

# NATIONAL HEALTHCARE SAFETY NETWORK CATHETER-ASSOCIATED URINARY TRACT INFECTION (CAUTI) - SURVEILLANCE

Key Concepts
Definitions



## REFERENCE ACKNOWLEDGMENT 2024 NHSN ANNUAL TRAINING

► CAUTIon: Is it a CAUTI? Know your CAUTI criteria

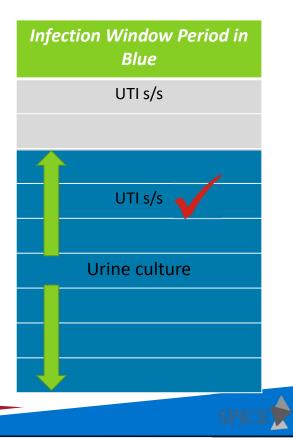
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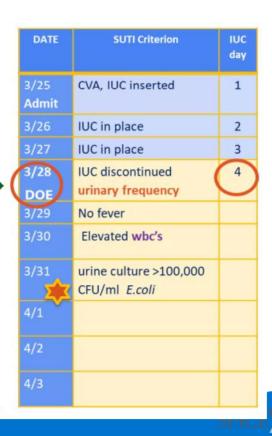
### **KEY CONCEPT: INFECTION WINDOW PERIOD**

- + Urine culture is always use to set the IWP
- ► Use only eligible UTI element within the IWP
  - ▶ Urine culture
  - UTI signs/symptoms (s/s) OR matching blood organism



#### **KEY CONCEPT: UTI DATE OF EVENT**

- ▶ The UTI DOE is the date the first element used to meet a UTI criterion occurs for the first time within the 7-day IWP
- ► First element may be culture OR sign/symptom



#### **KEY CONCEPT: UTI RIT**

- ► 14-day timeframe where no 'new' UTI events are reported (SUTI or ABUTI). All UTI events identified set an RIT and SBAP-includes non-catheter-associated events and POA events
- ► The RIT for a UTI event is a 'fixed' 14 days. "New" urine cultures identified in the RIT with different eligible pathogens from original culture are added to the event

**NOTE:** The original date of event is maintained and DO NOT change device association during the RIT



# TWO SCENARIOS FOR 2<sup>ND</sup> BSI CAN BE APPLIED TO UTI

➤ Scenario 1- Matching organism concept: At least one organism identified in a positive BLOOD culture matches an organism identified form the URINE culture used to meet SUTI criteria AND the blood culture is collected in the SBAP (IWP + RIT)

#### OR

► Scenario 2- ABUTI: The + BC is used as an element in meeting the UTI criterion ABUTI (and collected during UTI IWP)



# KEY CONCEPT: INDWELLING URINARY CATHETER (IUC)

- ► A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a drainage bag (including leg bags).
- ► IUCs are also often called Foley catheters.
- ► IUCs used for intermittent or continuous irrigation are also included in CAUTI surveillance.



#### **UTI SITE SPECIFIC CONCEPTS**

#### Unless an IUC is also present, the following do NOT qualify as an IUC

- Suprapubic catheter
- ► Nephrostomy tubes
- Urostomy
- ► Ileal conduit
- Perineal urethrostomy

#### NOTE:

▶ Urine collected from **any** source, including the above sites, **CAN** be used to determine a UTI.



#### **►** Eligible Urine Culture

▶ ≥ 100K CFU/ml of at least one eligible organism.

<u>AND</u>

▶ No more than two organisms.

#### **▶** Urine Source

▶ Any source, including urine collection devices, such as nephrostomy tubes.



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#### Excluded Organisms:

- Any yeast or yeast species, mold, dimorphic fungi or parasites or mold, including Candida auris
  - Blood with these organisms cannot be secondary to UTIs
- Excluded organisms can be in an eligible urine culture, if there is one bacterium with >100K CFU/ml in addition to the excluded organism.

#### **Example:**

- ► Eligible urine culture: > 100K CFU/ml of *Escherichia coli* and > *Candida albicans*.
- ▶ Ineligible urine culture: > 100K CFU/ml of *Escherichia coli*, > 100K CFU/ml of *Klebsiella pneumoniae*, and yeast.



#### **► Mixed Flora**

- ▶ Implies > two organisms and does **not** meet NHSN UTI criteria
  - Ineligible urine culture: ≥ 100K CFU/ml of A.baumannii and 10K CFU/ml of mixed flora

#### **▶** Sensitivities

- ▶ A urine culture that has sensitive and resistant bacteria in the same culture, it is **not** considered two different organisms.
  - ► Example: > 100K MSSA and ≥ 100K MRSA are considered the same organism.



- ► Colony Count Ranges
  - ▶ 75K to 100K does **NOT** meet NHSN UTI criteria.
- **►** Morphology
  - ▶ Differing morphology does **NOT** affect organism count
    - ► Eligible Urine Culture
      - ► E. coli #1 > 100,000 CFU/ml
      - ► E. coli #2 > 10,000 CFU/ml
      - ► Staph Aureus > 100,000 CFU/ml

One Organism



#### **CATHETER DAY COUNT**

- ▶ Day of insertion = Catheter Day 1.
  - ▶ If the catheter is present at the time of admission, then the date of admission (DOA) = Catheter Day 1.
- ► Each day an IUC is in place for **any** portion of the day counts as an IUC day.
  - ▶ When an IUC is removed and later replaced, the IUC day count continues uninterrupted unless the patient is without an IUC for at least 1 full calendar day (NOT to be read as 24 hours).
  - ▶ If there is a full calendar day interruption, the IUC day count will start anew with new IUC placement.



### **URINARY TRACT INFECTION (UTI) DEFINITIONS**

- ► There are two specific types of UTI:
- Symptomatic UTI (SUTI)
  - SUTI 1a- Catheter-associated Urinary Tract Infection (CAUTI) in any age patient
  - SUTI 1b- Non-Catheter-associated Urinary Tract Infection (Non-CAUTI) in any age patient
  - SUTI 2 CAUTI or Non-CAUTI in patients 1 years of age or less
- Asymptomatic Bacteremic UTI (ABUTI)

Both types, if catheter-associated, must be reported as part of any CMS CAUTI reporting requirements.



#### **UTI DEFINITIONS**

- ► SUTI 1a: Catheter-associated Urinary Tract Infection (CAUTI)
- ▶ Patient must meet 1, 2, and 3 during the IWP
  - 1) Patient had an indwelling urinary catheter (IUC) that had been in place for more than 2 consecutive days in an inpatient locations on the day of event and either:
    - Present for any portion of the calendar day on the DOE OR
    - Removed the day before the DOE
  - 2. Patient has at least one of the following signs or symptoms:
    - Fever (>38° C)
      - Suprapubic tenderness\*
      - Costovertebral angle pain or tenderness\*
      - Urinary urgency^
      - Urinary frequency^
      - Dysuria^

- \* No other recognized cause
- ^ These symptoms cannot be used when catheter is in place



Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml



#### **SYMPTOMS**



- Fever is a non-specific symptom of infection and cannot be excluded from UTI determination because it is clinically deemed due to another recognized cause.
- Suprapubic tenderness whether elicited on palpation or as a subjective compliant of suprapubic pain is acceptable as part of the criteria if documented in the medical record during the IWP.
  - Lower abdominal pain or bladder or pelvic discomfort are examples of symptoms that be used as suprapubic tenderness.
  - Generalized "abdominal pain" in the medical record is not to be interpreted as suprapubic tenderness as there are many causes of abdominal pain and is too general.
- Left or right or bilateral lower back are examples of symptoms that can be used as costovertebral angle pain or tenderness.
  - Generalized "low back pain" is not to be interpreted as costovertebral angle pain or tenderness as there can be many causes of low back pain.



#### **UTI DEFINITIONS**

- ► SUTI 1b: Non-Catheter-associated Urinary Tract Infection (Non-CAUTI)
- ▶ Patient must meet 1, 2, and 3 during the IWP
  - 1. One of the following is true:
    - Patient has/had an IUC, but it has/had not been in place for more than 2 consecutive days in an inpatient location on the DOE OR

\* No other recognized cause

- Patient did not have an IUC in place on the DOE nor the day before the DOE
- 2.) Patient has at least one of the following signs and symptoms:
  - Fever (>38° C)
  - Suprapubic tenderness\*
  - Costovertebral angle pain or tenderness\*
  - Urinary urgency^
  - Urinary frequency^
  - Dysuria^
- 3. Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of ≥10<sup>5</sup> CFU/ml



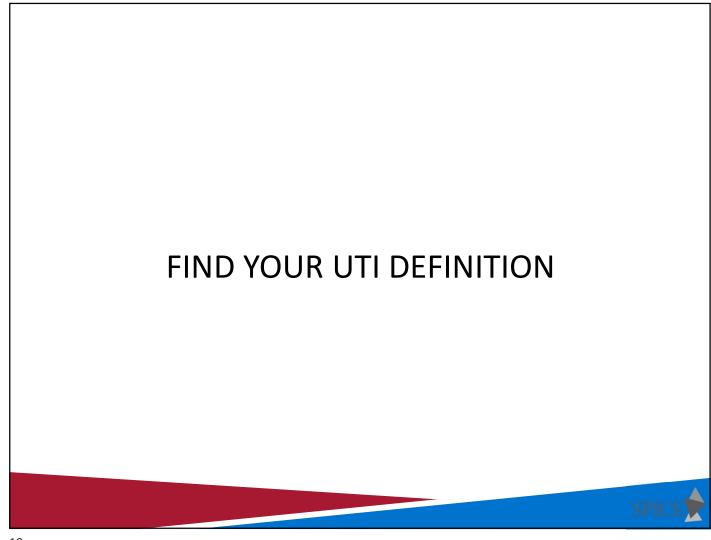
#### **NEW IN 2025**

<u>Spinal Cord Injury-associated Neurogenic Bladder (SCI-NB)</u>: For the purpose of NHSN reporting, neurogenic bladder is a condition in which there is dysfunction or damage to the nerves that control the bladder as a result of a spinal cord injury. In order to answer "Yes" to the 'Neurogenic bladder' field within the NHSN application you must utilize:

- One of the ICD-10-CM diagnosis codes that indicates a diagnosis of spinal cord injury (SCI)
   AND
- One of the ICD-10-CM diagnosis codes that indicates a diagnosis of neurogenic bladder (NB)

In tandem, these diagnostic codes define SCI-NB for NHSN surveillance purposes. For a complete list of eligible ICD-10-CM codes please visit the Urinary Tract Infection (UTI) Events section of the NHSN website under "Supporting Materials".





#### **KNOWLEDGE CHECK-IS THIS A CAUTI?**

#### True or False

The patient's complaint of urinary frequency on 3/28 is after the IUC was removed, so can be used to meet SUTI

Date	Details
3/25	Patient admitted to acute care hospital for CVA; IUC inserted
3/26	IUC in place
3/27	IUC in place
3/28	IUC discontinued early morning, at noon complained of urinary frequency
3/29	No fever
3/30	Elevated WBCs
3/31	Positive urine culture with >10 <sup>5</sup> CFU/ml <i>E. coli</i>



## SUTI KNOWLEDGE CHECK IS THIS A CAUTI?

- ▶ 3/31 Positive urine culture sets the IWP: 3/28-4/3
- ► The 3/28 urinary frequency is first element to occur within the IWP therefore it is the DOE
- ► The IUC was in place > 2 days on the DOE = HAI SUTI 1a-CAUTI

Date	SUTI Criterion	IUC Day
3/25 Admit	CVA, IUC inserted	1
3/26	IUC in place	2
3/27	ICU in place	3
3/28	IUC discontinued; urinary frequency	4
3/29	No fever	
3/30	Elevated WBCs	
3/31	Urine culture > 10 <sup>5</sup> CFU/ml <i>E. coli</i>	



#### **UTI DEFINITIONS**

- ► SUTI 2: CAUTI or Non-CAUTI in patients 1 year of age or less
- ▶ Patient must meet 1, 2, and 3 during the IWP
  - 1.) Patient is < 1year of age (with or without an indwelling urinary catheter)
  - 2. Patient has at least one of the following signs or symptoms
    - Fever (>38° C)
    - Hypothermia (<36.0°C)</li>
    - Apnea\*
    - Bradycardia\*
    - Lethargy\*
    - Vomiting\*
    - Suprapubic tenderness\*

\* No other recognized cause

Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of  $\geq 10^5$  CFU/ml



# ASYMPTOMATIC BACTEREMIC URINARY TRACT INFECTION (ABUTI) – all ages

#### Patient must meet 1,2, and 3 below:

- 1 Patient with or without an indwelling urinary catheter has no signs or symptoms of SUTI 1 or 2 according to age
- 2 Patient has a urine culture with no more than two species of organisms identified, at least one of which is a bacterium of >10<sup>5</sup> CFU/ml
- (3) Patient has organism identified from blood specimen with at least one matching bacterium to the bacterium identified in the urine specimen OR meets LCBI criterion 2 (without fever) and matching common commensals(s) in the urine



# ASYMPTOMATIC BACTEREMIC URINARY TRACT INFECTION (ABUTI) KNOWLEDGE CHECK

Date	<b>Details</b>	
2/20	Patient admitted to ICU with MI, IUC inserted	
2/21-23	No UTI signs/symptoms	
2/24	Elevated WBCs, no UTI s/s, positive blood with <i>S. aureus</i> and positive urine culture with > 10 <sup>5</sup> CFU/ml <i>S. aureus</i>	
2/25-2/27	No UTI s/s	
2/28	IUC removed, Discharged to home	

### Is this a reportable UTI?



#### **COMMON MISCONCEPTIONS**



- UTI as secondary infection Never
  - UTI is a primary site of infection and **cannot** be considered secondary to another site of infection.
- Positive urine culture on admission automatically = Present on Admission (POA) – No
  - A Positive urine culture during the POA timeframe without UTI signs or symptoms nor matching blood organism in the IWP is not an event **and can therefore this not meet POA**.
- UTI signs or symptoms such as fever on admission automatically = POA- No
  - The positive urine culture sets the IWP, therefore if the sign or symptom occurs before the IWP set by the urine culture it cannot be POA.
- ▶ RIT continues during readmission- No
  - The RIT applies during a patient's single admission, including the day of discharge and the after, in keeping with the transfer rule.
  - An RIT does not carry over from the one admission the another even if the readmission is to the same facility.



### **RESOURCES:**

► CAUTI Surveillance

https://www.cdc.gov/nhsn/psc/uti/index.html

- Patient Safety Component Manual
  - Chapter 2-Identifying HAI for NHSN Surveillance
  - Chapter 7-Urinary Tract Infection (UTI) Event
  - Chapter 16-NHSN Key Terms
- FAQs



