

Preventing Urinary Tract Infections in Skilled Nursing Facilities

Last updated 2018

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



Objectives

- Describe of healthcare-associated urinary tract infections (UTI) in skilled nursing facilities (SNF)
- Review evidence-based clinical practices shown to prevent catheter-associated urinary tract infections (CAUTI)
- Discuss strategies to reduce CAUTI
- Discuss adherence monitoring and feedback

UTI in Skilled Nursing Facilities (SNF)

- The most common HAI in SNF is UTI
 - Accounts for 20% of infections
- Bacteriuria also common

SHEA/APIC Guideline: Infection Prevention and Control in Long-Term Care, 2008

What is Bacteriuria?

- Bacteria can be present in the bladder, not causing infection
 - Example: E. coli contamination from the rectal area
 - No symptoms of infection
- Bacteriuria alone does not affect survival and **does not require antibiotics!**
- Risk of bacteriuria with catheterization
 - 3%-10% each day
 - By day 30, 100% residents with a urinary catheter will have bacteria in urine

SHEA/APIC Guideline: Infection Prevention and Control in Long-Term Care, 2008

UTI Risk Factors

- Age related changes to genitourinary tract
- Neurogenic bladder
- Diabetes
- Instrumentation required to manage bladder voiding
- Indwelling urethral catheter
- Straight catheterization



NHSN Long-term Care Facility Component
Urinary Tract Infection Updated January, 2018

Urinary Catheters SNF

- 7-10% of SNF residents have an indwelling urinary catheter
- Catheterization predisposes resident to catheter-associated UTI (CAUTI)
- Catheterized urinary tract most common source of bacteremia, a blood infection that may lead to sepsis

CAUTI Etiology

- Pathogen source
 - Patient's GI or perineal bacteria
 - Bacteria on hands of healthcare personnel (HCP)
- Microbes enter bladder via one of two routes
 - On the external surface of the catheter
 - On the inside of the catheter

Maki D & Tambyah P. Engineering out risk of Infection with urinary catheters. *Emerg Infect Dis*, 2001

Common UTI Pathogens

- *Escherichia coli* 24%
- *Pseudomonas aeruginosa* 10%
- *Klebsiella pneumoniae/oxytoca* 10%
- *Enterococcus faecalis* 7%

NHSN Antimicrobial Resistance Report: Distribution of all Pathogens Reported by HAI
Type, Appendix to Table 4, 2011-2014

<https://www.cdc.gov/nhsn/xls/reportdatatables/2014-appendix-pathogens.xlsx>

CAUTI Complications

- Cystitis
- Pyelonephritis
- Bacteremia
- Septic shock
- May result in
 - Functional decline
 - Decreased mobility
 - Hospital admission
 - Death

NHSN Long-term Care Facility Component
Urinary Tract Infection Updated January, 2018

Preventing CAUTI

- **69%** CAUTI can be prevented with currently recommended infection prevention practices
 - 380,000 infections prevented annually – 40,000 in California
 - 9,000 lives saved - ~1,000 in California

CDC CAUTI Prevention guidelines, 2009:

www.cdc.gov/hicpac/pdf/CAUTI/CAUTIGuideline2009final.pdf

CAUTI Prevention Care Practices

CDC

- ☐ Insert catheters only for appropriate indications
- ☐ Leave in place only as long as needed
- ☐ Ensure only properly trained persons insert and maintain
- ☐ Perform hand hygiene
- ☐ Use aseptic technique and sterile equipment for insertion
- ☐ Maintain closed drainage system and unobstructed urine flow
- ☐ Use portable ultrasound devices to assess urinary retention, reduce unnecessary catheterizations (Category II)
- ☐ Implement improvement program to achieve appropriate use of catheters

Additional CAUTI Prevention Care Practices

APIC/SHEA

- ☐ Use smallest diameter catheter as possible
- ☐ Irrigate only if catheter is obstructed
- ☐ Keep collecting bag below the bladder
- ☐ Ensure adequate nutrition and hydration
- ☐ Consider alternatives to indwelling urinary catheters
 - External catheters
 - Intermittent catheterization

SHEA/APIC Guideline:
Infection Prevention and Control in Long-Term Care, 2008

Appropriate Indications for Urinary Catheters

- Acute urinary retention or obstruction
- Prolonged immobilization due to unstable spine or pelvic fracture
- Assist healing of perineal and sacral wounds in incontinent patients
- Hospice (end of life), comfort care, palliative care
- Chronic indwelling urinary catheter on admission
 - Necessity must still be evaluated on admission

CDC CAUTI Prevention guidelines, 2009:

www.cdc.gov/hicpac/pdf/CAUTI/CAUTIGuideline2009final.pdf

CAUTI Prevention Bundle Examples

Insertion Bundle

- Verify need prior to insertion
- Insert urinary catheter using aseptic technique.
- Maintain urinary catheter based on recommended guidelines

Maintenance Bundle

- Daily assessment of catheter need documented
- Tamper evident seal is intact
- Catheter secured to patient
- Hand hygiene performed before patient contact
- Daily meatal hygiene with soap and water
- Drainage bag emptied using a clean container
- Unobstructed flow maintained

APIC Preventing CAUTI, Patient-centered Approach, 2012:

[https://apic.org/Resource/TinyMceFileManager/epublications/CAUTI feature PS fall 12.pdf](https://apic.org/Resource/TinyMceFileManager/epublications/CAUTI_feature_PS_fall_12.pdf)

UTI Prevention in SNF

- Do not routinely perform urinalysis or culture to screen for bacteriuria
- Policies for catheter use should address
 - Catheter insertion
 - Closed drainage systems
 - Maintenance of urinary flow
 - Indications for changing the catheter
- Develop policies and procedures for aseptic connections, cleaning, and storage of leg bags
- Ensure and maintain adequate hydration

Not Recommended

No evidence that these practices prevent UTI

- X Complex urinary drainage systems
- X Routinely changing catheters or drainage bags
- X Routine antimicrobial prophylaxis
- X Cleaning the periurethral area with antiseptics
- X Antimicrobial irrigation of the bladder
- X Antiseptic / antimicrobial solutions instilled into drainage bags
- X Routine screening

CDC CAUTI Prevention guidelines, 2009:

www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf

UTI Prevention Process Measures

Measure health care provider adherence:

- Documentation of indications for use
- Hand hygiene
- Daily assessment of indwelling urinary catheter

CDC CAUTI Prevention guidelines, 2009:

www.cdc.gov/hicpac/pdf/CAUTI/CAUTIguideline2009final.pdf

Indwelling Urinary Catheter Adherence Monitoring Tool

Urinary Catheter Care Practices	Indwelling Urinary Catheter Patient/Resident 3		Indwelling Urinary Catheter Patient/Resident 3		Adherence by Task	
	# Yes	# Observed	# Yes	# Observed	# Yes	# Observed
The indwelling urinary catheter is being used for an appropriate indication	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Necessity for continuing the indwelling urinary catheter is documented in the medical record	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
The seal between the catheter and collecting tubing is intact.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
The catheter tubing is unobstructed and not twisted, kinked, or looped.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
The urine collection bag is below the level of the bladder.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
The catheter is secured to the patient/resident.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
#Yes ____ Total # Observations ____ Total #Yes / Total # observations *100 = % ____ Adherence						

Adherence Monitoring Tools: cdph.ca.gov/hai

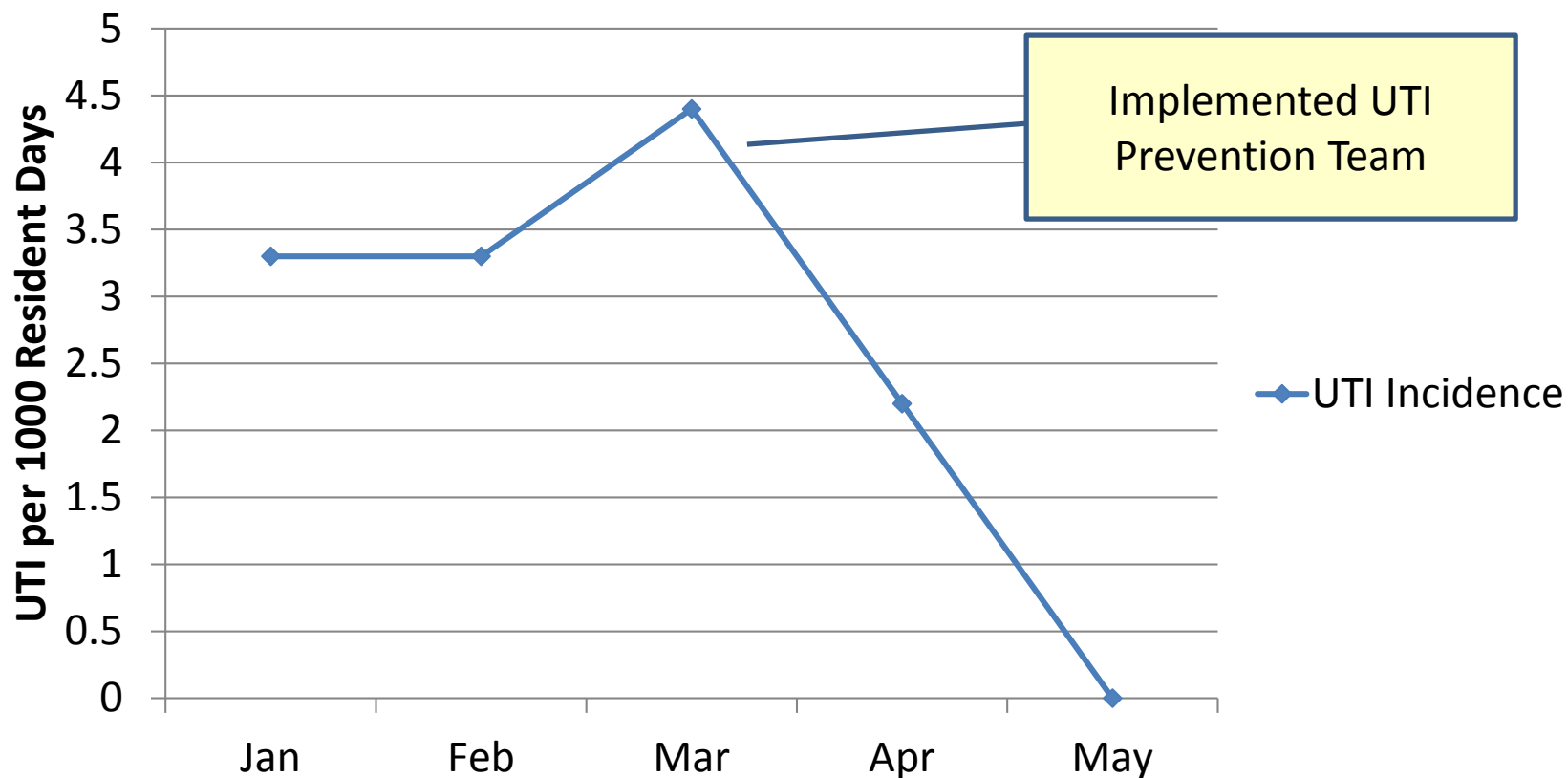
UTI Prevention Outcome Measure

Measure infections

- UTI incidence
- CAUTI incidence

UTI Incidence Over Time (Sample Graph)

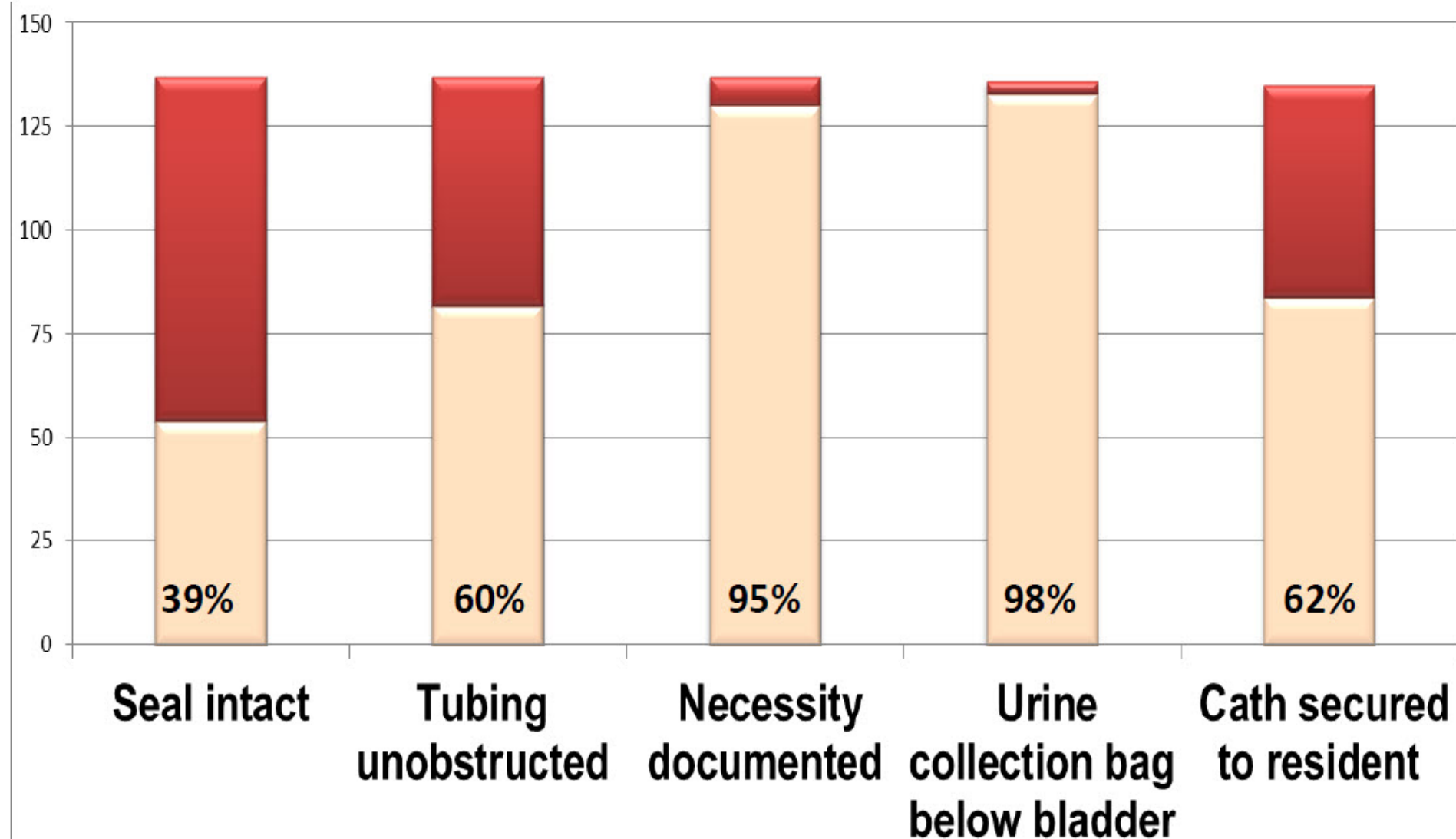
SNF UTI Incidence 2018



Facility Role in CAUTI Prevention

- Ensure policies and practice reflect current evidence based recommendations
 - HICPAC/CDC 2009 guidelines
 - Ensure staff competency upon hire and at least annually
 - New hire orientation
 - Annual skills fair
 - Return demonstration to ensure competency
 - Establish an adherence monitoring program for core care practices
 - Use standard tools to measure adherence
 - Perform UTI surveillance
 - Provide feedback to frontline staff and leaders
 - Present adherence results with UTI/CAUTI incidence
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CDPH CAUTI Observations, 131 Facilities, 2016



Are CAUTI Prevention Core Care Practices Used Routinely in Your Facility?

- ☐ Insert catheters only for appropriate indications
- ☐ Leave in place only as long as needed
- ☐ Ensure only properly trained persons insert and maintain
- ☐ Perform hand hygiene
- ☐ Use aseptic technique and sterile equipment for insertion
- ☐ Maintain closed drainage system and unobstructed urine flow
- ☐ Implement improvement program to achieve appropriate use of catheters

You won't know if you don't monitor!

Additional CAUTI Prevention References and Resources

- APIC Preventing CAUTI: A patient-centered approach ,2012, [http://apic.org/Resource /TinyMceFileManager/epublications/CAUTI feature PS fall 12.pdf](http://apic.org/Resource/TinyMceFileManager/epublications/CAUTI_feature_PS_fall_12.pdf)
- IDSA Guidelines , *Clin Infect Dis* 50:625-63, 2010
- National Quality Forum (NQF) Safe Practices for Better Healthcare,2010
- Smith, P.W., Bennett, G., Bradley, S., Drinka, P., Lautenbach, E., Marx, J., Mody, L., Nicolle, L., Stevenson, K. SHEA/APIC Guideline: Infection prevention and control in the long-term care facility. *ICHE*, 29(9), 785-814, July 2008

Questions?

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

Or email

HAIProgram@cdph.ca.gov

UTI Prevention Practices in LTC

- Use clean technique for residents with impaired bladder emptying managed with intermittent catheterization
 - Policies for catheter use should address
 - Catheter insertion
 - Closed drainage systems
 - Maintenance of urinary flow
 - Indications for changing the catheter
- Develop policies and procedures for aseptic connections, cleaning, and storage of leg bags
- Ensure and maintain adequate hydration

UTI Prevention Practices in SNF

- Do not routinely perform urinalysis or culture to screen for bacteriuria
- Policies for catheter use should address
 - Catheter insertion
 - Closed drainage systems
 - Maintenance of urinary flow
 - Indications for changing the catheter
- Develop policies and procedures for aseptic connections, cleaning, and storage of leg bags
- Ensure and maintain adequate hydration