Best care Always!




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PREVENT CATHETER-ASSOCIATED URINARY TRACT INFECTIONS (CA-UTI)

The 4 infection prevention Best Care Always! Interventions:

- VAP – Ventilator-associated-Pneumonia
- CLABSI – Central-line associated Bloodstream Infections
- SSI – Surgical Site Infections
- UTI – Urinary Tract Infections

Best Care Always Pilot Intervention:

- Antibiotic Stewardship

Goal:

Reduce unnecessary urinary catheter-days and ultimately prevent cases of symptomatic, catheter-associated urinary tract infections

A "bundle" is a collection of processes needed to effectively and safely care for patients undergoing particular treatments with inherent risks. Several interventions are "bundled" together and, when combined, significantly improve patient care outcomes.

Background:

- Urinary tract infections account for approximately 40% of all hospital-acquired infections annually and 80% of these can be attributed to indwelling urethral catheters.
- Between 12% and 25% of all hospitalized patients will have a urinary catheter inserted during their hospital stay and up to half of these do not have an appropriate indication.
- Duration of catheterization is directly related to risk of developing a urinary tract infection. Although CA-UTIs are not usually life-threatening, a complication of a CA-UTI (e.g. urethritis, urethral strictures, haematuria, bladder obstruction, and sepsis secondary to the UTI) does cause suffering and can increase a patient's length of stay and costs.
- Application of accepted evidence-based prevention guidelines has lead to considerable reductions in CA-UTI rates.

Intervention:

CA-UTI Bundle ("Bladder Bundle")

1. Avoid unnecessary urinary catheters
2. Insert urinary catheters using aseptic technique
3. Maintain urinary catheters based on recommended guidelines.
4. Review urinary catheter necessity daily and remove promptly.

The bundle elements are not exclusive and other scientifically proven elements of available evidence-based guidelines can be added by each individual facility

We are engaging with our collaborative partners to understand any key differences for the South African setting and will be updating the UTI One-Pager as this work is finalized.

Please submit any suggestions for improvement to info@bestcare.org.za

For more in depth information and implementation guidelines consult the "Getting Started Kits"

References and Resources:

- Horan TC, Andrus M, Dudeck MA. CDC/NHSN surveillance definition of health care-associated infection and criteria for specific types of infections in the acute care setting. Am J Infect Control 2008;36:309-332. http://www.cdc.gov/ncidod/dhqp/pdf/NNIS/NosInfDefinitions.pdf
- Compendium of strategies to prevent healthcare-associated infections in acute care hospitals. (Society for Healthcare Epidemiology of America) http://www.shea-online.org/about/compendium.cfm
- Guide to the elimination of catheter-associated urinary tract infections (Association for Professionals in Infection Control and Epidemiology). http://www.apic.org/CAUTIGuide
- Institute for Healthcare Improvement. http://www.ihi.org

We wish to thank and acknowledge the Institute for Healthcare Improvement (IHI), particularly the extensive resources made available on their website. Links are provided to this website for further support.

Intervention Measures:

CA-UTI rate = Catheter-associated urinary tract infections / number of urinary catheter days x 1000

Criteria for measuring compliance to bundle elements will be set by each individual facility. Suggestions of criteria are to be found on the IHI website. **http//www.ihi.org**

The focus for phase one is to develop measurement capability. Goals will be set by individual facilities.

Definition of UTI:

An infection causing symptoms as defined by the Centre for Disease Control and Prevention (CDC) in the setting of an in-dwelling urinary catheter that is in place or has been removed within the past 48 hours.

The Website contains the full Getting Started Kit, and links to other resources for this strategy.