

Requirements for the Catheter-Associated Urinary Tract Infections (CAUTI) National Patient Safety Goal for Hospitals

Standard NPSG.07.06.01

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

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=10312260&fulltextType=RA&fileId=S0899823X00193845>
- APIC Implementation Guide: Guide to Preventing Catheter-Associated Urinary Tract Infections, 2014 at http://apic.org/Resource_/EliminationGuideForm/0ff6ae59-0a3a-4640-97b5-eee38b8bed5b/File/CAUTI_06.pdf
- Guideline for Prevention of Catheter-associated Urinary Tract Infections, 2009 at http://www.cdc.gov/hicpac/cauti/001_cauti.html

Element(s) of Performance for NPSG.07.06.01

1. 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; MS.12.01.01, EPs 1-5)
2. Educate patients who will have an indwelling catheter, and their families as needed, on CAUTI prevention and the symptoms of a urinary tract infection.
Note: See FAQs about "Catheter-associated Urinary Tract infection" at http://www.shea-online.org/images/patients/NNL_CA-UTI.pdf
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

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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)

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.