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| <p>The 4 infection prevention Best Care Always! Interventions:</p> <ul style="list-style-type: none"> • VAP: Ventilator-associated Pneumonia • CLABSI: Central line - associated Bloodstream Infections • SSI: Surgical Site Infections • UTI: Urinary Tract Infections <p>Best Care Always Pilot Intervention:</p> <ul style="list-style-type: none"> • Antibiotic Stewardship | <p>Prevent catheter-associated urinary tract infections (CAUTI): May 2011</p> <p>Background:</p> <ul style="list-style-type: none"> • Urinary tract infections account for approximately 40% of all hospital-associated 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 catheterisation is directly related to risk of developing a urinary tract infection. Although CAUTIs are not usually life-threatening, a complication of a CAUTI (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 led to considerable reductions in CAUTI rates. <p>Intervention:</p> <p>There are key elements contained in the CAUTI Bundle (“Bladder Bundle”):</p> <ol style="list-style-type: none"> 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. <p>The bundle elements are not exclusive and other scientifically proven elements of available evidence-based guidelines can be added by each individual facility</p> <p>Compliance with the CAUTI bundle has been most successful when all elements are executed together.</p> |
| <p>Goal:</p> <p>Reduce unnecessary urinary catheter-days and ultimately prevent cases of symptomatic, catheter-associated urinary tract infections</p> | |
| <p>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 outcomes.</p> | |

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| <p>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. <i>Am J Infect Control</i> 2008;36:309-332. http://www.cdc.gov/ncidod/dhqp/pdf/NNIS/NosInfDefinitions.pdf</p> <p>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</p> <p>Guide to the elimination of catheter-associated urinary tract infections (Association for Professionals in Infection Control and Epidemiology). http://www.apic.org/CAUTIGuide</p> | <p>We are engaging with our collaborative partners to understand any key differences for the South African setting and will be updating the CAUTI one-pager as this work is finalised. For more in depth information and implementation guidelines consult the “Getting Started Kits”</p> <p>Intervention Measures: CAUTI 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.ih.org</p> <p>Definition of CAUTI: Urinary tract infection in a patient</p> <ul style="list-style-type: none"> • with an in-dwelling urinary catheter[#] OR • where infection occurs within 48 hours of removal of such catheter; • where a positive urine culture is available; OR • the patient has signs and symptoms of a UTI with no other possible cause AND a positive urine culture of >100 000 CFU/ml (not > 2 species of uropathogen); OR • positive urinalysis on dipstick or laboratory specimen examination; OR • the patient has no signs or symptoms of UTI, but does have a positive urine culture of >100 000 CFU/ml with no more than 2 species of uropathogen and has a positive blood culture with at least one matching uropathogen. <p>There is no minimum period of time that the catheter must be in place in order for the UTI to be considered catheter-associated. There must be no evidence that the infection was present or incubating at the time of catheterisation.</p> <p>[#] In-dwelling catheter: A drainage tube that is inserted into the urinary bladder through the urethra (not suprapubic or sheath or condom) AND is left in place AND is connected to a closed drainage system. Straight in-and-out catheters, condom catheters and supra-pubic catheters are not included in the definition</p> <p><i>This (summarised) definition must be read together with the full CDC/NHSN surveillance criteria in order to diagnose a CAUTI in practice.</i></p> <p>The Website contains the full Getting Started Kit, and links to other resources for this strategy.</p> |
| <p>Institute for Healthcare Improvement. 5 Million Lives Campaign www.ih.org • Safer Healthcare Now! Campaign. www.saferhealthcarenow</p> | |
| <p>We wish to thank and acknowledge the Institute for Healthcare Improvement (IHI) and the Canadian Safer Healthcare Now! campaigns, particularly the extensive resources made available on their websites. Links are provided to both these websites for further support.</p> <div style="display: flex; justify-content: space-between; align-items: center;">   </div> | |