



MP66-06

How Does Long-Term Diligent Catheter Monitoring Change Catheter Associated Urinary Tract Infection (CAUTI) Rates?

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INTRODUCTION

- CAUTIs are thought to be an avoidable complication and account for 75% of Urinary Tract Infections (UTIs)
- The CAUTI risk increases 5% per day of catheterization
- In 2009, the CDC and Joint Commission published evidence-based guidelines for Prevention of CAUTI
- We have used a CAUTI Bundle at our two urban hospitals for over 10 years

OBJECTIVES

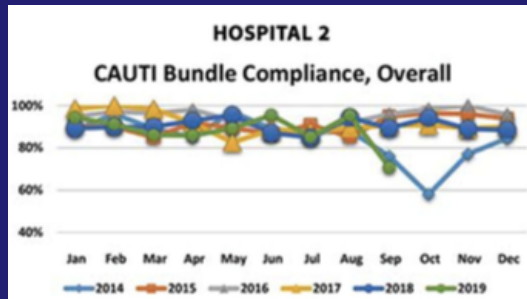
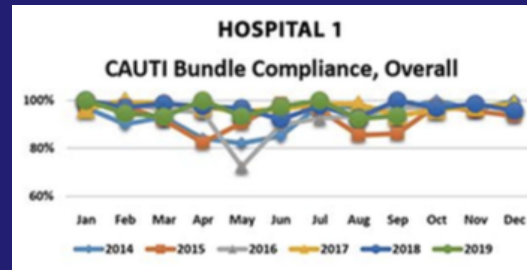
- To evaluate CAUTI rates after the initiation and maintenance of the CAUTI Bundle
- We believe that with the CAUTI Bundle, CAUTIs are minimized and rates would continue to fall

MATERIALS AND METHODS

- Daily catheter use is monitored and accounted for by a multi-disciplinary team
- CAUTI Bundle Parameters include:
 - Presence of tamper evident seal
 - Bag below bladder and off the floor
 - Catheter secured to leg
 - Labeled drainage container
 - Daily perineal care
 - Daily current catheter order
- Device days, utilization rates, and standardized infection ratios (SIR) are recorded
- We report results from the past four years

RESULTS

- Overall CAUTI rates have remained constant during the last four years despite increased utilization
- Increased utilization at Hospital 2 is due to expansion of cardiothoracic surgery program and high transfer rate from nursing homes in patients with chronic catheters
- CAUTI Bundle Compliance and catheter order compliance have remained high overall in past four years



RESULTS

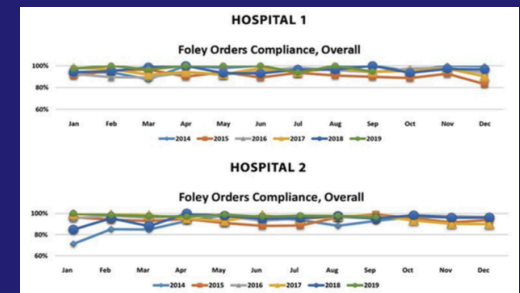


TABLE 1: OVERALL RESULTS 2016-2019

	Device days	Utilization rate	SIR
2019 (YTD) Hospital 1	5888	7.16	0.62
Hospital 2	9075	16.484	0.42
2018 Hospital 1	6825	6.167	0.53
Hospital 2	11638	11.864	0.62
2017 Hospital 1	6767	5.541	0.56
Hospital 2	10,886	10.93	0.761
2016 Hospital 1	6980	6.218	0.36
Hospital 2	10,209	10.515	0.437

SIR: Standardized infection rates

CONCLUSION

- With our CAUTI Bundle compliance model, we have reached and remained at a steady state low CAUTI rate/year
- Even with increased utilization rates, we have consistently sustained a SIR <1
- SIR has plateaued over the past four years, and we aim to improve this by identifying gaps in catheter management, catheter insertion technique, specimen collection and hospital wide education in order to reach absolute lowest possible threshold of CAUTI