Catheter-Associated Urinary Tract Infection Surveillance

Last updated 2017

Basics of Infection Prevention
Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health



Objectives

- Review CAUTI surveillance definitions
- Discuss importance of accurate data collection
- Demonstrate how to report CAUTI data in NHSN
- Discuss NHSN data analysis and feedback to staff



Clinical vs Surveillance Definitions

Clinical criteria used by physicians for patient care and management may differ from surveillance criteria

- Clinical
 - Patient centered
 - Used for therapeutic decisions
- Surveillance
 - Population based
 - Applied exactly the same way each time



CAUTI Surveillance Definitions

UTI may or may not be associated with use of a urinary catheter (CAUTI vs. UTI)

For CAUTI:

Catheter must be in place >2 days (Day 1= day of insertion)

Catheter still present

Or

Catheter removed day of or day prior to when UTI criteria met



CAUTI Surveillance Definitions-2

- NHSN infection window period
 - Seven days during which all site-specific infection criteria must be met
- Criteria for CAUTI include specific clinical symptoms and positive urine culture, and sometimes positive blood culture
- Includes the <u>day the **first** positive diagnostic test (urine</u> <u>culture or blood culture for CAUTI)</u> was obtained, <u>3 calendar</u> <u>days before</u> and <u>3 calendar days after</u>



CAUTI Infection Window Period Acute Care Hospitals

 For CAUTI, the first diagnostic test will be either a positive urine or blood culture

Infection Window Period:	3 days before first positive diagnostic test		FIRST POSITIVE DIAGNOSTIC TEST	3 days after first positive diagnostic test			
Example:	Mar 7	Mar 8	Mar 9	Mar 10	Mar 11	Mar 12	Mar 13



CAUTI Infection Criteria- Acute Care Hospitals

Diagnostic Test for Possible CAUTI

 Positive urine or blood culture

Localized Sign or Symptom Examples for Possible CAUTI

- Suprapubic tenderness
- Costovertebral angle pain
- Urgency
- Frequency
- Dysuria
- Fever



CAUTI Cannot Re-Occur in the Same Patient Within a 14-Day Period

No new CAUTI can be reported within a 14-day repeat infection timeframe (RIT)

- The date of the CAUTI event is considered day 1
- A new CAUTI is not reported until 14 days have elapsed
- If a new pathogen is identified in the urine within the 14-day period it should be added to the CAUTI already reported
- Refer to the NHSN CAUTI protocol for more details



CAUTI Location Attribution

- Attribute CAUTI to the inpatient location where the patient was assigned on the date of infection event
- If all elements of CAUTI are present on the date of transfer or discharge, or the next day, the CAUTI is attributed to the transferring/discharging location



Symptomatic CAUTI Surveillance Definition

Symptomatic CAUTI requires the patient to have <u>both</u> clinical and microbiologic findings within a 7-day window period

- Refer to written definitions frequently when performing UTI surveillance
- Urine culture must grow no more than two species of organisms, at least one of which is <u>bacteria</u> of <u>></u> 10⁵ CFU/ml



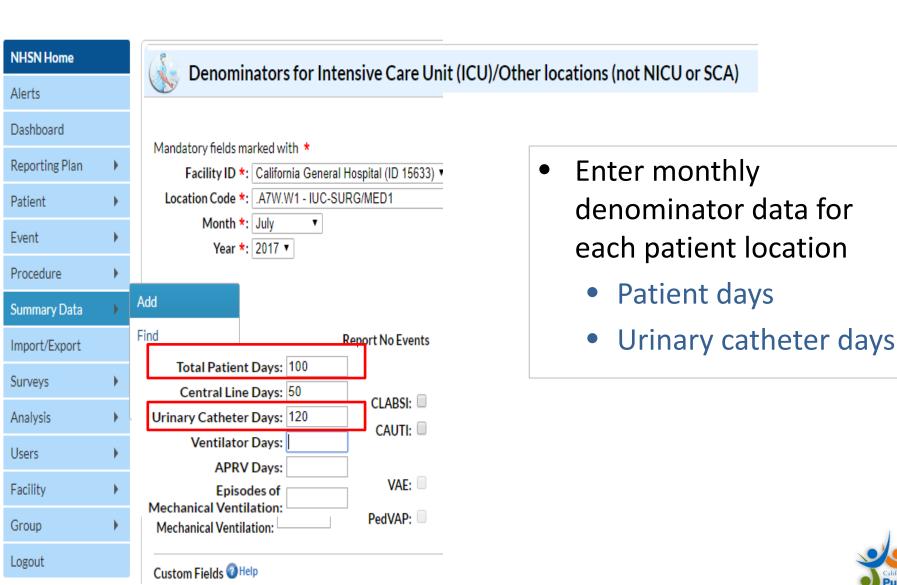
Asymptomatic CAUTI with Bacteremia Surveillance Definition

Asymptomatic UTI with Bacteremia (ABUTI) requires the following **three** criteria within a 7-day window period:

- 1. Urine culture with no more than two species of organisms, at least one of which is a bacteria of >10⁵ CFU/ml
- Positive blood culture with at least one matching <u>bacteria</u> to the urine <u>or</u> 2 positive blood cultures with common commensal bacteria and a matching common commensal in the urine
- 3. No clinical signs or symptoms of CAUTI



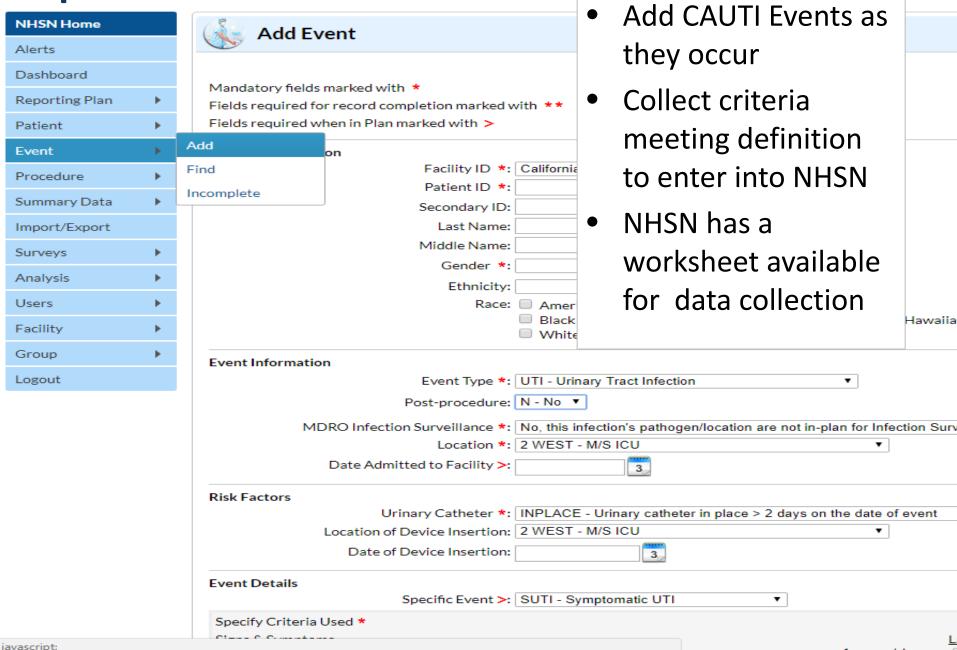
Report Monthly CAUTI Summary Data to NHSN



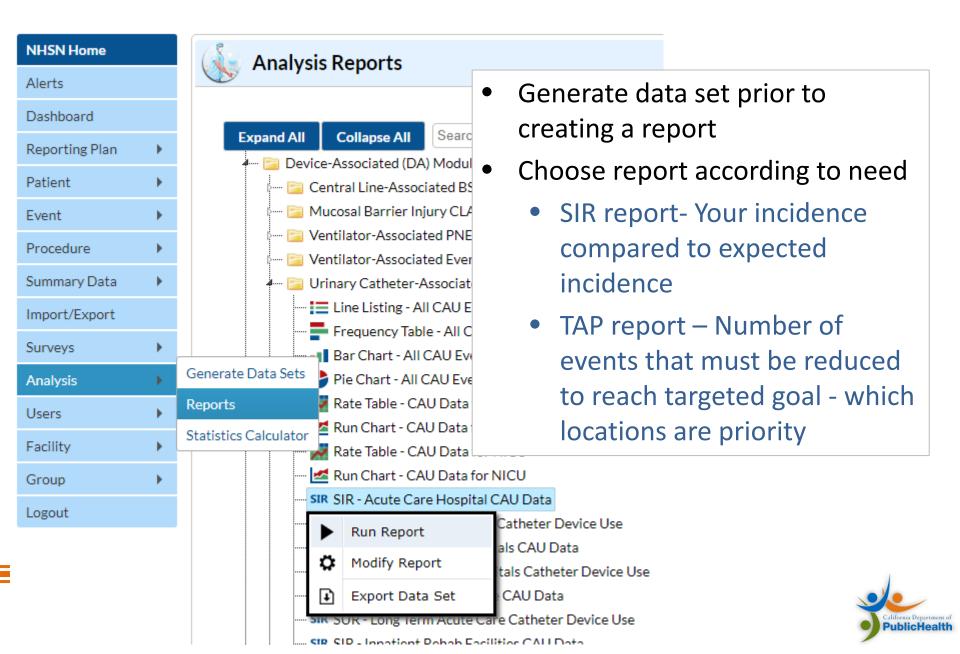


<=1 vear old

Report CAUTI Event to NHSN



NHSN CAUTI Analysis Reports



NHSN CAUTI SIR Reports

summaryYH	infCount	numPred	numucathdays	SIR	SIR_pval	sir95ci
2017H1	5	9.689	9541	0.516	0.1155	0.189, 1.144

Facility SIR

loccdc	summaryYH	infCount	numPred	numucathdays	SIR	SIR_pval	sir95ci
IN:ACUTE:CC:CT	2017H1	0	0.980	959			
IN:ACUTE:CC:MS	2017H1	1	2.966	2904	0.337	0.2557	0.017, 1.663
IN:ACUTE:STEP	2017H1	1	0.918	802			
IN:ACUTE:WARD:M	2017H1	0	1.390	1372	0.000	0.2492	, 2.156
IN:ACUTE:WARD:MS	2017H1	0	1.392	1526	0.000	0.2485	, 2.152
IN:ACUTE:WARD:ONC_HONC	2017H1	1	0.525	402			
IN:ACUTE:WARD:S	2017H1	2	0.714	782			
IN:ACUTE:WARD:TEL	2017H1	0	0.804	794			

SIR by Location

loccdc	summaryYH	numucathdays	numPredDDays	SUR	SUR_pval	SUR95CI
IN:ACUTE:CC:CT	2017H1	959	1,060.626	0.904	0.0016	0.848, 0.963
IN:ACUTE:CC:MS	2017H1	2904	3,276.933	0.886	0.0000	0.854, 0.919
IN:ACUTE:STEP	2017H1	802	759.748	1.056	0.1318	0.984, 1.131
IN:ACUTE:WARD:M	2017H1	1372	1,766.447	0.777	0.0000	0.736, 0.819
IN:ACUTE:WARD:MS	2017H1	1526	1,682.447	0.918	0.0007	0.873, 0.965
IN:ACUTE:WARD:ONC_HONC	2017H1	402	404.483	0.994	0.9280	0.900, 1.095
IN:ACUTE:WARD:S	2017H1	782	1,173.094	0.667	0.0000	0.821, 0.715
IN:ACUTE:WARD:TEL	2017H1	794	1,300.469	0.611	0.0000	0.569, 0.654

SUR by Location



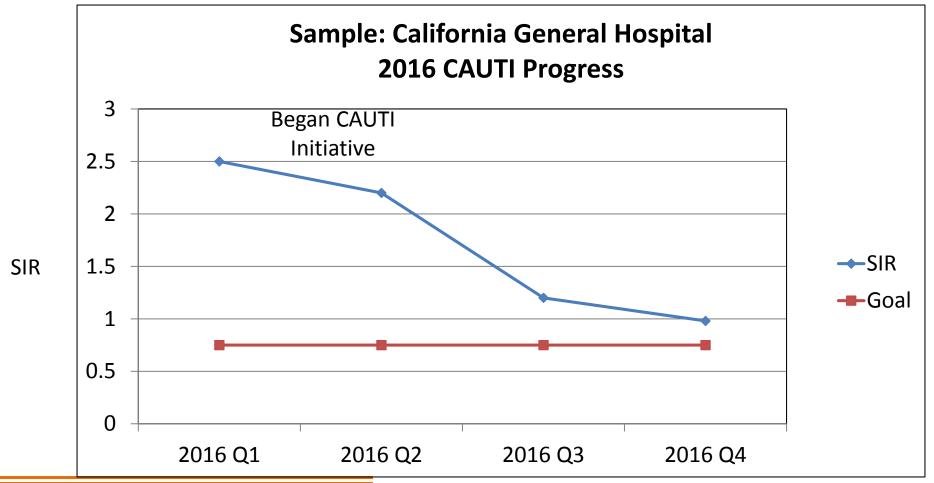
CAUTI TAP Report

	LOCATION								
Facility CAD	Location Rank	Location	CDC Location	Events	Central Line Days	DUR %	CAD	SIR	
1.96	1	6E ONC	IN:ACUTE:WARD:ONC_HONC	3	1883	62	2.00	1.50	
	2	CCU	IN:ACUTE:CC:CT	2	1082	64	1.48	1.84	
	3	5 MED	IN:ACUTE:WARD:M	2	3199	26	0.61	0.72	
	4	ICU	IN:ACUTE:CC:MS	1	2207	42	-0.11	0.45	
	5	ICCU	IN:ACUTE:STEP	0	700	24	-0.32		
	6	CMU NEW	IN:ACUTE:WARD:TEL	0	1178	16	-0.51	0.00	
	7	6S 6W	IN:ACUTE:WARD:S	0	1245	24	-0.54	0.00	
	8	4 M/S	IN:ACUTE:WARD:MS	0	1434	15	-0.62	0.00	

 Prioritize locations with highest cumulative attributable difference (CAD) – the number of infections we would have needed to prevent to reach goal



Track Progress Over Time





CAUTI Surveillance Summary

- Consistent use of standard surveillance methods and CAUTI definitions are essential for accurate case finding
- Capturing complete and accurate data is necessary for precise CAUTI SIR calculation
- Perform surveillance and feedback CAUTI SIR with adherence monitoring results to all units and leadership



References and Resources

- Gould CV, Umscheid CA, Agarwal RK, Kuntz G, Pegues DA, and HICPAC.
 <u>Guideline for Prevention of Catheter-associated Urinary Tract Infections 2009</u>
 (http://www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf)
- IHI Program to Prevent CAUTI
 http://www.ihi.org/topics/CAUTI/Pages/default.aspx
- APIC Preventing CAUTI: A patient-centered approach ,2012
 http://apic.org/Resource/TinyMceFileManager/epublications/CAUTI_feature/PS_fall_12.pdf
- IDSA Guidelines , Clin Infect Dis 50:625-63, 2010
- SHEA/IDSA Compendium, ICHE, 35:464-479, 2014
- National Quality Forum (NQF) Safe Practices for Better Healthcare, 2010



Questions?

For more information, please contact any HAI Liaison IP Team member

Or email HAIProgram@cdph.ca.gov

