

Sustaining Success One Year After: A CAUTI Reduction Project

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Introduction: In 2024, we collaborated with Neurosurgery and Perioperative Nursing Departments to reduce indwelling time of Indwelling Urinary Catheters (IUC) before transferring to the Neuro-Spine Surgical inpatient unit. Additionally, we worked to increase the volume of OR patients arriving to the PACU with removed IUCs. Now, a year later, we are evaluating the sustainability of our interventions.

Identification of the Problem: Through direct observation, PACU nurses weren't removing IUCs in a timely manner, per provider order, throughout 2025.

QI Question/Purpose of the Study: To minimize IUC indwelling time in the PACU and remove IUCs in the OR, ultimately leading to a reduction in IUC days.

Methods:

- Conduct pre- and post-intervention chart review to evaluate PACU and OR nursing practice related to discontinuation of IUCs in the neuro-spinal patient population.
- Review the hospital's CAUTI dashboard to identify IUC days.

Outcomes/Results:

- Pre-intervention (March 2024) chart review showed the average PACU IUC indwelling time was 265 minutes for (N=31) patients.
- Post-intervention (July – September 2024) chart review showed the average PACU IUC time was 145 minutes for (N=33) patients.
- A year later (October 2024 - September 2025), the chart review showed the average PACU IUC time was 89 minutes for (N=58) patients.
- From August 2023 to June 2024, the Neuro-Spine Surgical inpatient unit's average IUC days were 29 compared to 16 IUC days from July 2024 to September 2025.

Discussion: The number of IUCs removed in the OR increased significantly from 0% in March 2024 to 84.3% currently. This demonstrates a notable change in nursing practice. Multi-disciplinary collaboration between OR, PACU, and the Neurosurgery team was key to success. The reduction of the Neuro-Spine Surgical inpatient unit's IUC days can be correlated with successful change in practice. This is consistent with the CDC's stance that IUC days are directly related to CAUTI risk.

Conclusion: OR practice change was successful in reducing the volume of IUCs in the PACU. IUC indwelling time in the PACU didn't show a consistent reduction. Continued PACU staff education is imperative.

Implications for perianesthesia nurses and future research: Perianesthesia nurses can help reduce CAUTI, hospital costs, and improve patient outcomes. This multi-disciplinary

approach can be replicated with other surgical specialties and populations to improve CAUTI risk across the board.