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Did You Know?

Because CA-UTI's are considered preventable, CMS will no longer reimburse hospitals for patient care related to hospital-acquired CA-UTI's.

Infections that are present on admission (POA) should be clearly documented in the chart to qualify for higher reimbursement Medicare DRG.

Appropriate Indwelling Urinary Catheter Use

Catheters are uncomfortable for patients and decrease mobility, which may impair recovery and contribute to other complications such as pressure ulcers and DVT. The longer a patient has an indwelling catheter, the greater the risk of infection.

Indications for indwelling catheter use based on expert guidelines and published literature include:

- Perioperative use for selected surgical procedures.
- Urine output monitoring in critically ill patients.
- Management of acute urinary retention and urinary obstruction.
- Assistance in pressure ulcer healing for incontinent patients.
- As an exception, at patient request to improve comfort or for comfort during end-of-life care.

Staff should perform a regular assessment for appropriateness of continued catheter use. Consult with physician and obtain order to remove a catheter that is no longer indicated.

Catheter-Associated Urinary Tract Infections

Catheter-Associated Urinary tract infections (CA-UTI) are the most common hospital-acquired infection. CA-UTI's can result in serious complications such as bacteremia, sepsis, and even death. Recent studies have shown that:

- 12-25% of all hospitalized patients receive a urinary catheter.
- 21% of catheters are NOT indicated at time of insertion.
- 41-58% of catheters in use at any given time are unnecessary.
- Nationwide, Emergency Departments insert 30% of all urinary catheters.
- The cost per case of CA-UTI ranges from \$500 to \$3000, and these infections overall cost the national healthcare system up to \$450 million annually.

Most CA-UTI's occur when bacteria travel up the urethra into the bladder on the external catheter surface or inside the catheter lumen. Reflux from contaminated drainage tubing and collection bags can push old urine (which can contain bacteria) into the bladder. Introduction of bacteria into the bladder during catheter insertion is less common.

Preventing Catheter-Associated UTI

Avoid unnecessary use of catheters.

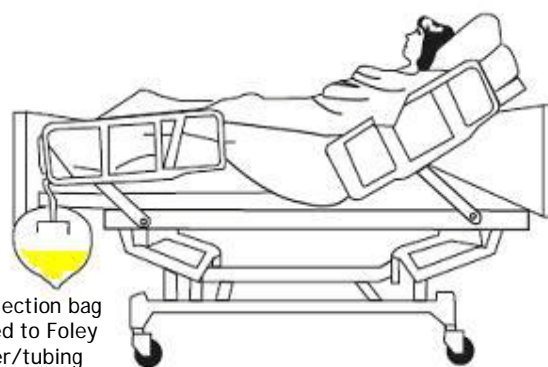
Insert catheters using aseptic technique.

Review appropriateness of catheter use on a daily basis:

- Remove catheters promptly when no longer indicated.
- Remind physicians to document indication for continued catheter use.



Foley Catheter



Urine collection bag connected to Foley catheter/tubing

Maintain catheters based on recommended guidelines:

- Wash your hands and wear gloves before handling catheter site or device.
- Keep the urine collection system closed. Disinfect the sampling port prior to collecting samples.
- Always keep the collection bag lower than the catheter and the patient's bladder to prevent reflux of old urine and possibly bacteria from the bag and tubing, especially during transport and ambulation. Never place the collection bag on the floor.
- Keep the tubing free of loops and kinks that can block drainage.
- Empty the collection bag regularly using a separate collection container for each patient. Do not let the drainage spigot touch the collection container or floor.