

Catheter-associated urinary tract infection (CAUTI): Status Calendar Year 2014

Indwelling catheter present at least two days + positive urine culture + symptoms = CAUTI

Overall:

- 86 observed CAUTI are ~40% above expected, based on unit-specific NHSN pooled means and foley-days.

Inpatient Level:

- CAUTI RATE: 10 of 24 units (42%) performed at or below 2012 NHSN pooled mean for comparable units.
- DEVICE UTILIZATION: 22 of 24 units (92%) utilized foleys at or below expected rate.

Service Level:

- CAUTI RATE: 46 of 65 combined services (71%) performed at or below the overall annual UWHC rate.

Historical CAUTI Synopsis				
Year	2011	2012	2013	2014
# CAUTI	154	112	99	86
Foley-days	37,108	32,369	31,811	27,665
Rate per 1,000 foley-days	4.2	3.5	3.1	3.1

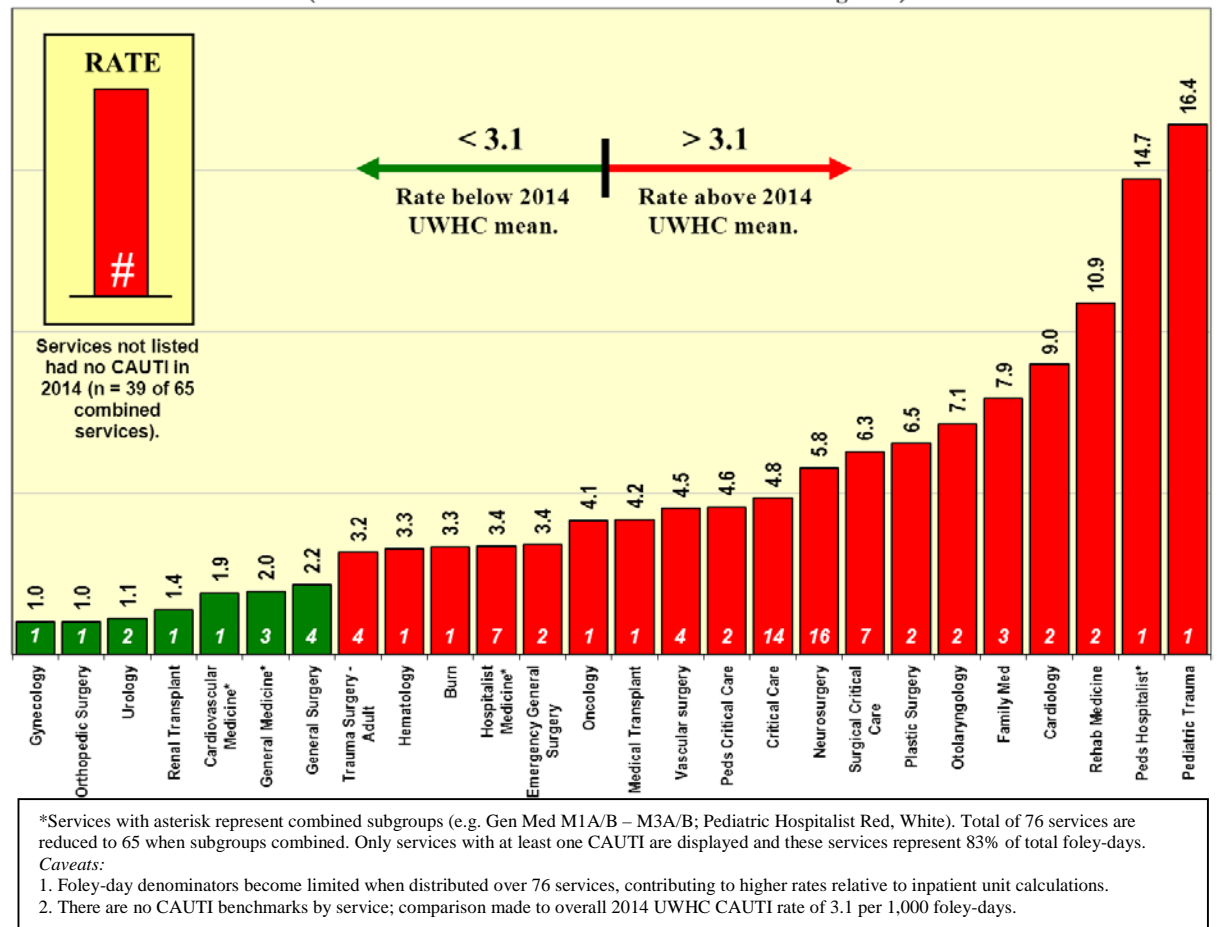
Performance Against National Healthcare Safety Network (NHSN) 2012 Comparators

UWHC; Calendar Year 2014

	# CAUTI	CAUTI Obs/Exp	Device Utilization Obs/Exp
TLC	21	1.6	1.0
F8/4	16	1.1	0.8
F4/4	8	2.9	0.9
F4M5	7	3.8	0.9
D6/5	6	2.4	0.6
F6/6	5	1.1	1.5
D4/6	3	2.9	0.7
F4/6	3	1.1	0.8
PICU	3	1.3	0.8
D4/4	2	2.2	0.6
B6/6	2	1.0	0.6
D4/5	2	3.6	0.7
D6/4	2	1.2	0.4
B4/4	2	4.2	0.3
Burn	1	0.4	0.3
F6/4	1		
B6/4	1	0.9	0.5
P5	1	2.1	0.7
F4/5	0	0.0	0.4
B4/5	0	0.0	1.1
F6/5	0	0.0	0.5
P4	0	0.0	0.4
NICU	0		
P8	0	0.0	0.6
B6/5	0	0.0	0.1
B4/6	0	0.0	0.7
Total	86	1.4	

2014 CAUTI by SERVICE: RATE per 1,000 foley-days.

(Number of CAUTI in 2014 shown at base of histogram.)



Confidential data presented for internal use.

Data are not to be released or published without permission of the Hospital Epidemiologist, Nasia Saffdar, M.D.

Marx/surveillance/2014/Data Sharing/SHAIR/MD synopsis cy 2014

Device-related infection	Impact of the device	Infection prevention elements
<p align="center">CAUTI</p> <p align="center">Catheter-associated urinary tract infection</p> <p><i>Urinary tract infections are among the most common HAIs and usually occur with an indwelling urinary catheter. UTI are the leading cause of secondary bloodstream infections in hospitalized patients, with mortality approaching 10%.</i></p>	<p>Foley disrupts normal flushing action of urine.</p> <p>Biofilms which harbor pathogens can develop on the catheter.</p> <p align="center">There is ~5% risk of bacteriuria each day that the indwelling foley remains in place.</p>	<ul style="list-style-type: none"> ● Clean insertion site with antiseptic prior to insertion to reduce bacterial load at insertion site. ● Maintain asepsis during insertion. ● Hand hygiene and asepsis are essential to avoid introducing pathogens onto catheter or the insertion site. <hr/> <ul style="list-style-type: none"> ● Maintain closed system to prevent introduction of microbes. ● Bag must ALWAYS remain below the level of the bladder and unimpeded urine flow must be maintained. ● Use a securement device to prevent movement of catheter. <hr/> <ul style="list-style-type: none"> ● Insert foley only when warranted (e.g., perioperative use, urine output monitoring in critically ill patients, acute urinary retention/obstruction, to aid in pressure ulcer healing in incontinent patients). ● Consider alternatives to indwelling catheter such as a condom catheter, intermittent straight catheterization, bedpan, bedside commode or absorbent pads which can be weighed to measure urine output. ● Discontinue the foley as soon medically possible.
<p>Remove device as soon as medically feasible: Infection risk remains elevated each day that the device remains in place.</p>		

UWHC Indications When Ordering an Indwelling Urinary Catheter:

1. Acute Urinary Retention or Obstruction.
2. Monitoring of Urine Output.
3. Patient Unable to Collect Urine.
4. Postoperative Requirements of Special Populations.
5. Urinary Incontinence with Open Sacral Wounds.
6. Significant Hematuria.
7. End of Life Care.
8. Other (Comment Required)

For more information and resources, see the CDCs CAUTI prevention site: cdc.gov/HAI/ca_uti/uti.html