Title: Range of Policies for Prevention of Catheter Associated Urinary Tract Infections in Intensive Care Units (ICUs)

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Background/Objective: Patients in ICUs are at high risk of acquiring healthcare associated infections (HAI) related to the use of invasive devices. Catheter associated urinary tract infections (CAUTI) are the most common HAI, contribute to increased morbidity and mortality and are no longer paid for by Medicare. There is a paucity of research on the utilization of policies aimed at reducing CAUTI in ICU.

Methods: Data for this analysis was from two large surveys of infection prevention departments in 2008. In the spring a survey was sent to select hospitals participating in the National Healthcare Safety Network. In the fall a similar survey of acute care California hospitals was conducted. In both, data on ICU-specific CAUTI rates were collected as well as the presence and implementation of evidence-based policies aimed at reducing CAUTI.

Results: 382 hospitals participated (response rate = 57% and 38% in the national and California study, respectively); data were provided for 542 ICU. Only 214 (39%) ICUs conducted CAUTI surveillance; the average rate was 3.61 (s.d. +/-3.4) per 1000 catheter days. Fourteen percent (n=76) of the ICUs were reported to have a policy to use catheter reminders; a policy to allow for nurse-initiated catheter discontinuation was reported in 10% (n=54). A policy allowing clinicians to use portable bladder ultrasound to determine post-void residuals was present in 27% of the ICUs (n=144) and a policy to use condom catheters was reported in 22% (n=119). Even when a policy was in place, few ICUs monitored whether the policy was correctly implemented. Monitoring implementation of policies for reminders was reported by 37% (n= 28) of the ICUs. Twenty-four percent reported monitoring of policies for nurse-initiated discontinuation of catheters (n= 13) and use of portable ultrasound (n=35). Only 19% (n= 22) reported monitoring of policies to use condom catheters. When monitored, the reported correct implementation of these policies at least 95% of the time ranged from 9% to 39%.

Conclusions: This study provides a snapshot of the CAUTI problem in ICUs across the country as well as the range of evidence-based policies being implemented. Despite the scope of the problem, little attention is focused at CAUTI. However, this may change with increased recognition of the problem at the national level.