Policy No. IPC-13

Subject: **Catheter Associated Urinary Tract Infection (CAUTI) Prevention Policy**	Original Issue Date: 01/2012 Supersedes: 1/2012, 4/2016	**Effective Date:** June 2022

Departments Consulted:	**Reviewed & Approved By:**	**Approved By:**
Critical Care Nursing Services DHS Hospital Infection Prevention Best Practice Team	Paul Holtom MD, Hospital Epidemiologist Noah Wald-Dickler MD, Associate Hospital Epidemiologist Chair and Vice-Chair, Infection Control Committee	Brad Spellberg, MD Chief Medical Officer

PURPOSE

To assist healthcare workers in implementing evidence-based strategies to minimize the risk of catheter associated urinary tract infections (CAUTI) in hospital inpatient setting.

POLICY

Various laws and regulations require implementation of an organized process to monitor and minimize risk of hospital-acquired infections, including CAUTIs, using evidence-based best practices. LAC+USC Medical Center has adopted and a set of practices, which are consistent with actions recommended in the “Institute for Healthcare Improvement (IHI) CAUTI Bundle”. The CAUTI Prevention Bundle is a group of evidence-based interventions for patients with indwelling urinary catheters that, when implemented together, result in better outcomes than when implemented individually.

PROCESS

Key components of the CAUTI Prevention Bundle include:

1. **Hand Hygiene**
   The most important and effective way to prevent the spread of infection is through hand hygiene. Perform hand hygiene immediately before and after insertion and in accordance with the hospital Hand Hygiene Policy.

2. **Aseptic Technique**
   Insert urinary catheter using aseptic technique and sterile equipment.

3. **Assess Optimal Catheter Site Selection**
   Use the smallest urinary catheter possible consistent with good drainage. Use and maintain a closed drainage system by utilizing the pre-connected sealed Foley system for adult patients.

4. **Document indication for urinary catheter insertion in the medical record such as:**
   - Selected urologic or other surgical procedures
   - Need for accurate urine output measurement (e.g. critical illness)
   - Acute urinary retention or bladder outlet obstruction
   - To assist in healing of open sacral or perineal wounds
   - Requirement for prolonged immobilization
   - To improve comfort for end of life care

5. **Additional Urinary Catheter Insertion & Removal Documentation**
   Document date and time of catheter insertion, individual who inserted the catheter, and date and time of removal in the patient record.

6. **Document Urinary Catheter Necessity & Promptly Remove when Unnecessary**
   Leave indwelling urinary catheters in place only as long as medically necessary. For surgical patients, remove Foley catheters within 48-hours post-operatively in accordance with Surgical Care Improvement Program recommendations. Alternatives to indwelling bladder catheters are encouraged and, as per the LAC+USC Indwelling Bladder Catheter Nursing Clinical Standard, include options such as external condom catheters for males, external female catheters (e.g. PureWick), intermittent straight catheterization, absorbent under pads and devices such as urinals, bedpans, and bedside commodes.

7. **Urinary Catheter Management Strategies**
   a. Secure the urinary catheter. Use the Stat Lock Foley Stabilization Device if provided.
   b. Maintain a closed drainage system by utilizing pre-connected, sealed catheter tubing.
   c. Maintain unobstructed urine flow and keep the catheter & connection tube free from kinking.
   d. Keep the urine collection bag below the level of the bladder or hips at all times.
   e. Empty collection bags regularly using a separate, clean, collection container for each patient

8. **Providing training and education to ensure compliance with CAUTI prevention procedures**

SURVEILLANCE METHODOLOGY

Data for CAUTI rates and incidence, including corresponding urinary catheter denominator data, are collected by the Department of Infection Control & Prevention (IPC) using prospective surveillance of all hospitalized patients who have indwelling urinary catheters. Infection Preventionists in the IPC Department actively monitor CAUTIs and other hospital-acquired infections during patients' hospitalization and after discharge by screening a variety of data sources including microbiology reports, line and catheter count reports, and clinical documentation in the electronic medical record. Each confirmed CAUTI case is reviewed with the Patient Safety Officer and the Unit Director where the CAUTI occurred.

REPORTING

All identified CAUTI cases are reported to the state via the US Centers for Disease Control's (CDC) National Healthcare Safety Network (NHSN). NHSN is a voluntary, secure, internet-based surveillance system integrating patient and healthcare personnel safety surveillance systems managed by the CDC's Division of Healthcare Quality Promotion (DHQP).

As with other hospital-acquired infections, CAUTIs are identified and reported using NHSN definitions.

All identified CLABSI cases are also compiled and reported on a monthly basis to the Infection Control Committee, an organized committee of the Attending Staff Association. Trends, including any unit-based patterns, are analyzed and targeted for specific intervention.

REFERENCES

1. Senate Bill 739, California State Legislation Infection Prevention and Reporting
2. The Joint Commission Standard, NPSG.07.05.01
3. Association for Professional in Infection Control and Epidemiology (APIC), Guide to the Elimination of Catheter-Associated Urinary Tract Infections
4. Centers for Disease Control and Prevention / NHSN Guidelines
5. DHS Hospital Infection Prevention Best Practice Team