INTRODUCTION

This module was developed to introduce field staff to NPSG 07.06.01 that focuses on catheter-associated urinary tract infection. Upon completing this module, you will be able to:

- Describe the 2017 expectations of NPSG.07.06.01
- Effectively evaluate compliance with NPSG.07.06.01

BACKGROUND

The Joint Commission introduced an NPSG on catheter-associated urinary tract infections in 2012 for hospitals and critical access hospitals. The NPSG was based on A Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals (Compendium) published in 2008. Although the prevalence of catheter-associated urinary tract infections is relatively low in nursing care centers when compared to hospitals, it can lead to serious complications and is a major reason for hospitalization. At its September 2014 meeting, the NCC PTAC requested that the CAUTI NPSG be reconsidered for the NCC accreditation program.

The Compendium was updated in 2014 and the NPSG is based on these modifications. The NPSG for the Hospital and Critical Access Hospital Accreditation programs was updated to reflect the 2014 Compendium. The NPSG is effective January 1, 2017.

CAUTI are the most common hospital-associated infections (HAI); 70-80 percent of these infections are attributable to an indwelling urethral catheter. Catheter use is also associated with negative outcomes other than infection, including nonbacterial urethral inflammation, urethral strictures, mechanical trauma, and mobility impairment. The length of time that a catheter is in place contributes to infection, so limiting catheter use and duration are important to preventing infection. The daily risk of acquisition of bacteriuria varies from 3% to 7% when an indwelling urethral catheter remains in situ. An educational intervention that includes catheter indications, timely removal, and correct management, along with the initiation of active surveillance have shown decreases in catheter use and CAUTI rates.

Although the Compendium is based on the hospital setting, one of the lead authors with experience in nursing care centers indicated that the practices cited in the NPSG are relevant to that setting.
According to the Agency for Healthcare Research and Quality (AHRQ): “Between 1 million and 3 million health care–associated infections (HAIs) strike nursing home residents annually, contributing to nearly 400,000 deaths each year. Urinary tract infection is a common HAI in these facilities and is a major reason residents are hospitalized.”

The Centers for Disease Control and Prevention (CDC) states: “Though prevalence of indwelling urinary catheter use in LTCFs is lower than in the acute care setting, catheter-associated UTI (CAUTI) can lead to such complications as cystitis, pyelonephritis, bacteremia, and septic shock. These complications associated with CAUTI can result in decline in resident function and mobility, acute care hospitalizations, and increased mortality.

The revised NPSG was made available for field comment on The Joint Commission’s website from December 2, 2010 through January 27, 2011. Eighty-seven percent of the NCC respondents agreed that NPSG.07.06.01 should be added as a new requirement. Seventy-eight percent agreed that the NPSG would ‘substantially’ or ‘moderately’ contribute to their organization’s achievement of quality care and patient safety. The revisions were also supported by the Joint Commission’s Professional and Technical Advisory Committee for Nursing Care Centers and several professional organizations.

The NPSG addressed the following topics:

- Education for staff and licensed independent practitioners involved in the use of indwelling urinary catheters
- Education of residents or patients and families on CAUTI prevention and symptoms of infection.
- The use of criteria for placement of an indwelling urinary catheter
- Using evidence-based guidelines for catheter insertion and maintenance were combined
- Measuring and monitoring CAUTI rates

This concludes the introduction and background information for NPSG.07.06.01. The content of the education module follows.

**NPSG.07.06.01**

Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).

**Note:** Evidence-based guidelines for CAUTI are located at:
- Guideline for Prevention of Catheter-associated Urinary Tract Infections, 2009 at
EP 1
Educate staff and licensed independent practitioners involved in the use of indwelling urinary catheters about CAUTI and the importance of infection prevention. Education occurs upon hire or granting of initial privileges, and when involvement in indwelling catheter care is added to an individual’s job responsibilities. Ongoing education and competence assessment occur at intervals established by the organization. (See also HR.01.05.03, EPs 1, 4, and 5; HR.01.06.01, EPs 1-15; MS.08.01.01, EPs 1-9)

**Intent of the Requirement:**
The requirement for staff and licensed independent practitioner education about infection prevention is similar to the requirement exists in the CLABSI NPSG. However, in this case annual education is not required. Organizations may determine the frequency of education based on organization circumstances, changes in science, etc.

**Survey Process:**
This requirement applies to both employed staff and licensed independent practitioners who are involved in the use of indwelling urinary catheters. Similar to other education requirements, compliance can be addressed in individual tracers. If concerns are noted, there can be further discussion in the competence assessment session.

EP 2
Educate patients and residents who will have an indwelling catheter, and their families as needed, on CAUTI prevention and the symptoms of a urinary tract infection.

**Note:** See FAQs about “Catheter-associated Urinary Tract infection” at http://www.sheaonline.org/Assets/files/patient%20guides/NNL_CA-UTI.pdf

**Intent of the Requirement:**
The requirement about education of patients and residents (and their families as needed) is similar to the current EP 2 in the CLABSI NPSG. There are patient and resident education resources available for organizations to use as noted in the note to the EP.

**Survey Process:**
As with other patient and resident education requirements, this EP can be addressed in individual tracers. Discussions about education can take place with patients and residents and their families as well as with staff of the organization.
EP 3
Develop written criteria, using established evidence-based guidelines, for placement of an indwelling urinary catheter. Written criteria are revised as scientific evidence changes.

**Note:** Examples of criteria for placement of an indwelling urinary catheter include the following:
- Acute urinary retention or bladder outlet obstruction
- To assist in healing of open sacral or perineal wounds in incontinent patients or residents
- End-of-life care
- Neurogenic bladder

**Intent of the Requirement:**
In general, scientific evidence suggests that urinary catheter use should be limited. Therefore, it is important for organizations to establish criteria identifying the appropriate situations for the use of catheters. The Compendium is the source for many of the criteria used in this EP. The neurogenic bladder criterion relates to the note at EP 4 below about situations in which long term catheter use is necessary.

**Survey Process:**
As noted above, this issue can be addressed in individual tracers. In individual tracers, discussions with staff should identify whether the criteria exist and/or whether staff are familiar with them. Organizations should revise criteria as science changes, so this will require monitoring of the literature for the most current information.

EP 4
Follow written procedures based on established evidence-based guidelines for inserting and maintaining an indwelling urinary catheter. The procedures address the following:
- Limiting use and duration:
- Performing hand hygiene prior to catheter insertion or maintenance care
- Using aseptic techniques for site preparation, equipment, and supplies
- Securing catheters for unobstructed urine flow and drainage
- Maintaining the sterility of the urine collection system
- Replacing the urine collection system when required
- Collecting urine samples

**Note:** There are medical conditions that require a prolonged use of an indwelling urinary catheter in order to avoid adverse events and promote patient safety. Examples can include, but are not limited to, patients with a spinal cord injury, multiple sclerosis, Parkinson’s disease, and spina bifida. (See also PC.02.01.01, EP 1)
Intent of the Requirement:

Evidence-based strategies support the limited use and duration of catheters in order to prevent infection. During field review, three organizations that focus on spinal cord injury expressed concern about the NPSG because there is a clinical practice guideline for patients with spinal cord injury (SCI) that recommends the use of indwelling catheters for this population. Additionally, intermittent catheterizations are not an option for many SCI patients for clinical reasons and can place some patients at greater risk for infection and other complications. After some investigation, staff agree that patients with higher spinal cord injuries as well as individuals with other chronic conditions may require the use of a long term urinary catheter. The note to this EP addresses these situations.

Survey Process:

Similar to EP 3, during individual tracer discussions staff can be asked about the procedures they follow for indwelling catheter insertion and maintenance. Discussion can also address how they monitor compliance with evidence-based guidelines (see EP 5).

EP 5

Measure and monitor catheter-associated urinary tract infection prevention processes and outcomes by doing the following:

- Selecting measures using evidence-based guidelines or best practices
- Having a consistent method for medical record documentation of indwelling urinary catheter use, insertion, and maintenance (See also RC.01.01.01, EP 7)
- Monitoring compliance with evidence-based guidelines or best practices
- Evaluating the effectiveness of prevention efforts

Note: Surveillance may be targeted to include patients and residents with an indwelling urinary catheter as identified in the organization’s risk assessment under Standard IC.01.03.01, EP 2.

Intent of the Requirement:

This EP addresses the need to monitor the use of indwelling urinary catheters and the rate of infections within the organization. Important components include the use of and compliance with evidence based guidelines how effective they are in reducing CAUTI. It is also important to have a consistent method for documenting indwelling urinary catheter use, insertion, and maintenance so that information can be easily accessed and analyzed.

The surveillance described in this EP may be targeted to areas with a high volume of patients using in-dwelling catheters. High-volume areas are identified through the organization’s risk assessment as required in IC.01.03.01, EP 2.

Survey Process:
If an organization does a risk assessment and identifies that CAUTI is low risk and not really applicable, it is not necessarily non-compliant with the NPSG. However, the organization should be prepared to discuss the results of the risk assessment during the survey and be able to explain why the NPSG is not relevant.

Results of data monitoring and evaluation should be addressed in the Data Use/Leadership session.

References