

**Collecting and comparing data both before and after an intervention provides an objective way to evaluate if your interventions are successful in reducing unnecessary catheter days and catheter-associated urinary tract infection (CAUTI). Ongoing assessments allow you to assess if the intervention is sustained.**

1. The what and when of data collection

- What to collect:
  - The presence of a Foley
  - The explanation for its original insertion or continued use
  - Number of symptomatic CAUTI
- When to collect it
  - At baseline: daily for 2 weeks (phase 1)
  - During implementation: daily for two weeks (phase two)
  - After implementation: one day a week for 5 weeks (phase 3)
  - During sustainability: daily for one week each quarter (phase 4)

2. Calculations you should make from the data you collect:

- Process measure:
  - Catheter utilization rate:  $\text{Total \# catheter-days} / \text{Total \# patient-days} \times 100$
- Outcome measure:
  - [NHSN measure](#): # of symptomatic CAUTI/1,000 urinary catheter days as measured in NHSN.
  - Population-based measure:  $\text{Total \# of symptomatic CAUTI} / 10,000 \text{ patient days}$
- Additional measures to consider:
  - Unnecessary Urinary Catheter %:  $\text{\# of unnecessary catheter-days} / \text{Total \# catheter-days} \times 100$
- For more information on these calculations [click here](#).

3. It is important to apply a consistent approach to data collection at all stages of your prevention program so that you can compare across time periods and units.

- For an example of a data collection tool click [here](#).
  - Modify this tool or use a different option altogether.

4. Ensure that you have someone on the team who is responsible for collecting data

- This is typically an infection preventionist or a member of the quality improvement department.
- Responsibilities of this team member include
  - Collecting and collating information – specifically, the presence of a Foley, the explanation for its original insertion or continued use, and any indication of a healthcare-associated urinary tract infection.

- Feeding it back to the floor unit involved and to the hospital office responsible for sending the results to the CDC.

5. Further reading suggestions

- Choudhuri JA, Pergamit RF, Chan JD, et al. [An electronic catheter-associated urinary tract infection surveillance tool](#). *Infect Control Hosp Epidemiol*. 2011;32(8):757-62.
- Fakhri MG, Greene MT, Kennedy EH, et al. [Introducing a population-based outcome measure to evaluate the effect of interventions to reduce catheter-associated urinary tract infection](#). *Am J Infect Control*. 2012;40(4):359-64.
- Trick WE, Samore M. [Denominators for device infections: who and how to count](#). *Infect Control Hosp Epidemiol*. 2011;32(7):641-3.
- Wright MO, Kharasch M, Beaumont JL, Peterson LR, Robicsek A. [Reporting catheter-associated urinary tract infections: denominator matters](#). *Infect Control Hosp Epidemiol*. 2011;32(7):635-40.

6. For an example data collection process currently used by several hospitals [click here](#).