

**Preventing Catheter-Associated Urinary Tract Infection (CAUTI): Making It Happen**  
**Prof. Sanjay Saint, University of Michigan School of Medicine**  
**A Webber Training Teleclass**

**Preventing Catheter-Associated Urinary Tract Infection (CAUTI): Making It Happen**

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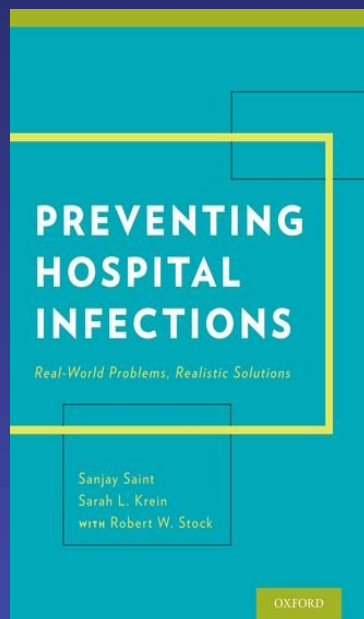


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March 5, 2015



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**Consistently Using Evidence-Based  
Practices Remains a Challenge...**

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**Hand Hygiene Compliance in  
Healthcare Workers**

(Erasmus et al. Infect Control Hosp Epidemiol March 2010)

- Systematic review of 96 studies
- Overall median compliance of 40%
- Lower rates in physicians (32%) than nurses (48%)
- Lower rates “before” (21%) patient contact rather than “after” (47%)

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Given this Gap Between What *Should* Be Done and What *Is* Done...

- Focus on “implementation science”
- “The scientific study of methods to promote the systematic uptake of research findings into routine practice”

(Eccles & Mittman. Implementation Science. Feb 2006)

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**Healthcare-Associated Infections:  
Common, Costly, & Harmful**

**~1 million**

Americans develop a healthcare-associated infection each year

- ~50% of infections could be prevented
- Preventive practices used inconsistently

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## Catheter-Associated Urinary Tract Infection (CAUTI)

- One of the most common infections
- 1/4 of inpatients receive catheters
- 1/3 of catheter days unnecessary
- 1/3 of physicians unaware their patient has a catheter
- 1/3 of the time no order for a catheter



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**Why are some facilities  
better than others?**

**What can we learn  
from successful facilities?**

**How can we implement change  
broadly to improve care?**

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## *Preventing Infection*



*Technical*



*Socio-  
adaptive*

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## Catheter-Associated Urinary Tract Infection (CAUTI)

- UTI is a common cause of hospital-acquired infection
- Most due to urinary catheters
- Up to 20% of inpatients are catheterized
- Leads to increased morbidity and healthcare costs

[www.catheterout.org](http://www.catheterout.org)



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**Annals of Internal Medicine**  
ESTABLISHED IN 1927 BY THE AMERICAN COLLEGE OF PHYSICIANS

**SEPTEMBER 17, 2013**

**Determining the Noninfectious Complications of Indwelling Urethral Catheters**

A Systematic Review and Meta-analysis

John M. Hollingsworth, MD, MS; Mary A.M. Rogers, PhD; Sarah L. Krein, PhD, RN; Andrew Hickner, MSI; Latoya Kuhn, MPH; Alex Cheng, MD; Robert Chang, MD; and Sanjay Saint, MD, MPH

**“Many noninfectious catheter-associated complications are at least as common as clinically significant urinary tract infections.”**

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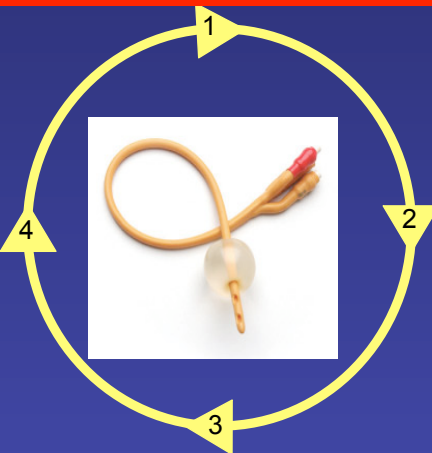
**Disrupting the Lifecycle of the Urinary Catheter**

1. Preventing Unnecessary and Improper Placement

2. Maintaining Awareness & Proper Care of Catheters

3. Prompting Catheter Removal

4. Preventing Catheter Replacement



(Meddings. Clin Infect Dis 2011)

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## The Most Common Venue for Foley Placement?

# Emergency Department



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## 2009 Prevention of CAUTI HICPAC Guidelines

(Gould et al, Infect Control Hosp Epidemiol 2010; 31: 319-326)

**Table 2.**

**A. Examples of Appropriate Indications for Indwelling Urethral Catheter Use<sup>14</sup>**

|   |
|---|
| Patient has acute urinary retention or bladder outlet obstruction   |
| Need for accurate measurements of urinary output in critically ill patients   |
| Perioperative use for selected surgical procedures: <ul style="list-style-type: none"> <li>• Patients undergoing urologic surgery or other surgery on contiguous structures of the genitourinary tract</li> <li>• Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in PACU)</li> <li>• Patients anticipated to receive large-volume infusions or diuretics during surgery</li> <li>• Need for intraoperative monitoring of urinary output</li> </ul> |
| To assist in healing of open sacral or perineal wounds in incontinent patients  |
| Patient requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures)   |
| To improve comfort for end of life care if needed   |

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## Alternatives to Consider

- 1) Accurate daily weights
- 2) Urinal/commode/bedpan
- 3) Condom catheters
- 4) Intermittent catheterization with bladder scanning

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## Avoiding Indwelling Catheter Insertion in the ED

2 studies have intervened in the ED to reduce insertion:

- 1) Gokula et al. ER staff education and use of a urinary catheter indication sheet improves appropriate use of Foley catheters. *Am J Infect Control*. 2007:
  - 75% fewer indwelling catheters inserted after the intervention
- 2) Fakhri et al. Effect of establishing guidelines on appropriate urinary catheter placement. *Acad Emerg Med*. 2010:
  - Physicians ordered 40% fewer insertions after the intervention

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But if the patient really,  
really needs a Foley...

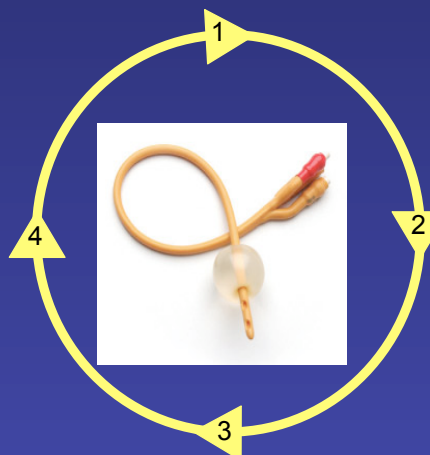
Ensure proper aseptic technique  
is used during insertion

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## Disrupting the Lifecycle of the Urinary Catheter

1. Preventing Unnecessary and Improper Placement

4. Preventing  
Catheter  
Replacement



2. Maintaining  
Awareness &  
Proper Care of  
Catheters

3. Prompting Catheter Removal

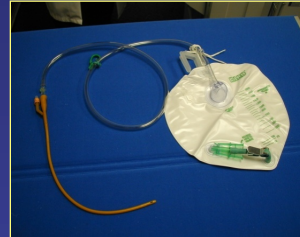
(Meddings. Clin Infect Dis 2011)

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## Proper Maintenance

- Keep the urinary system closed
- Make sure flow is unobstructed:
  - No kinking or coiling
  - Drainage bag should be lower than the bladder
  - Regularly empty the bag

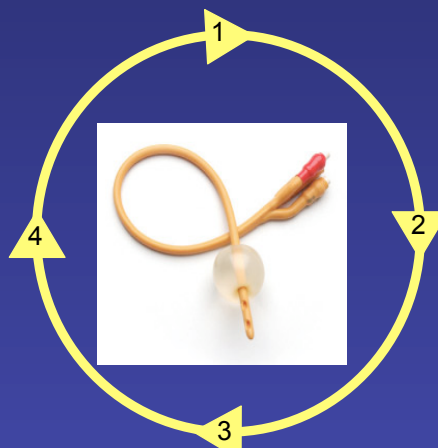


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## Disrupting the Lifecycle of the Urinary Catheter

1. Preventing Unnecessary and Improper Placement

4. Preventing Catheter Replacement



2. Maintaining Awareness & Proper Care of Catheters

3. Prompting Catheter Removal

(Meddings. Clin Infect Dis 2011)

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**The Technical:**  
**Timely Removal of Indwelling Catheters**

- 30 studies have evaluated urinary catheter reminders and stop-orders
  - Significant reduction in catheter-associated urinary tract infection (53%)
  - No evidence of harm (ie, re-insertion)
  - Will also address the non-infectious harms of the Foley

Meddings J et al. BMJ Qual Saf 2013

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**What about the ICU?**

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**NHSN Data: Intensive Care vs. General Wards**

(Edwards, Am J Infect Control 2009; Dudeck, Am J Infect Control. 2011)

- **Urinary Catheter Use: ICU > General Units**

| <b>Unit</b>              | <b>2006-8 Urinary Catheter Utilization Ratio</b> | <b>2009 Urinary Catheter Utilization Ratio</b> |
|--------------------------|--|--|
| ICU (med-surg)           | 0.79   | 0.72   |
| General Wards (med-surg) | 0.22   | 0.19   |

(Slide courtesy of M. Fakh)

Just because a patient is in the ICU does NOT mean that the patient needs a Foley...

The Key Question is this:

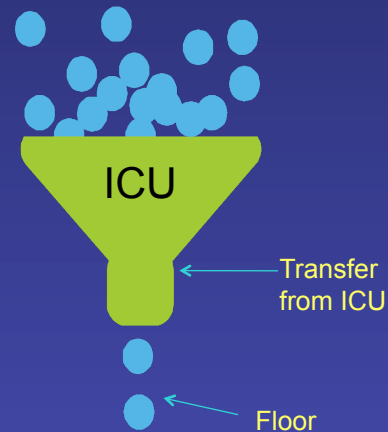
**Are hourly assessments of urine output required?**

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## Trigger Point: ICU To Floor

- ICUs have very high urinary catheter use
- Utilization may be reduced hospital-wide if patients transferred out of the ICU are evaluated for catheter necessity at time of transfer

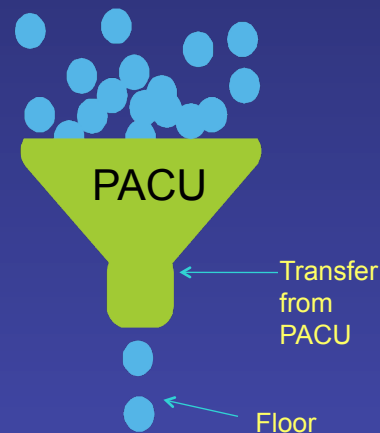


(Slide courtesy of M. Fakh)

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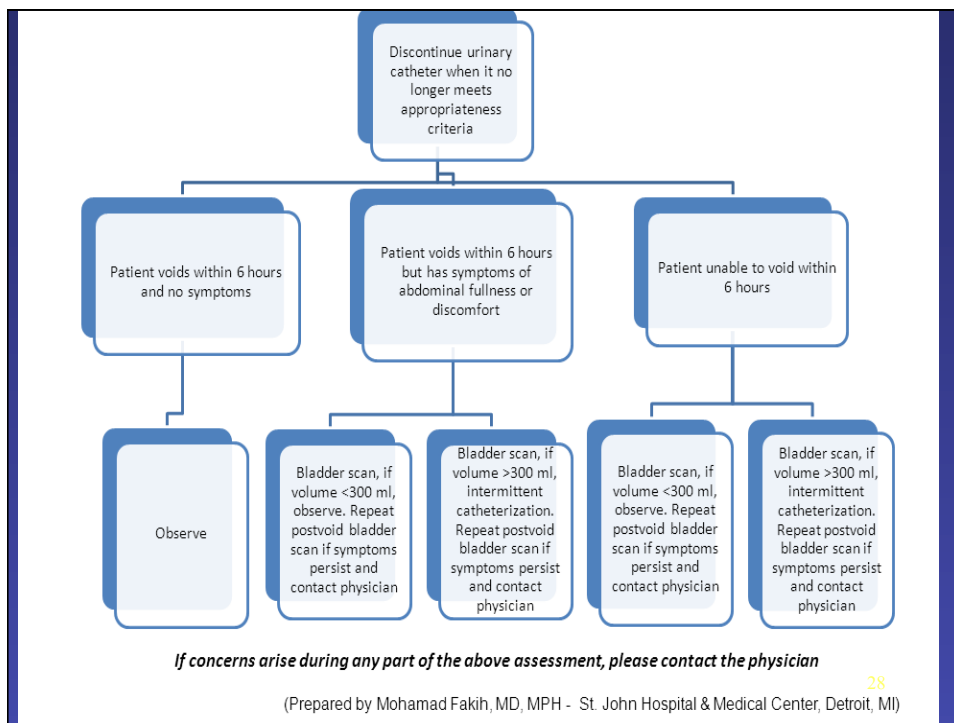
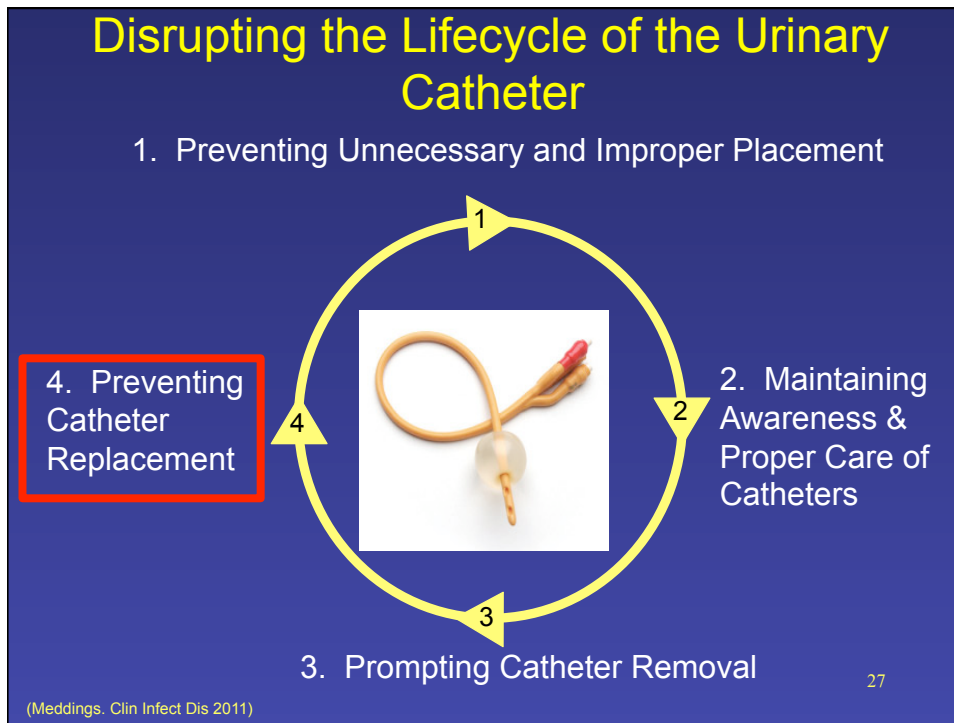
## Trigger Point: OR To Floor

- Operating Rooms have very high urinary catheter use
- Utilization may be reduced hospital-wide if patients transferred out of the PACU are evaluated for catheter necessity at time of transfer



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## *Preventing Infection*



*Technical*



*Socio-  
adaptive*

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“The hospital is the most  
complex human organization  
ever devised...”

Peter Drucker

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## *Implementing Change Across the State of Michigan in 71 Hospitals*



CAUTI ↓ by 25% in Michigan hospitals (95% CI: 13 to 37% ↓ )

CAUTI ↓ by 6% in non-Michigan hospitals (95% CI: 4 to 8% ↓ )

(Saint et al. JAMA Intern Med 2013)

## Broad Implementation

- Federally-funded project aimed to reduce CAUTI rates
- 4-year project (Sept 2011 – Aug 2015)
- To date: 40 states, District of Columbia, & Puerto Rico
  - ~1000 hospitals
  - 30% reduction on medical-surgical units (Fakih IDWeek 2014)
- World Health Organization
  - Italy, Japan, Africa, Latin America ...

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### My 5 Moments for Hand Hygiene

Focus on caring for a patient with a Urinary Catheter

**CLEAN YOUR HANDS WHEN HANDLING A URINARY CATHETER AND DRAINAGE SYSTEM**

**Immediately before** any manipulation of the urinary catheter or drainage system that could lead to contamination of the sterile urine, such as:

- 2a. Inserting or applying an indwelling, intermittent straight, or condom catheter, immediately before putting on sterile gloves.
- 2b. Accessing the drainage system to collect a urine sample or to empty the drainage bag.

**WHY?** To protect the patient against harmful germs, including the patient's own, from entering his/her body.

**CLEAN YOUR HANDS WHEN HANDLING A URINARY CATHETER AND DRAINAGE SYSTEM**

**Immediately after** any task involving the urinary catheter or drainage system that could lead to urine exposure, such as:

- 3a. Collecting a urine sample.
- 3b. Emptying the drainage bag.
- 3c. Removing the urinary catheter.

**WHY?** To protect yourself and the health-care environment from harmful patient germs.

**5 KEY ADDITIONAL CONSIDERATIONS FOR A PATIENT WITH A URINARY CATHETER**

- Make sure that there is an appropriate indication for the indwelling urinary catheter.
- Use a closed urinary drainage system, and keep it closed.
- Insert the catheter aseptically using sterile gloves.
- Assess the patient at least daily to determine whether the catheter is still necessary.
- Patients with indwelling urinary catheters do not need antibiotics (including for asymptomatic bacteriuria), unless they have a documented infection.

World Health Organization

**SAVE LIVES**  
Clean Your Hands

No Action Today  
No Cure Tomorrow

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*What if you need further help in preventing CAUTI?*

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## Additional Approaches

- 1) Tier 1 & Tier 2
- 2) CAUTI GPS
- 3) Applying Mindfulness to CAUTI

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### Tier 1 Protocol: Use of Indwelling Urinary Catheter Kit

|   |  |   |   |  |                             |
|---|--|---|---|--|-----------------------------|
| Assess daily the necessity of the indwelling catheter | Encourage use of alternatives to indwelling catheter | Use standard indwelling urinary catheter kit with pre-sealed junction | Ensure proper aseptic insertion technique | Follow maintenance and removal template for care and removal of the catheter | Measure CAUTI rates monthly |
|---|--|---|---|--|-----------------------------|

**Monitor CAUTI rates closely. Proceed to Tier 2 if either of the following conditions are met over a period of 6 months:**

1. **ICU** ≥ 9 CAUTIs/10,000 patient days  
2 CAUTIs/1,000 catheter days
2. **Non-ICU, Acute Care** ≥ 3 CAUTIs/10,000 pt days & 2 CAUTIs/1,000 catheter days

### Tier 2 Protocol: Enhanced Practices – Evaluation of indication for use, maintenance, and removal technique

|   |   |  |   |
|---|---|--|---|
| Assess and document competency of healthcare workers performing insertion | Consider Root Cause Analysis or Focused Review of CAUTI or catheter use to identify improvement opportunities | Measure monthly for 6 months; re-evaluate. If rate has dropped below indicated levels proceed back to Tier 1 | Sources:<br><a href="#">HICPAC CDC Guidelines on CAUTI Prevention</a><br><a href="http://www.catheterout.org">www.catheterout.org</a> |
|---|---|--|---|

(Department of Veterans Affairs, VISN 11)

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## Additional Approaches

1) Tier 1 & Tier 2

2) CAUTI GPS

3) Applying Mindfulness to CAUTI

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## Self-Assessment Tool for Hospitals and Units

### *CAUTI Guide to Patient Safety (“CAUTI GPS”)*

- A 1-page (10-item) trouble-shooting guide
- Help identify the key reasons why hospitals may not be successful in preventing CAUTI
- Once the barriers are identified, can then propose and implement solutions

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## CAUTI Guide to Patient Safety (GPS)

- On-line tool
- Each question linked to troubleshooting tips



[www.catheterout.org](http://www.catheterout.org)

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### CAUTI GUIDE TO PATIENT SAFETY (GPS)

Question 1:  
Do you currently have a well-functioning team (or work group) focusing on CAUTI prevention?  
 Yes  No

Question 2:  
Do you have a project manager with dedicated time to coordinate your CAUTI prevention activities?  
 Yes  No

Question 3:  
Do you have an effective nurse champion for your CAUTI prevention activities?  
 Yes  No

Question 4:  
Do bedside nurses assess, at least daily, whether their catheterized patients still need a urinary catheter?  
 Yes  No

Question 5:  
Do bedside nurses take initiative to ensure the indwelling urinary catheter is removed when the catheter is no longer needed (e.g., by contacting the physician or removing the catheter per protocol)?  
 Yes  No

Question 6:  
Do you have an effective physician champion for your CAUTI prevention activities?  
 Yes  No

Question 7:  
Is senior leadership supportive of CAUTI prevention activities?  
 Yes  No

Question 8:  
Do you routinely collect CAUTI-related data (e.g., urinary catheter prevalence, urinary catheter appropriateness, and infection rates) in the unit(s) in which you are intervening?  
 Yes  No

Question 9:  
Do you routinely feedback CAUTI-related data to frontline staff (e.g., urinary catheter prevalence, urinary catheter appropriateness, and infection rates)?  
 Yes  No

Question 10:  
Have you experienced any of the following barriers?  
A. Substantial nursing resistance  
 Yes  No  
B. Substantial physician resistance  
 Yes  No  
C. Patient and family requests for an indwelling urinary catheter  
 Yes  No  
D. Indwelling urinary catheters commonly being inserted in the emergency department without an appropriate indication  
 Yes  No

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# Preventing Catheter-Associated Urinary Tract Infection (CAUTI): Making It Happen

## Prof. Sanjay Saint, University of Michigan School of Medicine

### A Webber Training Teleclass

#### CAUTI Guide to Patient Safety (GPS)

**Question 1:** Do you currently have a well-functioning team (or work group) focusing on CAUTI prevention?

You indicated that you either don't have a team or the one you have does not function well. A key aspect of implementing a 'catheter out'/CAUTI prevention program is to identify an implementation team at your site. This team plays a critical role in developing the program and assisting with program implementation. Key responsibilities of this team are education, data collection, and evaluation. Individuals can fill more than one role and some may be short-term and others longer-term. For more specifics, please follow [this link](#).

**Question 2:** Do you have a project manager with dedicated time to coordinate your CAUTI prevention activities?

You indicated that you either do not have a project manager or that the one you have does not have appropriate time for the project. The nuts and bolts of the CAUTI prevention program fall to the project manager. It is his/her responsibility to keep the project moving forward and coordinate the moving pieces. The CAUTI prevention initiative is unlikely to be his/her only responsibility and because of this there may not be enough time to devote to the project. Creating that dedicated time is imperative to a successful initiative. For more specifics, please follow [this link](#).

You indicated that you either do not have a nurse champion or that the one you have is not effective. Because the placement, management, and removal of indwelling urinary catheters falls under nursing responsibilities, "buy-in" from this group of healthcare providers is key. The nurse champion plays a large role in bringing the initiative to the nursing staff, modeling the positive excitement for the program, and problem solving as challenges arise. For more specifics, please follow [this link](#).

**Question 4:** Do bedside nurses assess, at least daily, whether their catheterized patients still need a urinary catheter?

You indicated that nurses do not assess, at least daily, the continued appropriateness of the indwelling urinary catheter. Throughout a patient's stay their need for the indwelling catheter is likely to change. Without continual reassessment for appropriateness, the catheter is likely to stay in beyond its necessity, the greatest risk for infection. For more specifics, please follow [this link](#).

**Question 5:** Do bedside nurses take initiative to ensure the indwelling urinary catheter is removed when the catheter is no longer needed (e.g., by contacting the physician or removing the catheter per protocol)?

You indicated that bedside nurses do not take initiative to remove catheters when they are no longer appropriate. The number one risk factor for CAUTI is leaving the indwelling catheter in too long. If a nurse determines that a catheter is no longer appropriate, there must be a procedure in place to have it removed in a timely manner. Depending on the unit and hospital there are a variety of ways this can be accomplished. For more specifics, please follow [this link](#).

**Question 6:** Do you have an effective physician champion for your CAUTI prevention activities?

You indicated that you either do not have a physician champion or that the one you have is not effective. A successful CAUTI prevention initiative usually requires collaboration and cooperation between nurses and physicians. A physician champion is needed to bring the program to the other physicians, to help engage them, and to be a part of problem-solving when there is resistance or another challenge from this group of healthcare providers. For more specifics, please follow [this link](#).

**Question 7:** Is senior leadership supportive of CAUTI prevention activities?

You indicated that you do not have the support of senior leadership. Given the many competing priorities of hospitals, having the support of leadership is key to making lasting progress with your CAUTI prevention initiative. Having a member of the hospital executive leadership team (often the chief nursing executive in this case) oversee the project lets the hospital staff know the importance of the initiative. For more specifics, please follow [this link](#).

**Question 8:** Do you currently collect CAUTI-related data (e.g., urinary catheter prevalence, urinary catheter appropriateness, and infection rates) in the unit(s) in which you are intervening?

You indicated that you do not currently collect CAUTI related data. Collecting, analyzing and reporting information on your primary outcomes of interest is critical as you begin your program and to ensure continued success. For example, measuring indwelling urinary catheter use rates can provide important information for identifying the units in which to begin your program, while continued assessments can be used to encourage staff and to help maintain observed improvements. For more specifics, please follow [this link](#).

**Question 9:** Do you routinely feedback CAUTI-related data to frontline staff (e.g., urinary catheter prevalence, urinary catheter appropriateness, and infection rates)?

You indicated that you do not routinely feedback CAUTI-related data to frontline staff. While collecting CAUTI-related data is key to measuring the success of the intervention, it is imperative that the staff, especially those on the frontline are aware of it. The data can help motivate and engage the staff at all stages of the project, as well as encourage them to continue the changes for sustainability. For more specifics, please follow [this link](#).

**Question 10A:** Have you experienced substantial nursing resistance?

You indicated that nursing resistance is a barrier that you face. Because the CAUTI prevention initiative relies heavily on their engagement it is imperative that you overcome this challenge. This is where an effective nurse champion is especially key. For more specifics, please follow [this link](#).

CAUTI Guide to Patient Safety (GPS) Q2

www.catheterout.org

**Because the project manager (also referred to as the team leader) is responsible for coordinating and facilitating meetings, team communication, and overseeing that members understand their roles and follow through on their responsibilities, it is imperative that s/he has dedicated time to commit to the project.**

- 1. If nobody has been identified for this role**
  - Ask senior leadership for advice about who they recommend and who they can provide with some protected time to do this work.
  - Find someone who has been successful in coordinating a quality improvement initiative.
  - Experience and knowledge of the topic is secondary in importance to leadership skills, enthusiasm, persistence, and credibility. The leader will be expected to reach out to the content experts for guidance related to the technical aspects of the work.
- 2. If the selected project manager is not as effective as necessary**
  - Check to see if s/he has been given dedicated time to work on this particular project. If not, engage leadership to help with this.
  - S/he may be lacking some of the necessary skills. We have found that coaching him/her on what they can improve upon can be very helpful.
  - S/he may not be a good fit for the initiative, and it may be time to consider replacing him/her with someone else.

- 3. For a better understanding of what makes a project manager successful**
  - [Top 10 Qualities of a Project Manager](#)
  - [Top 10 Characteristics of GREAT Project Managers](#)

- 4. Further reading suggestions**

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## Additional Approaches

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- 2) CAUTI GPS
- 3) Applying Mindfulness to CAUTI

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## A Dilemma

- Much of what we do in healthcare – especially in the hospital – is reflexive
  - If a patient is hypoxemic: we give oxygen
  - Low BP: IV fluids
  - Positive blood cultures: antibiotics
  - Frequency, urgency, and dysuria: dx UTI

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## A Dilemma

- These rote responses are usually helpful
- However, this reflex-like approach can lead to problems
  - Pt sick enough to be admitted from the ED: Foley catheter
  - Asymptomatic catheterized patient has a “dirty” urine: antibiotics

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## One Possible Solution: “Medical Mindfulness”



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## One Possible Solution: “Medical Mindfulness”

- Being in the moment and considering decisions carefully before jumping to reflexive action
- Daniel Kahneman:
  - Intuition (System 1): fast, automatic, effortless; difficult to alter
  - Reasoning (System 2): slower, effortful, & flexible
- In medicine, we are constantly toggling back-and-forth between the reflexive and the complex
- How can we apply this to everyday practice?

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## Applying Mindfulness to Bedside Nursing: Catheter-Associated Urinary Tract Infection

(Kiyoshi-Teo et al. Infect Cont Hosp Epid 2013)

- Taking a 5-second “pause” before...
  - Inserting an indwelling catheter
  - Emptying the drainage bag or transporting the patient
- Asking...
  - Is it absolutely necessary to use an indwelling catheter in this patient? Can I use an alternative?
  - Am I using proper technique? Do I need to ask for help? Can the catheter be removed today?

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## Summary

- CAUTI and indwelling catheter use are important patient safety issues
- There are proven approaches to reduce catheter use and thereby prevent CAUTI
- Both technical and socio-adaptive aspects are important in preventing infection
- Several options if you still have not achieved the results you would like

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## Conclusion

Preventing CAUTI is  
a Team Sport!

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Preventing Catheter-Associated Urinary Tract Infection (CAUTI): Making It Happen  
Prof. Sanjay Saint, University of Michigan School of Medicine  
A Webber Training Teleclass

**Thank you!**

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**Coming Soon**

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*Dr. Sergey Eremin, World Health Organization*

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SETTINGS**

*Carolyn Herzig, Columbia University Mailman School of Public Health*

*March 26* **PREVENTION OF *CLOSTRIDIUM* DIFFICILE INFECTION – WHAT WE  
FIND IN GUIDELINES**

*Prof. Walter Zingg, University of Geneva Hospitals, and Dr. Maria Martin,  
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