



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY MEDICAL COMMAND
2748 WORTH ROAD
JBSA FORT SAM HOUSTON, TEXAS 78234-6031

OTSG/MEDCOM Policy Memo 14-085
23 OCT 2014

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Expires 23 October 2016

MEMORANDUM FOR Commanders, MEDCOM Regional Medical Commands

SUBJECT: Prevention of Catheter Associated Urinary Tract Infections (CAUTI)

1. References:

- a. Institute for Healthcare Improvement (IHI) website: <http://www.ihl.org>.
- b. Institute for Healthcare Improvement, 5 Million Lives Campaign, Getting Started Kit Prevent Catheter-Associated Urinary Tract Infections How to Guide 2011.
- c. APIC Guide (2008), Guide to the elimination of catheter-associated urinary tract infections (CAUTI) – developing and applying facility-based prevention interventions in acute and long-term care settings.
- d. CDC, National Healthcare Safety Network (NHSN) Overview of the Patient Safety Component Device Associated Module, <http://www.cdc.gov/nhsn/>.
- e. Gould, C.V., Umscheid, C.A. and Agarwal, R.K. et al. (2009), Guideline For Prevention of Catheter-Associated Urinary Tract Infections 2009, *Healthcare Infection Control Practices Advisory Committee (HICPAC)*, 1.67.
- f. Catheter Associated Urinary Tract Infection (CAUTI) Event: Device Associated Module CAUTI, website: http://www.cdc.gov/HAI/ca_uti.
- g. The MHS Partnership for Patients Campaign, Implementation Guide for Catheter-Associated Urinary Tract Infection, 10 September 2012.
- h. The Joint Commission Hospital Accreditation Standards. Current Edition. NPSG.07.06.01 and IC.01.03.01, EP2.

2. Purpose: To provide standardized definitions, standardized guidelines for insertion and maintenance of urinary catheters, and standardized processes for data collection and reporting of CAUTIs. This policy incorporates strategies from the 2008 SHEA Compendium entitled Strategies to Prevent CAUTI in Acute Care Hospitals based on review of the evidence by national clinical experts in infection control and prevention. In

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addition, this policy requires compliance as a minimum with the evidence-based interventions as described in this policy. This aligns with the Department of Health and Human Services "Partnership for Patients" initiative.

3. Proponent: Clinical Performance Assurance Directorate, Patient Safety.

4. Background:

a. CAUTIs are symptomatic urinary tract infections (UTI) in patients who have an indwelling urinary catheter in place at the time of or within 48 hours prior to infection onset. The National Healthcare Surveillance Network (NHSN) defines an indwelling catheter as a drainage tube (e.g., foley catheter) that is inserted into the urinary bladder through the urethra and left in place. It does not include suprapubic catheters or straight in-and-out catheters.

b. UTIs are the most common type of healthcare-associated infection (HAI), accounting for approximately 40% of all HAIs annually. Fully 80% of hospital-acquired UTIs are attributable to indwelling urethral catheters. Over 900,000 patients develop a CAUTI in US hospitals each year. Adverse consequences include:

- (1) Increased morbidity and mortality.
- (2) Secondary bloodstream infections.
- (3) A reservoir of drug-resistant microorganisms.
- (4) Increased healthcare costs and length of stay.

Attributable mortality is estimated to be more than 13,000 deaths annually. An episode of CAUTI is estimated to prolong a hospital stay by 0.5-1 day(s) and add an estimated \$500-\$700 per case.

c. The Joint Commission recognizes the importance of CAUTI prevention and requires compliance with evidence-based practices as stated in National Patient Safety Goal 07.06.01. Elements of performance are:

- (1) Insert indwelling urinary catheters according to established evidence-based guidelines by:
 - (a) Limiting use and duration to situations necessary for patient care.
 - (b) Using aseptic techniques for site preparation, equipment, and supplies.

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(2) Manage indwelling urinary catheters according to established evidence-based guidelines that address the following:

- (a) Securing catheters for unobstructed urine flow and drainage.**
- (b) Maintaining the sterility of the urine collection system.**
- (c) Replacing the urine collection system when required.**
- (d) Collecting urine samples.**

(3) Measure and monitor CAUTI prevention processes and outcomes in high-volume areas by doing the following:

- (a) Selecting measures using evidence-based guidelines or best practices.**
- (b) Monitoring compliance with evidence-based guidelines or best practices.**
- (c) Evaluating the effectiveness of prevention efforts.**

d. This policy and its reporting requirements will enable standardization of the definition of CAUTI and centralized reporting of data where required.

5. Policy: This policy describes the minimum requirements that Military Treatment Facilities (MTFs) must follow for insertion and maintenance of urethral catheters in adult patients. Pediatric and neonatal populations have unique requirements. Therefore, parts of these recommendations may not be applicable.

6. Responsibilities:

a. The MTF Commanders will ensure implementation of the indwelling catheter components in their facilities.

b. The implementation of the CAUTI components, development of workflow products, and tracking should be kept close to the patient care level. Every individual should be empowered to enforce adherence to the CAUTI components as part of its TeamsSTEPPS initiatives.

c. The MTF Infection Preventionists (IP) will collect and report CAUTI outcome data to the NHSN monthly as described above.

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7. Procedures:

a. Catheter insertion and maintenance:

- (1) Insert catheter using aseptic technique and sterile equipment.**
- (2) Educate patients, and their Families as needed, about CAUTI prevention before or as soon as possible after catheter insertion.**
- (3) Use Standard Precautions during any manipulation of the catheter or collecting system.**
- (4) Properly anchor the catheter after insertion to prevent movement and urethral traction.**
- (5) Maintain a sterile, continuously closed drainage system.**
 - (a) Do not disconnect the catheter and drainage tube unless the catheter must be irrigated. An irrigation port is not an integral part of the catheter.**
 - (b) If accidental disconnection or leakage should occur, disinfect the catheter-tubing junction and use aseptic technique to replace the collecting system.**
 - (c) To obtain a urine specimen, cleanse the port with disinfectant and collect the sample by aspirating urine from the sampling port.**
- (6) Keep the collecting bag below the level of the bladder at all times to maintain unobstructed urine flow.**
- (7) Empty the collecting bag regularly using a container specific to each patient, and avoid allowing the draining spigot to touch the collecting container.**
- (8) Review for the necessity of a urinary catheter. Document daily in the physician's Progress Notes. Document in the nursing notes if the facility has adopted a nurse-driven protocol for urinary catheter removal.**
- (9) Promptly remove catheters that are no longer needed.**

b. Data Collection and Reporting:

- (1) Calculation of the CAUTI rate will be determined by the application of the CDC's NHSN formula for CAUTIs by device days. The numerator is the total number of**

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CAUTI and the denominator is the number of catheter days. Divide and then multiply by 1000.

(2) The Standardized Infection Ratio will be used to compare with the NHSN as described in the NHSN guidelines.

(3) All facilities that meet NHSN requirements will report CAUTI outcome data into NHSN. Currently only ICUs are being monitored at the DoD level. In the near future the maintenance practices will be in the electronic medical record (EMR) for passive reporting. MTFs will use the NHSN surveillance definitions for CAUTI as described in reporting requirements for NHSN (<http://www.cdc.gov/nhsn/acute-care-hospital/CAUTI/index.html>).

(a) Large facilities (those that have at least 30 catheter days per month) will report CAUTI outcome data through NHSN.

(b) Facilities must track compliance with the catheter maintenance components, but this information will not be systematically reported.

(c) The data collected will reflect the components associated with insertion of catheters and routine checks.

(d) Local policy will determine the process for component compliance data collection.

(e) The CAUTI component compliance information will be coordinated through the MTF's IP.

FOR THE COMMANDER:


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Chief of Staff