



## **COVID-19 and HAI Updates and Q&A Webinars for Long-Term Care and Congregate Residential Settings**

December 16<sup>th</sup>, 2022

# Housekeeping

- All attendees in listen-only mode
- Submit questions via Q&A pod to **All Panelists**
- Slides and recording will be made available later
- For continuing education credit, complete evaluation at <https://redcap.dph.illinois.gov/surveys/?s=NFLE4FMC9KTWKEHE> by December 30<sup>th</sup>, 2022
  - Credit only available for the live session
  - Must be registered individually to receive credit

# Agenda

- Upcoming Events & Webinars
- Potential Posters for Preventing COVID-19 Transmission
- Evidenced-based Guidelines for the Prevention of CAUTI (Catheter associated Urinary Tract Infection)
- Open Q & A

# Upcoming Infection Prevention and Control Updates

1:00 pm - 2:00 pm

| Date                              | Infection Control Topic  | Registration Link   |
|-----------------------------------|--|---|
| Friday, January 6 <sup>th</sup>   | Facility Assessment and Infection Risk Assessment in Long Term Care - Part 2 | <a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=e256d87336db875da5401867770b44c4d">https://illinois.webex.com/illinois/onstage/g.php?MTID=e256d87336db875da5401867770b44c4d</a> |
| Friday, January 27 <sup>th</sup>  | <i>*Environmental Cleaning, Disinfection, and Monitoring*</i>                | <a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=e256d87336db875da5401867770b44c4d">https://illinois.webex.com/illinois/onstage/g.php?MTID=e256d87336db875da5401867770b44c4d</a> |
| Friday, February 10 <sup>th</sup> | How to Perform a Root Cause Analysis (RCA)                                   | <a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=ec00ad9f307c2c6b3a440a67ff7ac87f3">https://illinois.webex.com/illinois/onstage/g.php?MTID=ec00ad9f307c2c6b3a440a67ff7ac87f3</a> |
| Friday, February 24 <sup>th</sup> | Outbreak Detection and Control   | <a href="https://illinois.webex.com/illinois/onstage/g.php?MTID=ee579379913781c752510e95fbae8f306">https://illinois.webex.com/illinois/onstage/g.php?MTID=ee579379913781c752510e95fbae8f306</a> |

*\*We highly recommend facilities encourage anyone involved in environmental services to attend this presentation*

Continued Education will be offered. It will only be for the live presentation. Please ensure when registering that your name and email are correctly spelled. To receive the continued education, you must complete a training survey, which will be provided with the link to the recording.



<https://www.ihca.com/files/Education/2023/Building%20An%20Infection%20Prevention%20Program-Jan%202023.pdf>

*Presented by*

*Illinois Health Care Association  
Hektoen Institute of Medicine  
Illinois Department of Public Health*

REGISTER TODAY

JANUARY 18 - 19, 2023

# **BUILDING AN INFECTION PREVENTION PROGRAM**

**IT'S MORE THAN JUST COVID-19**



# LTC COVID-19 Vaccination Reporting

# Update

- Emergency Rules for Ill. Adm. Code, Title 77, parts 295, 300, 330, 340, 350, 370, 380, 390 were renewed. Effective 12/11 (300), 12/12
- Facilities that are not required to report COVID-19 aggregate vaccination data into the National Healthcare Safety Network (NHSN), must report this data to IDPH weekly using a Smartsheet form located at this link:  
<https://dph.illinois.gov/covid19/ltc-vaccination-testing-reporting.html>
- The Smartsheet form has been updated to reflect recent changes in CDC/IDPH guidance and simplified



# Telligen's New Campaign To Assist Nursing Homes To Increase COVID-19 Vaccination Rates & Reduce Resident Mortality Rates



Administration Priorities

NOVEMBER 22, 2022

**FACT SHEET: Biden Administration Announces Six-Week Campaign to Get More Americans their Updated COVID-19 Vaccine Before End of the Year**

[BRIEFING ROOM](#) | [STATEMENTS AND RELEASES](#)

## **CMS requested QIOs across the country to increase efforts to assist nursing homes to:**

- Increase Up-to-Date vaccination rates for residents and staff
- Provide educational materials to increase the use of COVID-19 Therapeutics

## **Telligen Action Steps:**

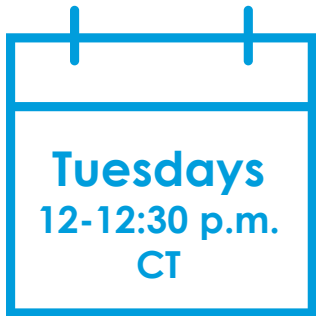
- Quality Improvement Facilitators are contacting NHs in Illinois with low Resident Up to Date vaccine rates
- Offering NHSN reporting support, coaching, strategies, and resources
- Providing live and on demand educational events
- Technical Assistance Contact [nursinghome@telligen.com](mailto:nursinghome@telligen.com)



# Telligen Events

 For all other events, visit our website:  
<https://www.telligenqiconnect.com/calendar>

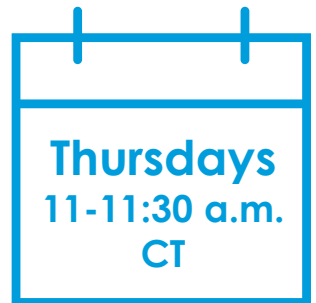
Don't miss out on these upcoming events:



## Give Your Nursing Home a Boost!

Is an ongoing series that will focus on a new topic each week and include information, tools and tips to increase vaccination rates. You will hear from other nursing homes about common challenges to increase booster rates and what's working for them.

[Register Here](#)



## Ask an Expert Series (*NEW*)

**This weekly webinar series alternates between case study reviews with Telligen's Infection Preventionist and Q&A discussions with Telligen's Pharmacist**

Designed to accommodate your busy schedule, this 30-minute come-and-go-as-you-need series is targeted towards nursing home staff and is an opportunity for open discussion and Q&A.

- **Denton Chancy, PharmD** will cover COVID-19 vaccination topics and therapeutics
- **Jaime Zapata, CIC** will cover topics to strengthen your infection prevention and control program
- [Register Here](#)

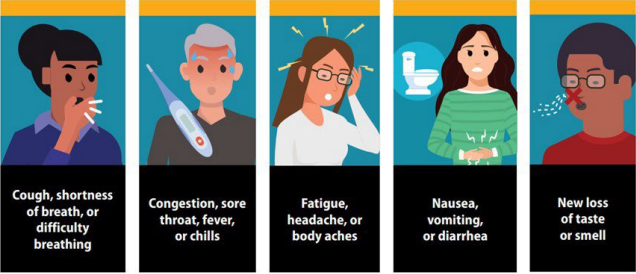
# Preventing COVID-19 Transmission

## Everyone has a Role in Preventing the Spread of COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

### Symptoms of COVID-19

Know the symptoms of COVID-19, which can include the following:



- Cough, shortness of breath, or difficulty breathing
- Congestion, sore throat, fever, or chills
- Fatigue, headache, or body aches
- Nausea, vomiting, or diarrhea
- New loss of taste or smell


If you are experiencing any of these symptoms, get tested for COVID-19.

Symptoms can range from mild to severe and appear 2–14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if you or someone you know has Emergency Warning Signs of COVID-19:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Difficulty waking or staying awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

This is not a list of all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

CS-382914

If any of the following apply, we ask that you postpone your visit for the health and safety of your loved one and others:

- 1) Symptoms of COVID-19
- 2) Have tested positive for COVID-19
- 3) Been exposed to someone that is positive for COVID-19

### Wear a mask with the best fit, protection, and comfort for you.

|                  |                                        |               |                                     |
|---|---|--|--|
| <b>N95 Respirator</b><br>NIOSH-approved   | <b>KN95 Respirator</b>  | <b>Disposable Mask</b><br>Sometimes referred to as "surgical masks" or "medical procedure masks" | <b>Cloth Mask</b><br>Non-medical, made of fabric   |
| When worn correctly, respirators offer the highest level of protection and filter 95% of particles. | Filtration varies depending on standard.<br><br>When worn correctly, KN95s provide more protection than disposable masks. | Disposable masks offer more protection than cloth masks.   | Layered finely woven cloth masks offer more protection.<br><br>Loosely woven cloth masks provide the least protection. |



Masks and respirators should not be worn by children younger than 2 years old.

[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

328947-P

Use  
hand  
sanitizer






# Get Vaccinated and Stay Up To Date



COVID-19 vaccines available in the United States are effective at protecting people from getting seriously ill, being hospitalized, and dying. As with other diseases, you are protected best from COVID-19 when you stay up to date with the recommended vaccines, including recommended boosters.



Evidenced-based Guidelines for the  
Prevention of  
CAUTI (Catheter associated Urinary Tract  
Infection)

December 16, 2022

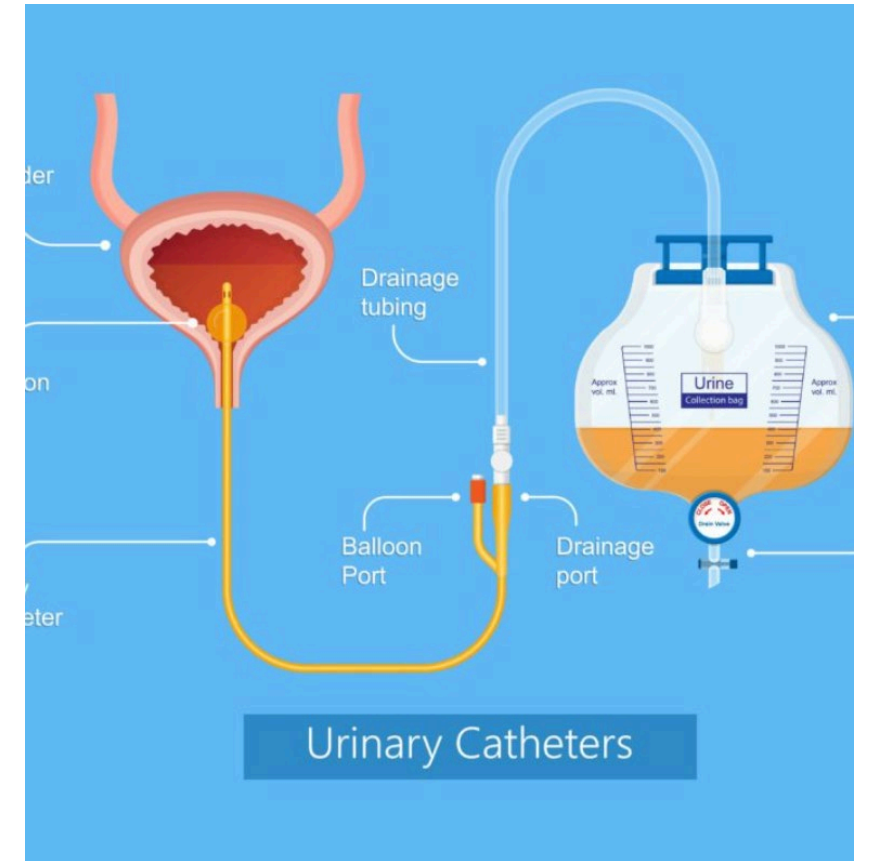
# Objectives

At the end of this presentation, you will be able to:

1. Identify the risk factors for Catheter associated Urinary Tract Infection (CAUTI) and the pathogenesis of CAUTI.
2. Be familiar with the CAUTI definitions for Long Term Care Facilities –Loeb clinical criteria, and the surveillance criteria for McGeer, and National Healthcare Safety Network (NHSN).
3. Enumerate the evidence-based guidelines for the prevention of CAUTI.
4. Learn what an infection prevention bundle is and example of a CAUTI bundle.

# Urinary Tract Infection (UTI)

- The urinary tract is one of the most common sites of healthcare-associated infections, accounting for **20% of infections** reported by long-term care facilities (LTCFs).
- In the LTCF resident, risk factors for developing bacteriuria and urinary tract infection include **age-related changes to the genitourinary tract, co-morbid conditions resulting in neurogenic bladder, and instrumentation required to manage bladder voiding.**
- Approximately **5% to 7%** of LTCF residents have an **indwelling urinary catheter**. An indwelling urinary catheter is a tube placed in the bladder to drain urine.
- Rates of UTI is higher in **catheterized** vs non catheterized residents



# Epidemiology of Catheter Associated Urinary Tract Infection (CAUTI)

- The most important risk factor for developing a catheter-associated UTI (CAUTI) is **prolonged use of the urinary catheter**. Every day that the urinary catheter is in place increases the resident's risk of CAUTI **up to 7% per day**.
- The point prevalence of asymptomatic bacteriuria in LTC residents can range from **25-50%**
- **50-70%** of CAUTI are thought to be **preventable** with recommended infection control measures.
- Catheter-associated UTI (CAUTI) can lead to such complications as **cystitis, pyelonephritis, bacteremia, and septic shock**.
- LTCF residents with chronic indwelling catheter are more likely to have **UTIs with multi-drug resistant organisms (MDROs)**.



# Pathogenesis of Catheter Associated Urinary Infection (CAUTI)

## Source of Microorganisms causing CAUTI

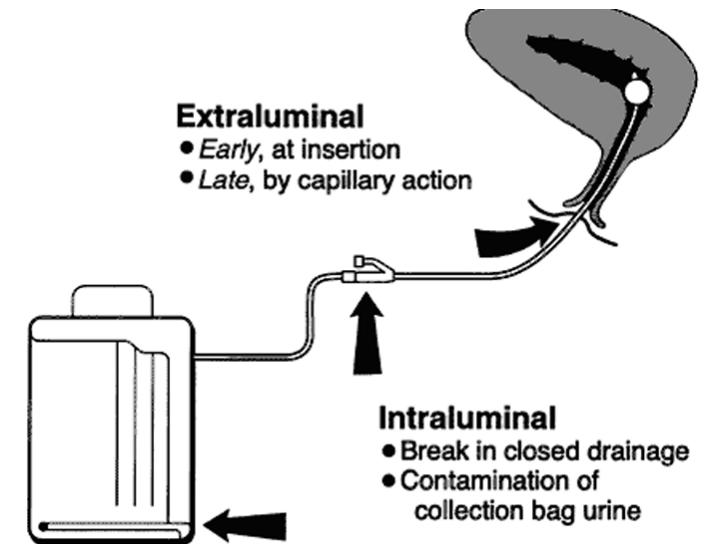
1. **Endogenous** – via meatal, rectal or vaginal colonization
2. **Exogenous** – via contaminated hands of healthcare personnel or equipment

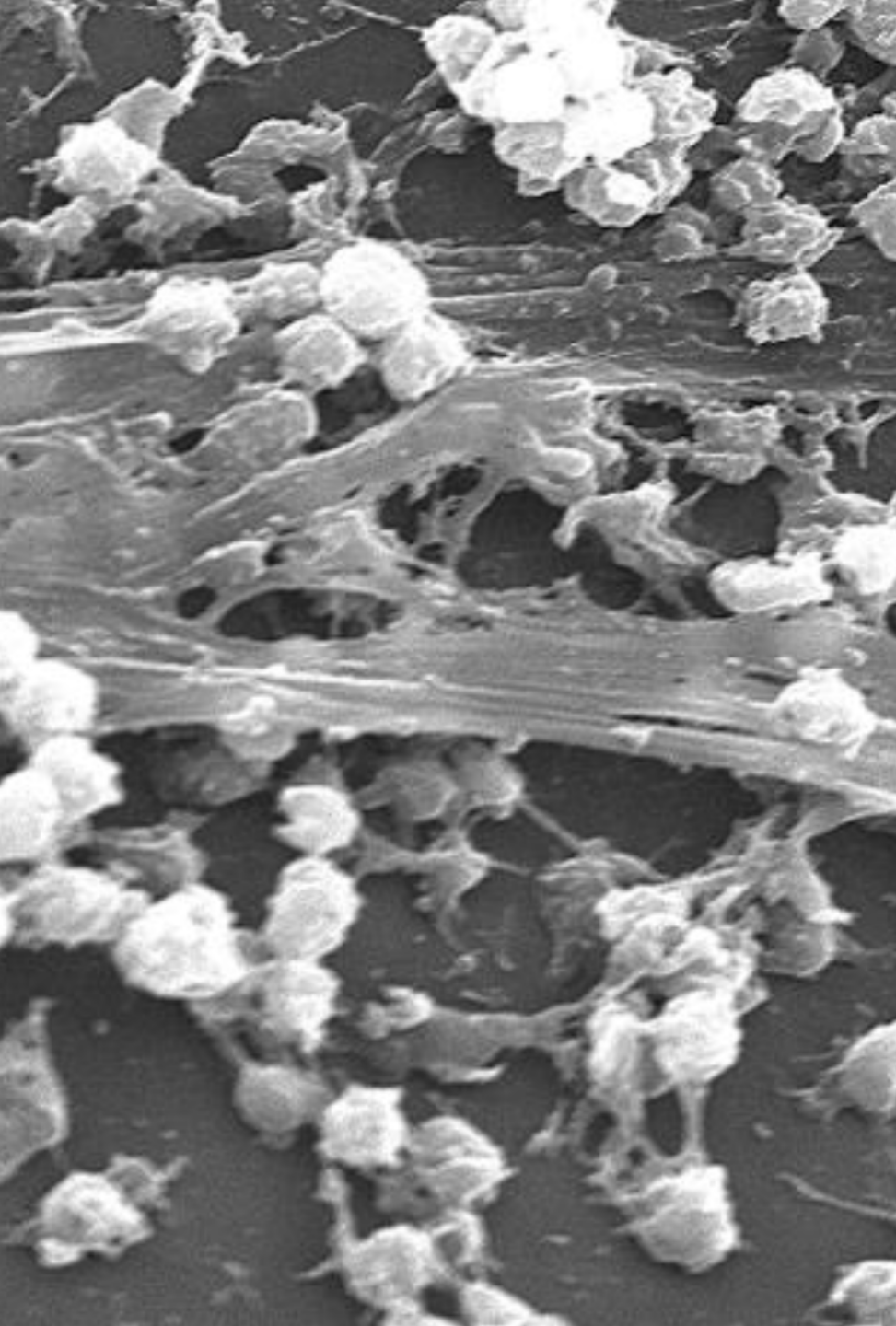
## Entry Pathways for Microorganism

1. **Extraluminal route** – outside surface of the catheter
  - lack of asepsis during insertion
2. **Intraluminal route** – inside of the catheter and the drainage bag
  - poor catheter care and maintenance

## Most frequent microorganisms associated with CAUTI

*Escherichia coli* (21.4 percent) and *Candida spp* (21 percent), followed by *Enterococcus spp* (14.9 percent), *Pseudomonas aeruginosa*





# Biofilm

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- Biofilms are complex structures that include bacteria, host cells, and cellular by-products. **Biofilm formation within invasive medical devices** is proposed as a primary mechanism in the development of certain infections, such as CAUTI.
- This “slimey coating” may be clearly visible upon catheter removal on indwelling Foleys that have been in place for extended periods of time.
- The dense extracellular matrix of biofilm and the outer layer of cells may protect the bacteria from antibiotics and normal host defense mechanisms of the white blood cells, such as phagocytosis.

# CAUTI Definitions for Long-Term Care Facilities

## 1. Loeb Criteria are Designed for Clinical Use

- meant to be a minimum set of **signs and symptoms** which, when met, indicate that the resident likely has an infection and that an antibiotic might be indicated, even if the infection has not been confirmed by diagnostic testing.

### Minimum Criteria for Initiation of Antibiotics in Long-Term Care Residents

#### Suspected Urinary Tract Infection

##### **NO indwelling catheter:**

- Acute dysuria
- or*
- Fever ( $>37.9^{\circ}\text{C}$  [ $100^{\circ}\text{F}$ ] or a  $1.5^{\circ}\text{C}$  [ $2.4^{\circ}\text{F}$ ] increase above baseline temperature)
- and at least one* of the following:
- New or worsening:
- Urgency
  - Frequency
  - Suprapubic pain
  - Gross hematuria
  - Costovertebral angle tenderness
  - Urinary incontinence

##### **WITH indwelling catheter (Foley or suprapubic):**

- *At least one* of the following:
  - Fever ( $>37.9^{\circ}\text{C}$  [ $100^{\circ}\text{F}$ ] or a  $1.5^{\circ}\text{C}$  [ $2.4^{\circ}\text{F}$ ] increase above baseline temperature)
  - New costovertebral tenderness
  - Rigors
  - New onset of delirium

Note: Foul smelling or cloudy urine is not a valid indication for initiating antibiotics. Asymptomatic bacteriuria should not be treated with antibiotics.

# CAUTI Surveillance

## Definition for Long Term Care Facilities

### 1. McGeer Surveillance Criteria

- are used for retrospectively counting true infections.
- To meet the criteria for definitive infection, more diagnostic information (e.g., positive laboratory tests) is often necessary.
- not intended for informing antibiotic initiation because they depend on information that might not be available when that decision must be made

|                                     |  |  |
|-------------------------------------|--|--|
| <p>UTI with indwelling catheter</p> | <p><b>Must fulfill both 1 AND 2.</b></p> <ul style="list-style-type: none"> <li>□ 1. At least one of the following sign or symptom           <ul style="list-style-type: none"> <li>□ Fever, rigors, or new-onset hypotension, with no alternate site of infection</li> <li>□ Either acute change in mental status or acute functional decline, with no alternate diagnosis and leukocytosis</li> <li>□ New-onset suprapubic pain or costovertebral angle pain or tenderness</li> <li>□ Purulent discharge from around the catheter or acute pain, swelling, or tenderness of the testes, epididymis, or prostate</li> </ul> </li> <li>□ 2. Urinary catheter specimen culture with <math>\geq 10^5</math> cfu/mL of any organism(s)</li> </ul> | <ul style="list-style-type: none"> <li>• Recent catheter trauma, catheter obstruction, or new onset hematuria are useful localizing signs that are consistent with UTI but are not necessary for diagnosis</li> <li>• Urinary catheter specimens for culture should be collected after replacement of the catheter if it has been in place &gt;14 d</li> </ul> |
|-------------------------------------|--|--|

# CAUTI Surveillance Definition for Long Term Care Facilities

## 2. NHSN (National Healthcare Safety Network) Surveillance Criteria

- NHSN UTI Event reporting is currently available for **certified skilled nursing facilities and nursing homes and intermediate and chronic care facilities for the developmentally disabled**
- are used for active, resident-based, prospective surveillance of events.
- For UTI, the criteria is based on laboratory results + specific signs and/or symptoms.
- Participation in NHSN reporting can provide a way for facilities to benchmark infection rates with other U.S. facilities.
- NHSN criteria are not intended for clinical decision making.

January 2021

NHSN Long-term Care Facility Composite  
Urinary Tract Infection

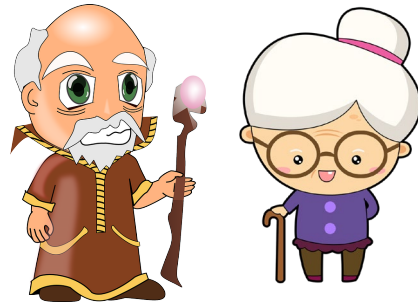
Table 3. Criteria for Catheter-associated Symptomatic Urinary Tract Infection (CA-SUTI)

| Criterion | For residents <b>with</b> an indwelling catheter in place or removed within 2 calendar days prior to event onset, where day of catheter removal is equal to day 1:   |
|-----------|--|
|           | <p><b>One or more</b> of the following (Signs and Symptoms and Laboratory and Diagnostic Testing):</p> <ol style="list-style-type: none"> <li>1. Fever* [ Single temperature <math>\geq 37.8^{\circ}\text{C}</math> (<math>&gt;100^{\circ}\text{F}</math>), or <math>&gt;37.2^{\circ}\text{C}</math> (<math>&gt;99^{\circ}\text{F}</math>) on repeated occasions (more than once), or an increase of <math>&gt;1.1^{\circ}\text{C}</math> (<math>&gt;2^{\circ}\text{F}</math>) over baseline]</li> <li>2. Rigors</li> <li>3. New onset hypotension, with no alternate non-infectious cause</li> <li>4. New onset confusion/functional decline with no alternate diagnosis <b>AND</b> Leukocytosis [defined by NHSN as <math>&gt; 10,000</math> cells/<math>\text{mm}^3</math>, or Left shift (<math>&gt; 6\%</math> or <math>1,500</math> bands/<math>\text{mm}^3</math>)]</li> <li>5. New or marked increase in suprapubic tenderness</li> <li>6. New or marked increase in costovertebral angle pain or tenderness</li> <li>7. Acute pain, swelling, or tenderness of the testes, epididymis, or prostate</li> <li>8. Purulent discharge from around the catheter insertion site</li> </ol> <p><b>AND</b></p> <p>A positive urine culture with no more than 2 species of microorganisms, at least one of which is a bacterium of <math>\geq 10^5</math> CFU/ml</p> <p><b>Footnote:</b> * Since fever is a non-specific symptom, it should be used to meet CA-SUTI criteria even if the resident has another possible cause for the fever (for example,</p> |

# Evidenced-based Guidelines for CAUTI Prevention

## Appropriate Urinary Catheter Use

1. Insert catheters **only for appropriate indications**, and leave in place **only as long as needed**.
2. **Minimize urinary catheter use and duration of use** in all residents, particularly those at higher risk for CAUTI or mortality from catheterization such as **women, the elderly, and persons with impaired immunity**



# Indications for Appropriate Catheter Use

Resident has acute urinary retention or bladder outlet obstruction.

Need for accurate measurements of urinary output in critically ill residents.

To assist in healing of open sacral or perineal wounds in incontinent residents.

Resident requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures).

To improve comfort for end of life care if needed.





# Inappropriate Uses of Indwelling Catheters

- 
- As a substitute for nursing care of the resident with incontinence.
- 
- As a means of obtaining urine for culture or other diagnostic tests when the patient can voluntarily void.
- 



# Consider using alternatives to indwelling urethral catheterization in selected residents when appropriate

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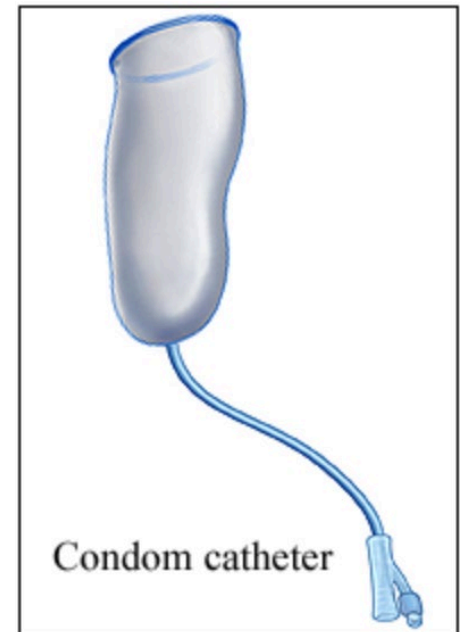
Consider alternatives to chronic indwelling catheters, such as **intermittent catheterization**, in **spinal cord injury patients**.

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**Intermittent catheterization** is preferable to indwelling urethral or suprapubic catheters in **residents with bladder emptying dysfunction**.

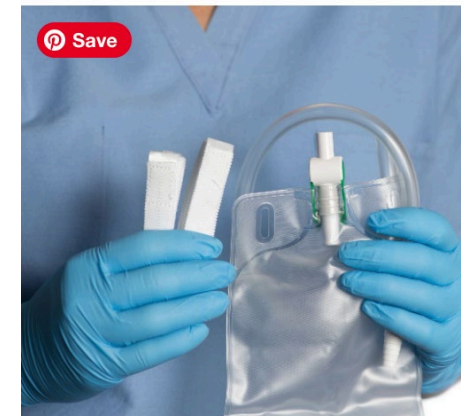
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Apply **external condom catheters** for male patients **without** urinary retention or bladder outlet obstruction



## Proper Techniques for Urinary Catheter Insertion

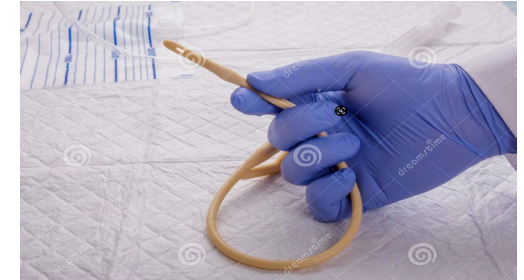
- A. Perform **hand hygiene** immediately **before and after insertion** or any manipulation of the catheter device or site.
- B. Ensure that **only properly trained persons** (e.g., health care personnel, family members, or residents themselves) who know the correct technique of aseptic catheter insertion and maintenance are given this responsibility
- C. In the **non-acute care setting, clean (i.e., non-sterile) technique** for intermittent catheterization is an acceptable and more practical alternative to sterile technique for residents requiring chronic intermittent catheterization.
- D. If intermittent catheterization is used, perform it at **regular intervals** to prevent bladder overdistension.



# Proper Techniques for Urinary Catheter Insertion

## Continuation

- E. Unless otherwise clinically indicated, consider using the **smallest bore catheter possible**, consistent with good drainage, to minimize bladder neck and urethral trauma.
- F. Properly **secure** indwelling catheters after insertion to prevent movement and urethral traction
- G. If ultrasound bladder scanners are used, ensure that **indications for use** are clearly stated, nursing staff are **trained** in their use, and equipment is **adequately cleaned and disinfected** in between patients.



# Proper Techniques for Urinary Catheter Maintenance

- A. Following aseptic insertion of the urinary catheter, **maintain a closed drainage system.**
- B. If breaks in aseptic technique, disconnection, or leakage occur, **replace** the catheter and collecting system using aseptic technique and sterile equipment.
- C. Maintain **unobstructed** urine flow.
- D. Keep the catheter and collecting tube **free from kinking.**
- E. Keep the collecting bag **below the level of the bladder at all times.**

Do **not** rest the bag on the floor.





# Proper Techniques for Urinary Catheter Maintenance

## Continuation

E. Empty the collecting bag **regularly** using a separate, clean collecting container for each patient; avoid splashing, and prevent contact of the drainage spigot with the nonsterile collecting container.

F. Use Standard Precautions, including the use of gloves and gown as appropriate, during any **manipulation** of the catheter or collecting system.

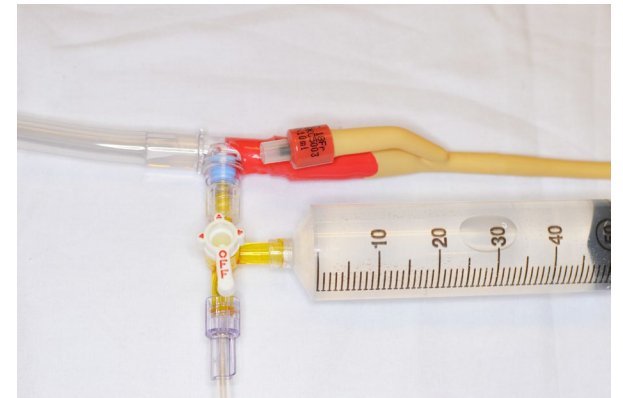
G. Unless clinical indications exist (e.g., in residents with bacteriuria upon catheter removal post urologic surgery), do **not** use systemic antimicrobials routinely to prevent CAUTI in residents requiring either short or long-term catheterization.

H. Do **not** clean the periurethral area with antiseptics to prevent CAUTI while the catheter is in place. Routine hygiene (e.g., cleansing of the meatal surface during daily bathing or showering) is appropriate.



# Catheter Materials, Management of Obstruction, and Specimen Collection

- A. If the CAUTI rate is **not** decreasing after implementing a comprehensive strategy to reduce rates of CAUTI, consider using **antimicrobial/antiseptic-impregnated catheters**.
- B. If **obstruction** occurs and it is likely that the catheter material is contributing to obstruction, **change the catheter**.
- C. Obtain urine samples **aseptically**.
  - If a **small volume** of fresh urine is needed for examination (i.e., urinalysis or culture), aspirate the urine from the needleless sampling port with a sterile syringe/cannula adapter after cleansing the port with a disinfectant.
  - Obtain **large volumes** of urine for special analyses (not culture) aseptically from the drainage bag.



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)



# The DO's of Indwelling Urinary Catheter Care

- **Do** perform peri-care using only soap and water
- **Do** keep the catheter and tubing from kinking and becoming obstructed
- **Do** keep catheter systems closed when using urine collection bags or leg bags
- **Do** replace catheters and collection bags that become disconnected
- **Do** ensure the resident's identifier/implementation date is on their urine collection containers
- **Do** make sure to disinfect the sampling port before obtaining a sample



Source: Catheter Care Do's and Don'ts AHRQ Safety Program for Long-Term Care: HAIs/CAUTI  
<https://www.ahrq.gov/hai/quality/tools/cauti-ltc/modules/resources/tools/prevent/do-dont.html>

# The **DON'Ts** of Indwelling Urinary Catheter Care

- **Don't** change catheters or drainage bags at routine, fixed intervals
- **Don't** administer routine antimicrobial prophylaxis
- **Don't** use antiseptics to cleanse the periurethral area while a catheter is in place
- **Don't** clean the periurethral area vigorously
- **Don't** irrigate the bladder with antimicrobials
- **Don't** instill antiseptic or antimicrobial solutions into drainage bags
- **Don't** routinely screen for asymptomatic bacteriuria
- **Don't** contaminate the catheter outlet valve during collection bag emptying



# Infection Prevention Care Bundles

- are simple sets of evidence-based practices that, when implemented collectively, improve the reliability of their delivery and improve patient/resident outcome

Infections are a leading cause of illness and death in long-term care facilities.

These infections include catheter-associated urinary tract infections (CAUTIs).

REMEMBER C.A.U.T.I. TO PREVENT CAUTI

## C A U T I

### Catheter Removal

Think about catheters in any of your residents. Are the catheters really necessary?

Remove the catheter if there is no good indication for it. (See below.)

Every resident deserves a chance to be catheter-free and infection-free.

### Aseptic Insertion

Only trained personnel should insert catheters.

Use hand hygiene, and insert using aseptic technique.

Use the smallest catheter size that will allow good drainage for the resident.

Avoid contamination of the catheter.

Use catheter securement devices.

### Use Regular Assessments

Insert new urinary catheters only where there is a good indication. Incontinence is NOT an appropriate indication for an indwelling urinary catheter.

Consider alternatives to using a urinary catheter.

Use a bladder ultrasound to guide management.

Implement a process to see whether residents need catheters.

### Training for Catheter Care

Train staff, resident, and family.

Maintain a closed drainage system, and maintain unobstructed urine flow.

Use routine hygiene. Do not clean the periurethral area with antiseptics.

Routine catheter changes, urinalysis, and cultures are not required.

### Incontinence Care Planning

Consider alternatives to using a urinary catheter when developing individual resident care plans and behavioral interventions.

Consider timed and prompted voiding and use of a voiding diary.

### Appropriate Indications for an Indwelling Urinary Catheter

To assist in healing of open sacral or perineal wounds in incontinent residents

For acute urinary retention or bladder outlet obstruction

To improve comfort for end-of-life care if needed

Remember: No catheter means no CAUTI!

Source: Centers for Disease Control and Prevention Healthcare Infection Control Practices Advisory Committee, Guideline for Prevention of Catheter-associated Urinary Tract Infections, 2009. [http://www.cdc.gov/hicpac/cauti/02\\_cauti2009\\_abbrv.html](http://www.cdc.gov/hicpac/cauti/02_cauti2009_abbrv.html).

The AHRQ Safety Program for Long-Term Care: HAIs/CAUTI provides guides, tools and educational videos that will help you provide safer care for residents. Visit <https://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/cauti-ltc/index.html> for more information.

AHRQ Agency for Healthcare Research and Quality

**AHRQ Safety Program for Long-Term Care: HAIs/CAUTI**

AHRQ Pub No. 16(17)-0003-15-EF  
March 2017

# The Power of 10:

## Your role in Preventing Catheter-Associated Urinary Tract Infections in Nursing Homes



### What is a catheter, and why is it sometimes needed?

A urinary catheter is a thin tube placed in the bladder for a period of time to drain urine through a tube into a collection bag.

A urinary catheter is used:

- If you are not able to urinate on your own because of a medical condition or disability
- To promote comfort at the end of life
- To help with wound healing in certain medical conditions
- To measure the amount of urine your body makes
- During certain tests of the kidneys and bladder
- During and after some types of surgery

Sometimes a urine catheter bag can be attached to your leg. This may assist in dignity, encourage mobility, and decrease the risk of falling.

Because catheters can introduce germs into your urinary system, people with urinary catheters have a much higher chance of getting a urinary tract infection than people who don't have a catheter.

If you have a urinary catheter and you get an infection in your bladder or your kidney, it's called a catheter-associated urinary tract infection (CAUTI).

### As a nursing home resident, family member, or loved one, what can you do to prevent a CAUTI?



1. Ask your healthcare provider about **alternatives** when possible to inserting a catheter and managing incontinence, such as a bedside commode, urinal, or bedpan training.

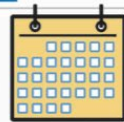


2. Ask your healthcare provider if a "bladder scan" would be useful before you have a catheter. A bladder scan checks to see how much urine you have in your bladder and can sometimes help your provider determine if a catheter is needed.



3. You, your visitors, and facility staff should clean hands **BEFORE AND AFTER** every time the catheter and bag are handled.

4. Ask how long you will need a catheter. If you still have a catheter after the estimated date of removal, ask for an update. At least monthly, staff should also check to see if you still need a catheter; ask the staff to keep you informed.



5. Keep the urine collection bag below the bladder and off the floor.



6. Try not to lie on the catheter or tubing; keep the tubing free of any kinks.

7. After you have a bowel movement, ask for help to make sure you're clean. This will help keep germs away from the catheter.



8. The catheter and the bag must stay connected. If they have to be disconnected, ask staff how you can stay safe from infection.

9. Let staff know if you feel feverish or ill, have pain in your abdomen or back, or notice drainage at the catheter site; these may be signs of infection.

10. Ask staff to preserve your dignity while you have a catheter by keeping a cover over the urine bag.



Ask questions any time about your catheter and its care. Staff will address your concerns and answer your questions.

Learn more about CAUTI:

CAUTI Frequently Asked Questions—Centers for Disease Control and Prevention: [www.cdc.gov/HAI/ca\\_utl/cauti\\_faqs.html](http://www.cdc.gov/HAI/ca_utl/cauti_faqs.html)

Frequently asked questions about catheter-associated urinary tract infections—Society for Healthcare Epidemiology of America, Association for Professionals in Infection Control and Epidemiology, the American Hospital Association, The Joint Commission, the Infectious Diseases Society of America, and the Centers for Disease Control and Prevention: [www.apic.org/Resource/TinyMceFileManager/Practice\\_Guidance/HNI\\_CA-UTI.pdf](http://www.apic.org/Resource/TinyMceFileManager/Practice_Guidance/HNI_CA-UTI.pdf)

Urinary tract infections: what you need to know to reduce your risk—Association for Professionals in Infection Control and Epidemiology: <http://www.apic.org/For-Consumers/Monthly-alerts-for-consumers/Article?id=urinary-tract-infections-what-you-need-to-know>





**Thank you!**

# Open Q&A

Submit questions via Q&A pod to **All Panelists**

**Please do not resubmit a single question multiple times**

Slides and recording will be made available after the session.

# Reminders

- For continuing education credit, please fill out the following evaluation by December 30<sup>th</sup>, 2022:
  - For continuing education credit, complete evaluation at <https://redcap.dph.illinois.gov/surveys/?s=NFLE4FMC9KTWKEHE>
- SIREN Registration
  - To receive situational awareness from IDPH, please use this link to guide you to the correct registration instructions for your public health related classification: <http://www.dph.illinois.gov/siren>
- NHSN Assistance:
  - Contact Telligen: **nursinghome@telligen.com**