Catheter-Associated Urinary Tract Infection (CAUTI) Assessment

Catheter-associated urinary tract infection (CAUTI) is an infection involving any part of the urinary system, including urethra, bladder, ureter, and kidneys. According to the National Healthcare Safety Network (NHSN)—a division of the US Centers for Disease Control and Prevention (CDC)—CAUTI is the most common type of health care–associated infection (HAI) reported. CAUTI is covered in The Joint Commission’s National Patient Safety Goal (NPSG) 07.06.01, which applies to hospital, critical access hospital, and nursing care center settings. To prevent these infections, it is vital to ensure catheters are used properly and for medically appropriate durations.

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| Organization: | | Department/Unit: |
| Date of Review: | Reviewer: | |

| Questions | Y | N | NA | Comments |
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| Administrative Measures | | | | |
| Do the organization’s policies and procedures for indwelling urinary catheter placement and maintenance align with all local, state, regional, and federal rules and regulations? |  |  |  |  |
| Has the organization developed written criteria for placement and maintenance of an indwelling urinary catheter? |  |  |  |  |
| Are the criteria for placement and maintenance of indwelling catheters revised as scientific evidence changes? |  |  |  |  |
| Do the organization’s written procedures for inserting and maintaining an indwelling urinary catheter address:   * 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 and maintaining the Foley bag below the level of the bladder? * Maintaining the sterility of the urine collection system? * Replacing the urine collection system when required? * Procedure for collecting urine samples? |  |  |  |  |
| Has the organization developed a system for documenting the following in the patient record1:   * Physician order for placement? * Indications for insertion? * Date and time of insertion? * Name of individual who inserted catheter? * Nursing documentation of placement? * Daily presence of a catheter and maintenance care tasks? * Date and time of removal? |  |  |  |  |
| If indicated by organization rates, does the facility perform a CAUTI risk assessment? |  |  |  |  |
| Has the organization established standardized methodology for performing CAUTI surveillance?2 |  |  |  |  |
| Has the facility considered an organizationwide program to identify and remove catheters that are no longer necessary using one or more methods documented to be effective?2 |  |  |  |  |
| Appropriate Use | | | | |
| Do the organization’s written policies and procedures include *limited* examples of appropriate indications for indwelling urinary catheter use? Do they include the following1:   * Perioperative use for *selected* surgical procedures? * Hourly assessment of urine output in patients in an ICU? * Management of acute urinary retention and urinary obstruction? * Assistance in healing of open pressure ulcers or skin grafts for selected patients with urinary incontinence? * At patient request to improve comfort (in *exceptional* circumstances, for example, end-of-life care)? |  |  |  |  |
| Does the organization avoid urinary catheters in patients and residents for managing incontinence? |  |  |  |  |
| Are urinary catheters used in operative patients only as necessary rather than routinely? |  |  |  |  |
| When applicable, does a doctor provide a written rationale for a urinary catheter consistent with evidence-based guidelines? |  |  |  |  |
| Do patient records document criteria for removal or justification for continued use? |  |  |  |  |
| If possible, is a portable ultrasound device used in patients undergoing intermittent catheterization to assess urine volume and reduce unnecessary catheter insertions? |  |  |  |  |
| If ultrasound bladder scanners are used for assessments, are indications for use clearly stated? |  |  |  |  |
| Is nursing staff trained in the use of bladder scanners? |  |  |  |  |
| Is equipment adequately cleaned and disinfected between patients? |  |  |  |  |
| Are indwelling urinary catheters assessed regularly for continued need? |  |  |  |  |
| Is continued need assessment for indwelling urinary catheters documented? |  |  |  |  |
| Proper Techniques | | | | |
| Unless otherwise clinically indicated, is the smallest bore catheter possible used, consistent with good drainage? |  |  |  |  |
| Following aseptic insertion of the urinary catheter, is a closed drainage system maintained? |  |  |  |  |
| If breaks in aseptic technique, disconnection, or leakage occur, are the catheter and collecting system replaced using aseptic technique and sterile equipment? |  |  |  |  |
| Is an unobstructed urine flow maintained? |  |  |  |  |
| Has the organization considered using urinary catheter systems with preconnected, sealed catheter-tubing junctions? |  |  |  |  |
| Are the catheter and collecting tube kept free from kinking? |  |  |  |  |
| Is the collecting bag kept below the level of the bladder at all times? |  |  |  |  |
| Does staff ensure the collecting bag and connecting tubing is not resting on the floor? |  |  |  |  |
| Is the collecting bag emptied regularly, using a separate, clean collecting container for each patient? |  |  |  |  |
| Does staff avoid splashing and prevent contact of the drainage spigot with the nonsterile collecting container? |  |  |  |  |
| Are urine samples obtained aseptically? |  |  |  |  |
| Does staff manage obstructions or the possibility of obstructions? |  |  |  |  |
| Training and Education | | | | |
| Does the organization—upon hire or granting of initial privileges—educate staff and licensed independent practitioners involved in the use of indwelling urinary catheters about CAUTI and the importance of IPC? |  |  |  |  |
| Is ongoing education about CAUTI and the importance of IPC provided? |  |  |  |  |
| Is competency about CAUTI and the importance of IPC assessed? |  |  |  |  |
| Does the organization train staff on appropriate standard precautions as part of CAUTI prevention, including using gloves and gown as appropriate during any manipulation of the catheter or collecting system? |  |  |  |  |
| Do only trained, dedicated staff insert urinary catheters?2 |  |  |  |  |
| Are patients who have undergone urinary catheterization at the facility educated about signs and symptoms of infection associated with the procedure and instructed to notify the facility if such signs or symptoms occur? |  |  |  |  |
| Are patients educated on CAUTI prevention? |  |  |  |  |
| Performance Measures | | | | |
| Does the organization measure and monitor CAUTI prevention processes and outcomes in high-volume areas by:   * 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? * Monitoring compliance with evidence-based guidelines or best practices? * Evaluating the effectiveness of prevention efforts? |  |  |  |  |
| Has the organization implemented a quality improvement (QI) effort to enhance appropriate use of indwelling catheters and to reduce the risk of CAUTI based on a facility risk assessment? |  |  |  |  |
| Are these QI efforts to reduce CAUTI regularly evaluated? |  |  |  |  |
| If surveillance for CAUTI is performed, does the facility ensure that there are sufficient trained personnel and technology resources to support surveillance for urinary catheter use and outcomes? |  |  |  |  |
| If performing surveillance for CAUTI, does the IPC leader provide regular (for example, quarterly) feedback of unit-specific CAUTI ratios to nursing staff and other appropriate clinical care staff? |  |  |  |  |
| Public Reporting | | | | |
| Does the organization report CAUTI data if required by state or local health authorities? |  |  |  |  |
| If the state mandates reporting requirements, are all required parameters collected and reported?1 |  |  |  |  |
| Does the organization report CAUTIs from adult and pediatric intensive care units (ICUs) to National Healthcare Safety Network (NHSN) to meet the requirements of the Centers for Medicare and Medicaid Services Inpatient Prospective Payment System FY2012 final rule?1 |  |  |  |  |

1. Lo, et al. Strategies to prevent catheter-associated urinary tract infections in acute care hospitals: 2014 update. *Infect Control Hosp Epidemiol.* 2014 May; 35(5):464–479.

2. Gould CV, et al. Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2009. HICPAC. Last updated Jun 6, 2019. Accessed Sep 24, 2019. <https://www.cdc.gov/infectioncontrol/pdf/guidelines/cauti-guidelines-H.pdf>