advisory Board Company's module on leading change in healthcare organizations.

**Strategy:**

We utilized unit-based data collected by the nurses and developed a communication plan addressing all stakeholders. The challenge was to change the nurses' perceptions about catheter usage. After protocol implementation, targeted, one-on-one conversations with the nurses and discussion in interdisciplinary rounds for the indication of individual catheters provided focused interventions.

**Practice Change:**

The practice change focused on the nurse's perception regarding the criteria for insertion of indwelling catheters as well as timely removal.

**Evaluation:**

Urinary catheter device days on the nursing unit as well as urinary catheter infections per 1000 patient days were collected monthly. 2 unit-based catheter studies were completed by staff nurses before and 5 months after protocol implementation.

**Results:**

Improvement began before the actual protocol implementation as the nurses' perceptions changed.

	Urinary Catheter days/1000 pt days	CAUTI Rate/1000 pt days
1 <sup>st</sup> & 2 <sup>nd</sup> Q 2007	2409	22
3 <sup>rd</sup> & 4 <sup>th</sup> Q 2007	1783 ↓ 26%	8 ↓ 64%

**Recommendations:**

Changing a nurse's perception is the key to permanent evidenced-based practice change. This can be accomplished by 1) utilizing existing structure (nursing councils); 2) data collection by staff nurses; 2) addressing stakeholders with a communication plan; 3) providing feedback via one-on-one dialogue and 5) hardwiring via focused rounds, and orientation competency.

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