**Catheter Urinary Tract Infections (CAUTI): Evaluation Plan**

**Evaluation Plan**

PICOT: In hospitalized patients with indwelling catheters (P) will 24hr removal of the catheter (I) compared (C) to long-term catheter use (O) decrease CAUTI rates (T) over a six-month period?

**Integrated Evidence**

The gathered evidence supported the idea that 24hr removal of indwelling catheters in hospitalized patients compared to their long-term use decreases CAUTI rates over a six-month period (Parker, Giles, Graham, Suthers, Watts, O’Brien, & Searles, 2017). Other authors have also arrived at the same conclusion. Harrod, Kowalski, Saint, Forman, and Krein (2013), revealed that the prevention of the unnecessary use of indwelling catheters reduced UTI rates while Menschner (2014) the infection rates of CAUTI reduced when nurses reduced the use of catheter tubes.

**Stakeholders**

The key stakeholders that will be involved in the evaluation process include the ICU manager, the head nurse of the trained nurses in the ICU department, the patients, and the financial officer of the ICU department.

**Application of the theory**

The health belief model will be used to explain the outcomes of the process. It is a psychological health behavior model that explains and predicts health behaviors of a patients due to the uptake of health services (Carpenter, 2010). It suggests that people engage in health-promoting behavior depending on their beliefs about health problems, perceived benefits of the behavior, barriers to participating and their efficacy.

**Description of the intervention**

There will be no interventions that will be involved in this study because it does not involve any treatments. It only involves the evaluation of the reduced use of indwelling catheters in hospitalized patients. However, the privacy and anonymity of the participants will be reassured with a descriptive foreword to the study. This will increase the chances of getting honest and accurate responses from the participants.

**Research Methodology and Design**

A quantitative research methodology will be used in the evaluation plan. It is suitable, in this case, because it will foster the production of unbiased results. It entails the use of numerical data which is then used to measure the variables of the study. The research design used will be based on the quantitative research methodology in order to enhance the ability to recognize phenomenon and variables within a population.

**Instruments**

In the evaluation plan, instruments will be used during data collection. Closed-ended questionnaires will be provided to the ICU manager and the nurse leader. The questionnaire will include questions that address issues such as whether the participants experienced some changes at the end of the exercise, the impacts of the process to the patients, and if the plan was implemented as required.

**Data Collection Procedures**

Data will be collected through interviews, surveys, and questionnaires. It will be done by the ICU manager and the nurse leader of the trained nurses of the ICU department. The process will determine whether the activities were implemented as planned, whether it reached the intended patients, whether it provided the intended services, whether the participants experienced changes in knowledge and attitude, whether there was a reduction in UTI rates, the level of satisfaction among patients, and the impacts of the plan in the ICU department.

**Data Analysis Plans**

The last step of the evaluation process involves the analysis of the collected data. It will be done by the ICU manager and the leader of the trained nurses in the ICU department. The analysis will be done using the quantitative method.

**References**

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Menschner, E. (2014). *Decrease Catheter Associated Urinary Tract Infections with Leader*  *Rounding Using a Checklist*. Drexel University.

Parker, V., Giles, M., Graham, L., Suthers, B., Watts, W., O’Brien, T., & Searles, A. (2017). Avoiding inappropriate urinary catheter use and catheter-associated urinary tract infection (CAUTI): a pre-post control intervention study. *Health Services Research,*  *17*(314), 1-10.