

Expert guidance highlights practices to reduce prevalence of catheter-associated UTIs

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New expert guidance highlights strategies for implementing and prioritizing efforts to prevent catheter-associated urinary tract infections (CAUTI) in hospitals. The practice recommendations, published in the May issue of *Infection Control and Hospital Epidemiology*, are the first in a series to be published over several months sharing evidence-based strategies to help healthcare professionals effectively control and prevent the spread of healthcare-associated infections (HAIs).

A Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals: 2014 Updates is a collaborative effort led by the Society for Healthcare Epidemiology of America, the Infectious Diseases Society of America, the American Hospital Association, the Association for Professionals in Infection Control and Epidemiology, and The Joint Commission. The 2014 release updates the initial 2008 Compendium publication.

"Because of the widespread use of catheters, [urinary tract infections](#) are one of the most common infections acquired by patients," said Evelyn Lo, MD, co-lead author of the guidelines. "These strategies will help hospitals implement best practices for CAUTI prevention to curb catheter overuse and misuse, and foster a culture of accountability from the C-Suite to the front lines of medical care."

The strategies urge healthcare professionals to use a catheter only if there is clear clinical indication to do so and, if used, to discontinue as soon as possible. The updated guidelines also provide basic practices for acute care hospitals on the appropriate use of catheters including:

- Insertion and Management: To avoid

complications due to misuse of catheters, the authors highlight protocols that address proper insertion and maintenance techniques to prevent CAUTIs.

- Healthcare Personnel Education: To reduce overuse, the guidance emphasizes the importance of education among healthcare professionals to highlight alternatives to catheters, as well as stressing the need to question in each patient's individual care plan if the device is actually necessary.
- Surveillance: To record progress in CAUTI prevention, each hospital is advised to create a program that can spotlight effective strategies and areas for improvement.

All guidelines were reviewed by an expert panel and numerous medical societies. A new addition to the updated guidelines includes examples of implementation strategies and provides references that hospitals can access for more detailed information.

"Preventing healthcare-associated infections is a national priority," said Deborah Yokoe, MD, MPH, who co-led the development of the Compendium. "Although substantial progress has been achieved, considerable deficiencies remain in our ability to efficiently and effectively translate knowledge about HAI prevention into reliable, sustainable practice. The Compendium focuses on an integrated approach to [infection](#) prevention and control, steeped in science and scaled to facilitate adoption of the practices and improve the quality of care for patients."

Seven Compendium articles will be published in the May through August issues of *Infection Control and Hospital Epidemiology*, and will include strategies to prevent CAUTI, *Clostridium difficile*, [surgical site infections](#), methicillin-resistant *Staphylococcus*

aureus (MRSA) infections, central line-associated bloodstream infections, and ventilator-associated pneumonia, plus an article focused on hand hygiene improvement strategies. Each article contains infection prevention strategies, performance measures, and example implementation approaches.

More information: Evelyn Lo, Lindsay E. Nicolle, Susan E. Coffin, Carolyn Gould, Lisa Maragakis, Jennifer Meddings, David Pegues, Ann Marie Pettis, Sanjay Saint, Deborah Yokoe. "Strategies to Prevent Catheter-Associated Urinary Tract infections in Acute Care Hospitals: 2014 Update." *Infection Control and Hospital Epidemiology* 35:5 (May 2014)

Provided by Society for Healthcare Epidemiology of America

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