The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

National Patient Safety Goal for Catheter-Associated Urinary Tract Infections (CAUTIs)

**APPLICABLE TO CRITICAL ACCESS HOSPITALS**

**Effective January 1, 2017**

**National Patient Safety Goals (NPSG)**

NPSG.07.06.01
Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).

**Note:** This NPSG is not applicable to pediatric populations. Research resulting in evidence-based practices was conducted with adults, and there is no consensus that these practices apply to children.

**Note:** Evidence-based guidelines for CAUTI are located at:
- Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals, 2014 at http://journals.cambridge.org/action/displayAbstract?fromPage=online&aid=9369668&fileId=S

**Element of Performance for NPSG.07.06.01**

C 1. Insert indwelling urinary catheters according to established evidence-based guidelines that address the following:
- Limiting use and duration to situations necessary for patient care
- Using aseptic techniques for site preparation, equipment, and supplies

Educate staff and licensed independent practitioners involved in the use of indwelling urinary catheters about CAUTI and the importance of infection prevention. Education occurs upon hire or granting of initial privileges, and when involvement in indwelling catheter care is added to an individual’s job responsibilities. Ongoing education and competence assessment occur at intervals established by the organization. (See also HR.01.05.03, EPs 1, 4, and 5; HR.01.06.01, EPs 1-15; MS.08.01.01, EPs 1-9)

C 2. Manage indwelling urinary catheters according to established evidence-based guidelines that address the following:
- Securing catheters for unobstructed urine flow and drainage
- Maintaining the sterility of the urine collection system
- Replacing the urine collection system when required
- Collecting urine samples

Educate patients who will have an indwelling catheter, and their families as needed, on CAUTI prevention and the symptoms of a urinary tract infection. (See FAQs about “Catheter-associated Urinary Tract infection” at http://www.shea-online.org/Assets/files/patient%20guides/NNL_CA-

**Key:** A indicates scoring category A; C indicates scoring category C; © indicates that documentation is required; M indicates Measure of Success is needed; ▲ indicates an Immediate Threat to Health or Safety; ▲ indicates situational decision rules apply; ▲ indicates direct impact requirements apply; ▲ indicates an identified risk area
A 3. Develop written criteria, using established evidence-based guidelines, for placement of an indwelling urinary catheter. Written criteria are revised as scientific evidence changes.  

**Note:** Examples of criteria for placement of an indwelling urinary catheter include the following:

- **Critically ill patients who need accurate urinary output measurements**
- **Patients with acute urinary retention or bladder outlet obstruction**
- **Patients who require prolonged immobilization (for example, a potentially unstable thoracic or lumbar spine or multiple traumatic injuries such as pelvic fractures)**
- **Incontinent patients with an open sacral or perineal wounds**
- **Perioperative use for selected surgical procedures, such as patients undergoing urologic surgery or other surgery on contiguous structures of the genitourinary tract; patients who will have a prolonged duration of surgery (catheters inserted for this reason should be removed in a post-anesthesia care unit); patients anticipated to receive large-volume infusions or diuretics during surgery; patients needing intraoperative monitoring of urinary output**
- **End-of-life care**
- **Neurogenic bladder**

C 4. Follow written procedures based on established evidence-based guidelines for inserting and maintaining an indwelling urinary catheter. The procedures address the following:

- Limiting use and duration:
- Performing hand hygiene prior to catheter insertion or maintenance care
- Using aseptic techniques for site preparation, equipment, and supplies
- Securing catheters for unobstructed urine flow and drainage
- Maintaining the sterility of the urine collection system
- Replacing the urine collection system when required
- Collecting urine samples

**Note:** There are medical conditions that require a prolonged use of an indwelling urinary catheter in order to avoid adverse events and promote patient safety. Examples can include, but are not limited to, patients with a spinal cord injury, multiple sclerosis, Parkinson’s disease, and spina bifida. (See also PC.02.01.01, EP 1)

A 3.5. Measure and monitor catheter-associated urinary tract infection prevention processes and outcomes in high-volume areas by doing the following:

- Selecting measures using evidence-based guidelines or best practices
- Having a consistent method for medical record documentation of indwelling urinary catheter use, insertion, and maintenance (See also RC.01.01.01, EP 7)
- Monitoring compliance with evidence-based guidelines or best practices
- Evaluating the effectiveness of prevention efforts

**Note:** Surveillance may be targeted to areas with a high volume of patients using in-dwelling catheters. High-volume areas are identified through the hospital’s risk assessment as required in IC.01.03.01, EP 2.