

## 2.1 Attach Logic Model\*

Successful Catheter Associated Urinary Tract Infection (CAUTI) Prevention Practices				
Inputs	Activities	Outputs	Outcomes	Impact
Hospital Staff	Assess patient’s signs and symptoms for CAUTI and implement infection control practices to reduce CAUTIs.	Data showing the number of patients that developed a CAUTI.	<u>Short Term</u> Facility leadership understands if the facility is an outlier for CAUTI.  <u>Intermediate Term</u> Reduce SIR.  <u>Long Term</u> Optimal patient care and CAUTI prevention.	Decrease cost due to reduced infections and need for hospitalization.
Clinical Practice Guidelines	Guide patient care and infection control practices.	Decrease CAUTIs and SIR.		Decrease patient length of stay.
Healthcare Personnel Education	Train patient care staff on appropriate catheter use, proper techniques for catheter insertion and maintenance, and other infection control practices. Conduct daily audits.	Decrease CAUTIs and SIR.		Decrease readmissions due to CAUTI.
Appropriate indwelling urinary catheter use	Ensure providers understand appropriate urinary catheter use and removal of non-essential catheters.	Reduce the risk of infectious complications.		Decrease morbidity and mortality from CAUTI.
Surveillance	Document source of patient signs and symptoms and care provided.	Leaders at the facility understand if they are an outlier for CAUTI.		
Feedback Mechanisms				
<p>NHSN: CDC’s National Healthcare Safety Network (NHSN), the nation’s most widely used healthcare associated infection (HAI) surveillance system, is a shared resource for HAI prevention. More than 38,000 active hospitals, long-term care facilities, and other healthcare facilities provide data to NHSN, which in turn is used for national- and state-level analyses, such as the HAI Report, and for targeted prevention initiatives by healthcare facilities, state health departments, regional health organizations, quality groups, and national public health agencies, including CDC.</p> <p>Care Compare: A tool that provides the public with facility healthcare associated infections SIRs. This allows the public to make informed decisions about where to undergo healthcare.</p> <p>CMS Hospital Inpatient Quality Reporting Program (HIQR): Under the Hospital Inpatient Quality Reporting (HIQR) Program, CMS collects quality data from hospitals paid under the Inpatient Prospective Payment System, with the goal of driving quality improvement through measurement and transparency by publicly displaying data to help consumers make more informed decisions about their health care. It is also intended to encourage hospitals and clinicians to improve the quality and cost of inpatient care provided to all patients.</p>				
Assumptions				
Facilities will implement clinical practice guidelines to reduce CAUTIs in their patients.				
External Factors				
Changes to government policies and regulations.				

An array of prevention efforts has been identified to reduce the incidence of CAUTI. These interventions include (i) Appropriate catheter use, to reduce the number of unnecessary indwelling catheters inserted and, removing indwelling catheters at their earliest, clinically-appropriate time; (ii) Using best practices for aseptic catheter insertion techniques; (iii) Using best practices for catheter maintenance by keeping urinary collection bags below the level of the bladder and securing the catheter to the leg to avoid bladder or urethral trauma; (iv) Establishing quality improvement programs to achieve appropriate placement, care, and removal of catheters; (v) Providing required administrative infrastructure; and (vi) Implementing surveillance strategies.

Reference: Gould, C., Umscheid, C., Agarwal, R., Kuntz, G., & Pegues, D. (2010). Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2009. *Infection Control & Hospital Epidemiology*, 31(4), 319-326. doi:10.1086/651091.

<https://www.cdc.gov/infectioncontrol/guidelines/cauti/index.html>