Using the National Healthcare Safety System for Catheter-Associated Urinary Tract Infection Surveillance

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October 13, 2010

OBJECTIVES

Objectives

1. *State the Centers for Disease Control and Prevention's definitions and criteria of Catheter-associated Urinary Tract Infection (CAUTI) Infection*
2. *State the correct method to identify denominators for CAUTI rate calculations*
3. *Explain the NSHN data analysis options for CAUTI surveillance*

NHSN Website
A Valuable Resource

- *NHSN Manual*
  - *Criteria*
  - *Key Definitions*
  - *Tables of Instructions*
- *Data and Statistics*
  - *NHSN published reports*
- *Trainings*
- *NHSN forms*
- *Lots more!!!*

http://www.cdc.gov/nhsn/index.html

Division of Healthcare Quality Promotion (DHQP) at CDC. NHSN also includes a new component for hospitals to monitor adverse reactions and incidents associated with receipt of blood and blood products. Enrollment is open to all types of healthcare facilities in the United States, including acute care hospitals, long term acute care hospitals, psychiatric hospitals, rehabilitation hospitals, outpatient dialysis centers, ambulatory surgery centers, and long term care facilities. For more information, click on the topics below.

NHSN Biovigilance Component GO» Biovigilance »

KNOW What to Do About the Flu
www.flu.gov
Share this Widget

Topics

About NHSN
Overview, External Peer Review, Confidentiality, How data are used...

Patient Safety Component
Procedure, Device (Dialysis Event), Medication-associated, MDRO, & HRIIV Modules...

Enrollment Requirements
Eligibility, Required Training, Reporting & System Requirements, Security, Begin Enrollment...

Healthcare Personnel Safety Component
Benefits of Participation, Facility-Level Options, BBF Exposure Module...

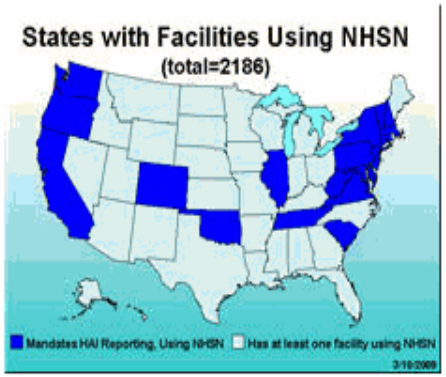
Resource Library
Guides, Manuals, NHSN Codes & Variables, FAQs, HIPAA...

Biovigilance Component
Hemovigilance Module Overview, Protocol and Tables of Instructions...

Data Collection Forms
Forms for routine data collection including customizable forms to meet specific needs...

NHSN Training
Pre-recorded webcasts: Enrollment , Data Entry, Surveillance, Analysis, PS & HPS Components...

Data & Statistics



CDC currently supports more than 2000 hospitals that are using NHSN and 19 states require hospitals to report HAI's using NHSN.

More Data & Statistics »

Communication Updates

E-mail updates NewsLetters

NHSN National Healthcare Safety Network

NHSN Report 2008 NHSN Report, data summary for 2006 through 2007

Get email updates

To receive email updates about NHSN, enter your email address:

What's this? Submit

Contact NHSN:

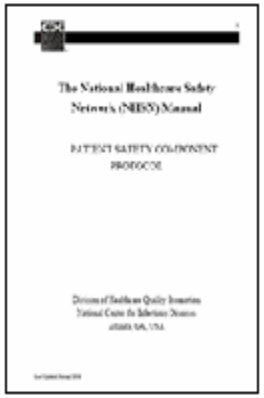
Centers for Disease Control and Prevention
National Healthcare Safety Network
MS-A24
1600 Clifton Rd
Atlanta, GA 30333

nhsn@cdc.gov

More contact info »

Patient Safety Component

Download the NHSN Manual: Patient Safety Protocol by section:



- Table of Contents PDF (38 KB / 2 pages)
- NHSN Overview PDF (51 KB / 5 pages)
- Identifying Healthcare-associated Infections (HAIs) in NHSN PDF (84 KB / 2 pages)
- Patient Safety Monthly Reporting Plan PDF (26 KB / 1 pages)
- Central Line-Associated Bloodstream Infection (CLABSI) Event PDF (66 KB / 7 pages)
- Central Line Insertion Practices (CLIP)Adherence PDF (82 KB / 3pages)
- Ventilator-Associated Pneumonia (VAP) Event PDF (242 KB / 12 pages)
- Catheter-Associated Urinary Tract Infection (CAUTI) Event PDF (236 KB / 11 pages)
- Dialysis Event PDF (53 KB / 3 pages)
- Surgical Site Infection (SSI) Event PDF (180 KB / 13 pages)
- Post-Procedure Pneumonia (PPP) Event PDF (36 KB / 2 pages)
- Antimicrobial Use and Resistance (AUR) Option PDF (54 KB / 4 pages)
- Multidrug-resistant Organism (MDRO) and *Clostridium difficile*-Associated Disease (CDAD) Module Protocol PDF (413 KB/ 25 pages)
- High Risk Inpatient Influenza (HRIIV) Protocol PDF (438KB / 20 pages)
- Tables of Instructions Updated June 2009, PDF (422 KB / 49 pages)
- CDC Location Labels and Location Descriptions PDF (268 KB / 15 pages)

Catheter-Associated Urinary Tract Infection (CAUTI) Event

Introduction: The urinary tract is the most common site of healthcare-associated infection, accounting for more than 30% of infections reported by acute care hospitals[1]. Virtually all healthcare- associated urinary tract infections (UTIs) are caused by instrumentation of the urinary tract.

CAUTI can lead to such complications as cystitis, pyelonephritis, gram-negative bacteremia, prostatitis, epididymitis, and orchitis in males and, less commonly, endocarditis, vertebral osteomyelitis, septic arthritis, endophthalmitis, and meningitis in all patients. Complications associated with CAUTI cause discomfort to the patient, prolonged hospital stay, and increased cost and mortality. Each year, more than 13,000 deaths are associated with UTIs.[1]

Prevention of CAUTIs is discussed in the CDC/HICPAC document, *Guideline for Prevention of Catheter-associated Urinary Tract Infections*[2].

Settings: Surveillance will occur in any of three types of inpatient locations: (1) ICUs, (2) SCAs (includes hematology/oncology wards, bone marrow transplant units, solid organ transplant units, inpatient dialysis units, long term acute care areas), and (3) any other inpatient location in the institution where denominator data can be collected (e.g., surgical wards).
NOTE: It is not required to monitor for CAUTIs after the patient is discharged from the facility, however, if discovered, they should be reported to NHSN. No additional indwelling catheter days are reported.

Requirements: Surveillance for CAUTI is performed in at least one inpatient location in the healthcare institution for at least one calendar month as indicated in the *Patient Safety Monthly Reporting Plan* (CDC 57.106).

Definitions:
Urinary tract infections (UTI) are defined using symptomatic urinary tract infection (SUTI) criteria or Asymptomatic Bacteremic UTI (ABUTI) criteria (Table 1 and Figure 1). Report UTIs that are catheter-associated (i.e. patient had an indwelling urinary catheter at the time of or within 48 hours before onset of the event). NOTE: There is no minimum period of time that the catheter must be in place in order for the UTI to be considered catheter-associated. NOTE: SUTI 1b and 2b and other UTI (OUTI) cannot be catheter-associated.
EXAMPLE: Patient has a Foley catheter in place on an inpatient unit. It is discontinued, and 4 days later patient meets the criteria for a UTI. This is not reported as a CAUTI because the time since Foley discontinuation exceeds 48 hours.

Consistency is a Must!

- *Criteria designed to look at a population at risk*
- *Identify patients meeting the criteria*
- *Consistently apply the criteria*
- *Ensures the comparability of the data- protects your facility and others*

What If Clinicians Disagree?

- *Remind of surveillance vs. clinical definitions*
  - *Diff purposes*
  - *May not be the same*
  - *Comments section useful to note important factors*
- *Can submit questions to NHSN mailbox*

Healthcare-associated Infection (HAI)

- *A localized or systemic condition resulting from an adverse reaction to the presence of an infectious agent(s) or its toxin(s) that*
  - *Occurs in a patient in a healthcare setting and*
  - *Was not present or incubating at the time of admission, unless the infection was related to a previous admission*
- *When the setting is a hospital, meets the criteria for a specific infection (body) site as defined by CDC*
- *When the setting is a hospital, may also be called a nosocomial infection*

CAUTI related Definitions

AN APPLE SHOULD BE AN APPLE

CAUTI

Most common HAI

- *Complications include pyelonephritis, bacteremia, endocarditis, meningitis, etc.*

Rates range between

- *16.8% in Rehab*
- *3.1% in Med Surg ICU non-major teaching facility*

Renewed interest:

- *Mandatory reporting*
- *Denial of CMS reimbursement dollars*

Major & Specific Infection Types

- **Major Type: Urinary Tract Infection (UTI)**

- **Specific Infection Types:**
  - *Symptomatic UTI (SUTI)*
  - *Asymptomatic Bacteremic UTI (ABUTI)*
  - *Other UTI (OUTI) (kidney, ureter, bladder, or tissue surrounding the retroperitoneal or perinephric space)*

Catheter-associated UTI

- A UTI that occurs in a patient with an indwelling urinary catheter at the time of or within 48 hours before the onset

- Note: There is no minimum amount of time that a catheter must be present before the onset of the infection to be catheter associated.

Indwelling Catheter

- **A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a closed collection system; also called a Foley catheter**

- Straight in and out catheters
- Suprapubic catheters
- Nephrostomy tubes
- Condom catheters

Notes

- CAUTI surveillance can occur in any inpatient setting where denominator data is available
- No requirement for post-discharge surveillance, but include data if notified
- Device-associated infections (e.g., CAUTI) are attributed to the location on the date of the event

EXCEPT

- If a CAUTI develops within 48 hours of transfer from one inpatient location to another in the same facility, the infection is attributed to the transferring location (**48 hour rule**)

Notes

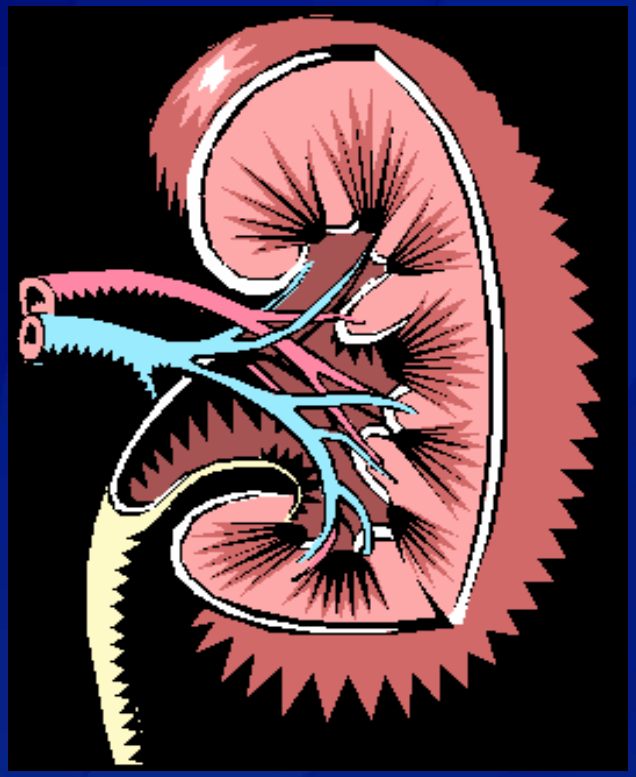
- Date of Event is the date of the first clinical symptom of the UTI event or the date of the specimen, whichever is first.

- Example: A patient's Foley catheter is discontinued. 36 hours later the patient has first symptoms of UTI. This is a CAUTI.

Notes

- Device-associated infections can never be attributed to patient locations that do not have overnight stays (no summary data, i.e., denominator, is available). These are attributed to the unit in which the infection presented.

- Example: A surgical patient has a Foley inserted in the operating room and goes to the SICU postoperatively. 24 hours later, the patient complains of suprapubic pain and soon meets criteria for UTI. This is a CAUTI attributed to the SICU.



CAUTI CRITERIA AND APPLICATION

Notes

- If the location is participating in CAUTI surveillance according to their monthly reporting plan, business rules will not allow entry of CAUTI events unless they meet criteria.

- When troubleshooting inability to enter events look to the criteria first.

2 Key UTI Questions

- *Was an indwelling catheter in place at the time of or within 48 hours prior to the urine specimen collection?*
- *Is the patient 65 years or older?*

These relate to the criteria and ultimately the application's business rules.

SUTI Criteria 1 and 2 (all ages)

SUTI Criteria Type	Microbiology Requirement	Required Supportive Evidence
"1"	*Urinary culture $\geq 10^5$ CFU/ml **	
"2"	*Urinary culture $\geq 10^3$ and $< 10^5$ CFU/ml**	*Requires supportive urinalysis*

** No more than 2 species of microorganisms*

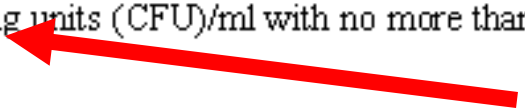
SUTI Criteria 1 and 2 (all ages) Continued

SUTI Criteria Type	Catheter Presence in Relation to Specimen Collection	Signs and Symptoms Special Considerations
"a"	*•At the time of* *OR* *•In 48 hours preceding*	*•Urgency, frequency, dysuria not included if cath in place*
"b"	*•None*	*•Age limit for fever*

** No more than 2 species of microorganisms*

Symptomatic UTI – 1a & 1b

Criterion	**Symptomatic Urinary Tract Infection (SUTI)** Must meet at least 1 of the following criteria:
1a	Patient had an indwelling urinary catheter in place at the time of specimen collection *and* at least 1 of the following signs or symptoms with no other recognized cause: fever (>38°C), suprapubic tenderness, or costovertebral angle pain or tenderness *and* a positive urine culture of ≥10^5 colony-forming units (CFU)/ml with no more than 2 species of microorganisms. ----------OR---------- Patient had indwelling urinary catheter removed within the 48 hours prior to specimen collection *and* at least 1 of the following signs or symptoms with no other recognized cause: fever (>38°C), urgency, frequency, dysuria, suprapubic tenderness, or costovertebral angle pain or tenderness *and* a positive urine culture of ≥10^5 colony-forming units (CFU)/ml with no more than 2 species of microorganisms.
1b	Patient did not have an indwelling urinary catheter in place at the time of specimen collection nor within 48 hours prior to specimen collection *and* has at least 1 of the following signs or symptoms with no other recognized cause: fever (>38°C) in a patient that is ≤65 years of age, urgency, frequency, dysuria, suprapubic tenderness, or costovertebral angle pain or tenderness *and* a positive urine culture of ≥10^5 CFU/ml with no more than 2 species of microorganisms.



Symptomatic UTI – 2a

Patient had an indwelling urinary catheter in place at the time of specimen collection
and
at least 1 of the following signs or symptoms with no other recognized cause:
fever (>38°C), suprapubic tenderness, or costovertebral angle pain or tenderness
and
a positive urinalysis demonstrated by at least 1 of the following findings:

a. positive dipstick for leukocyte esterase and/or nitrite
b. pyuria (urine specimen with ≥10 white blood cells [WBC]/mm^3 or ≥3 WBC/high power field of unspun urine)
c. microorganisms seen on Gram stain of unspun urine

and
a positive urine culture of ≥10^3 and <10^5 CFU/ml with no more than 2 species of microorganisms.

----------OR----------

Patient had indwelling urinary catheter removed within the 48 hours prior to specimen collection
and
at least 1 of the following signs or symptoms with no other recognized cause:
fever (>38°C), urgency, frequency, dysuria, suprapubic tenderness, or costovertebral angle pain or tenderness
and
a positive urinalysis demonstrated by at least 1 of the following findings:

a. positive dipstick for leukocyte esterase and/or nitrite
b. pyuria (urine specimen with ≥10 white blood cells [WBC]/mm^3 or ≥3 WBC/high power field of unspun urine)
c. microorganisms seen on Gram stain of unspun urine

and
a positive urine culture of ≥10^3 and <10^5 CFU/ml with no more than 2 species of microorganisms.

Symptomatic UTI – 2b

Patient did not have an indwelling urinary catheter in place at the time of specimen collection nor within 48 hours prior to specimen collection

and

has at least 1 of the following signs or symptoms with no other recognized cause: fever (>38°C) in a patient that is ≤65 years of age, urgency, frequency, dysuria, suprapubic tenderness, or costovertebral angle pain or tenderness

and

a positive urinalysis demonstrated by at least 1 of the following findings:

a. positive dipstick for leukocyte esterase and/or nitrite
b. pyuria (urine specimen with ≥10 WBC/mm^3 or ≥3 WBC/high power field of unspun urine)
c. microorganisms seen on Gram stain of unspun urine

and

a positive urine culture of ≥10^3 and <10^5 CFU/ml with no more than 2 species of microorganisms.

SUTI Criteria 3 and 4 Overview (< 1 year of age)

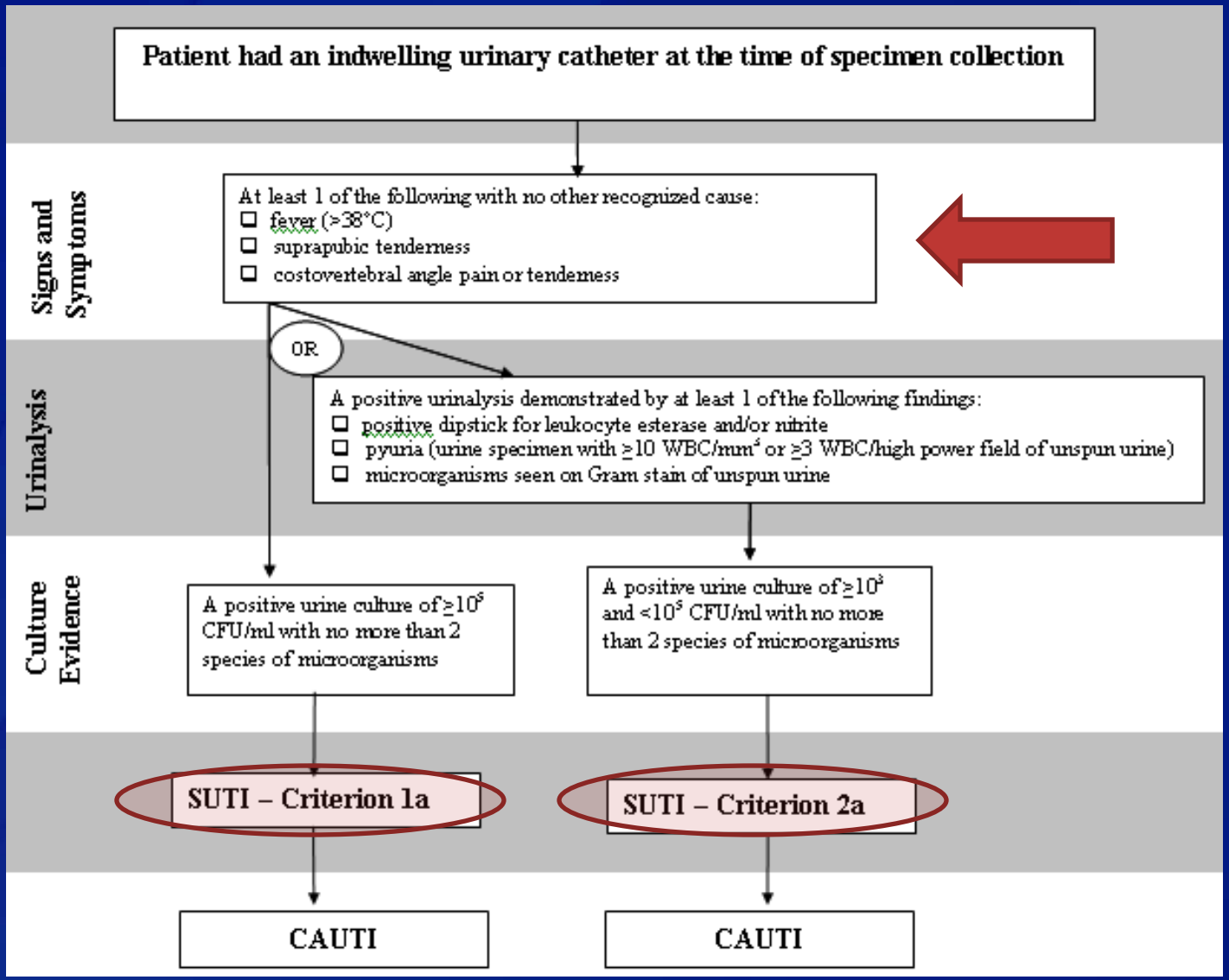
SUTI Criteria Type	Microbiology Requirement	Required Supportive Evidence	Signs and Symptomatology
"3"	*Urinary culture ≥ 10^5 CFU/ml **		*Age appropriate*
"4"	*Urinary culture ≥ 10^3 and < 10^5 CFU/ml**	*Requires supportive urinalysis*	*Age appropriate*

** No more than 2 species of microorganisms*

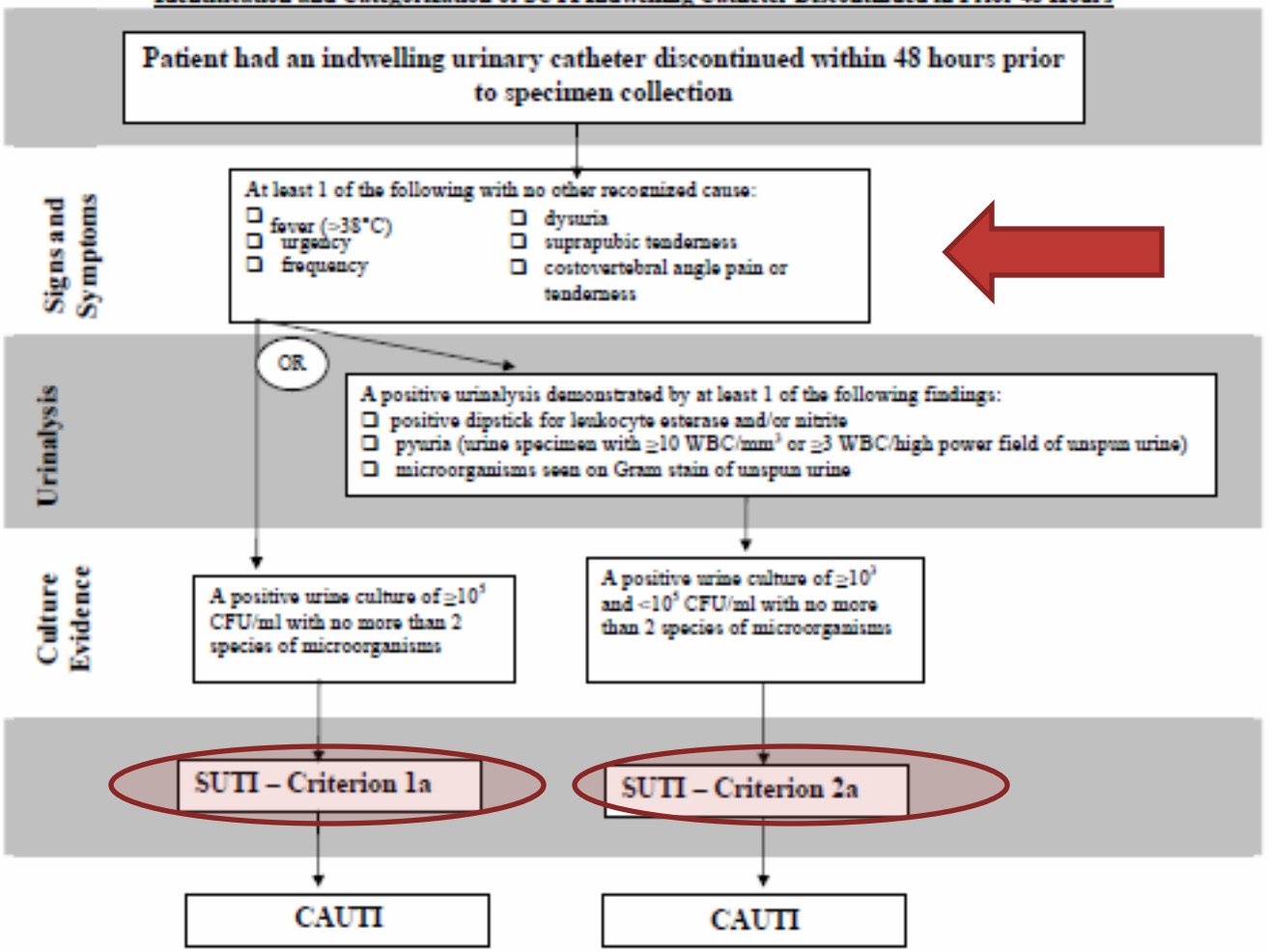
SUTI for ≤1 year olds – Criteria 3 & 4

3	Patient ≤1 year of age with or without an indwelling urinary catheter has at least 1 of the following signs or symptoms with no other recognized cause: fever (>38°C core), hypothermia (<36°C core), apnea, bradycardia, dysuria, lethargy, or vomiting *and* a positive urine culture of $\geq 10^5$ CFU/ml with no more than 2 species of microorganisms.
4	Patient ≤1 year of age with or without an indwelling urinary catheter has at least 1 of the following signs or symptoms with no other recognized cause: fever (>38°C core), hypothermia (<36°C core), apnea, bradycardia, dysuria, lethargy, or vomiting *and* a positive urinalysis demonstrated by at least one of the following findings: a. positive dipstick for leukocyte esterase and/or nitrite b. pyuria (urine specimen with ≥10 WBC/mm^3 or ≥3 WBC/high power field of unspun urine) c. microorganisms seen on Gram's stain of unspun urine *and* a positive urine culture of between $\geq 10^3$ and $<10^5$ CFU/ml with no more than two species of microorganisms.

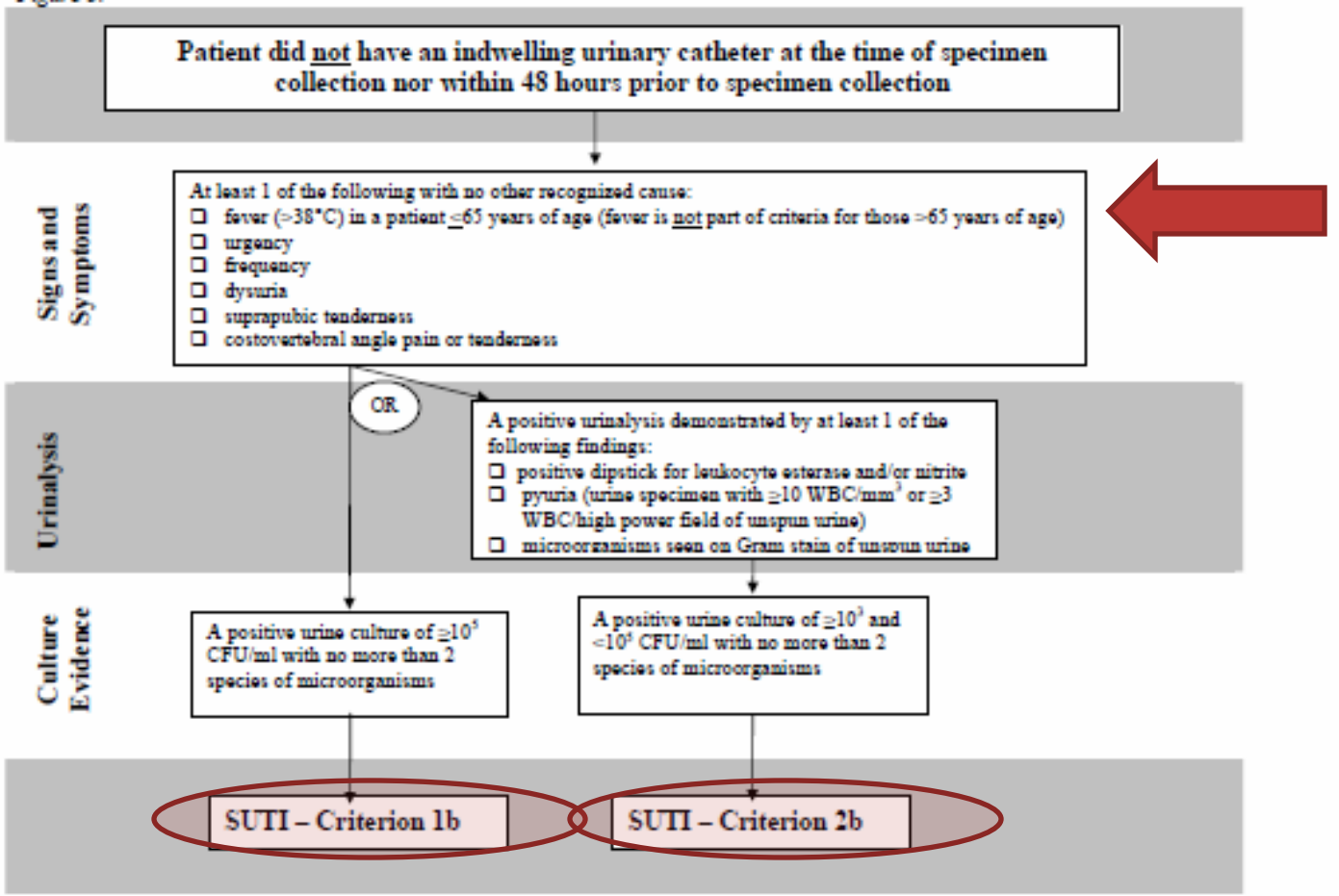
Catheter in Place



Catheter Removed Prior 48 Hours



No Catheter Prior 48 Hours



May be HAI, but NOT a CAUTI

Asymptomatic Bacteremic UTI (ABUTI)

Asymptomatic Bacteremic Urinary Tract Infection (ABUTI)

Patient with or without an indwelling urinary catheter has no signs or symptoms (i.e., no fever (>38°C) for patients ≤65 years of age*; and for any age patient no urgency, frequency, dysuria, suprapubic tenderness, or costovertebral angle pain or tenderness, OR for a patient ≤1 year of age, no fever (>38°C core), hypothermia (<36°C core), apnea, bradycardia, dysuria, lethargy, or vomiting)

and

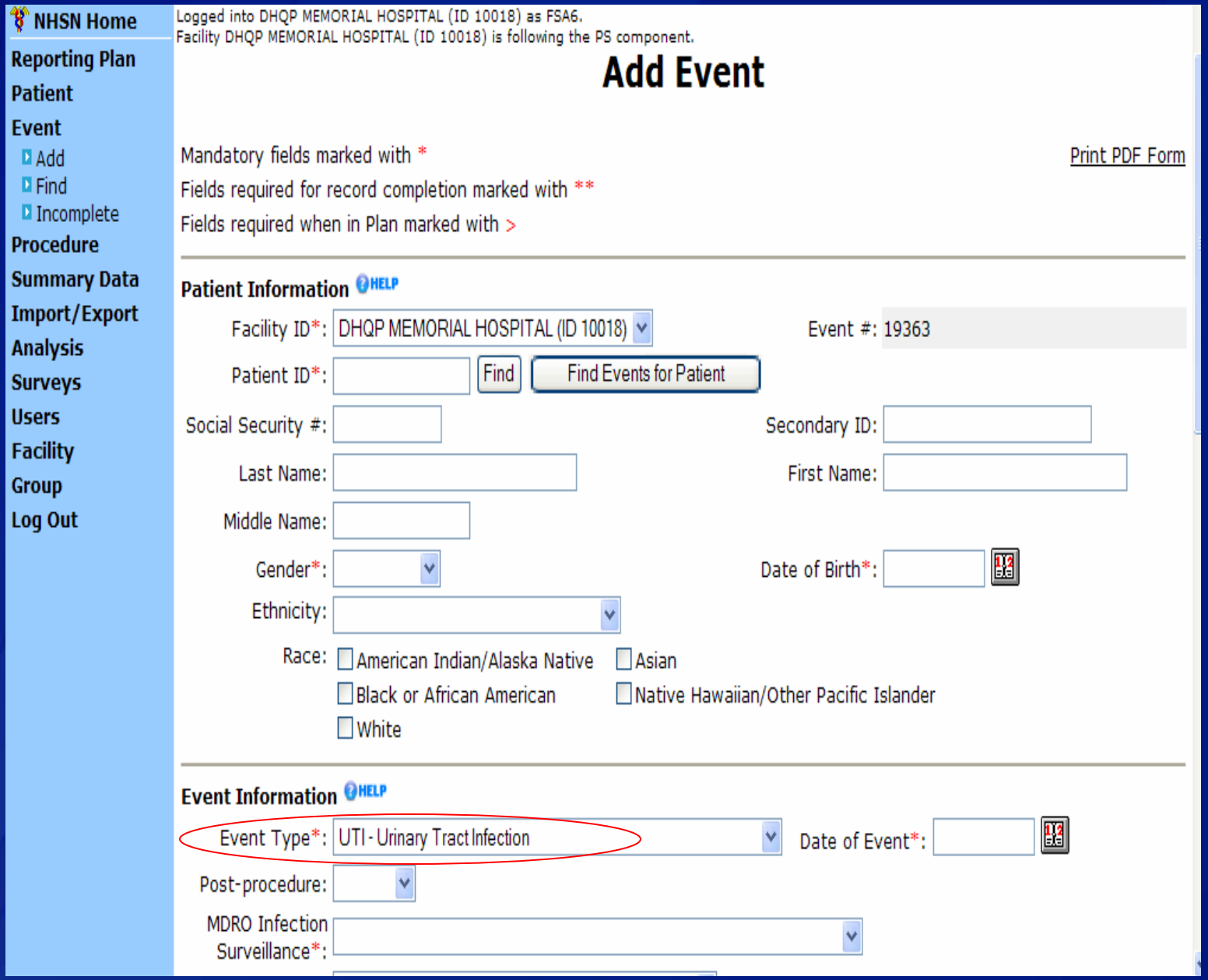
a positive urine culture of ≥10^5 CFU/ml with no more than 2 species of uropathogen microorganisms**

and

a positive blood culture with at least 1 matching uropathogen microorganism to the urine culture.

*Fever is not diagnostic for UTI in the elderly (>65 years of age) and therefore fever in this age group does not disqualify from meeting the criteria of an ABUTI.

**Uropathogen microorganisms are: Gram-negative bacilli, *Staphylococcus* spp., yeasts, beta-hemolytic *Streptococcus* spp., *Enterococcus* spp., *G. vaginalis*, *Aerococcus urinae*, and *Corynebacterium* (urease positive).


NHSN Home
Reporting Plan
Patient
Event
Add
Find
Incomplete
Procedure
Summary Data
Import/Export
Analysis
Surveys
Users
Facility
Group
Log Out
Logged into DHQP MEMORIAL HOSPITAL (ID 10018) as FSA6.
Facility DHQP MEMORIAL HOSPITAL (ID 10018) is following the PS component.
Add Event
Mandatory fields marked with *
Fields required for record completion marked with **
Fields required when in Plan marked with >
Print PDF Form
Patient Information
HELP
Facility ID*: DHQP MEMORIAL HOSPITAL (ID 10018)
Event #: 19363
Patient ID*:
Find
Find Events for Patient
Social Security #:
Secondary ID:
Last Name:
First Name:
Middle Name:
Gender*:
Date of Birth*:
Ethnicity:
Race:
American Indian/Alaska Native
Asian
Black or African American
Native Hawaiian/Other Pacific Islander
White
Event Information
HELP
Event Type*: UTI - Urinary Tract Infection
Date of Event*:
Post-procedure:
MDRO Infection Surveillance*:

Event Information HELP

Event Type*: UTI - Urinary Tract Infection

Date of Event*: 04/03/2009

Post-procedure:

MDRO Infection Surveillance*: No, this event pathogen/location is not in-plan for MDRO/CDAD Module

Location*: 71ICU - 71 ICU CARDIAC

Date Admitted to Facility>: 03/28/2009

Risk Factors HELP

Urinary Catheter*:

Location of Device Insertion:

Date of Device Insertion:

- INPLACE - In place
- REMOVE - Removed within 48 hours prior
- NEITHER - Not in place nor within 48 hours prior

Determines if age is a factor as well as symptoms available

Event Details HELP

Specific Event>:

Secondary Bloodstream Infection>:

Died**:

Discharge Date:

Pathogens Identified>: If Yes, specify below ->

Pathogens HELP

to Facility>:

Risk Factors HELP

Urinary Catheter*: REMOVE - Removed within 48 hours prior

Location of Device Insertion:

Date of Device Insertion:

Event Details HELP

Specific Event>: SUTI - Symptomatic UTI

Specify Criteria Used* (check all that apply):

Signs & Symptoms

Any patient

- [ ] Fever
- [ ] Urgency
- [ ] Frequency
- [ ] Dysuria
- [ ] Suprapubic tenderness
- [ ] Costovertebral angle pain or tenderness
- [ ] Abscess
- [ ] Pain or tenderness
- [ ] Purulent drainage or material
- [ ] Other evidence of infection found on direct exam, during surgery, or by diagnostic tests

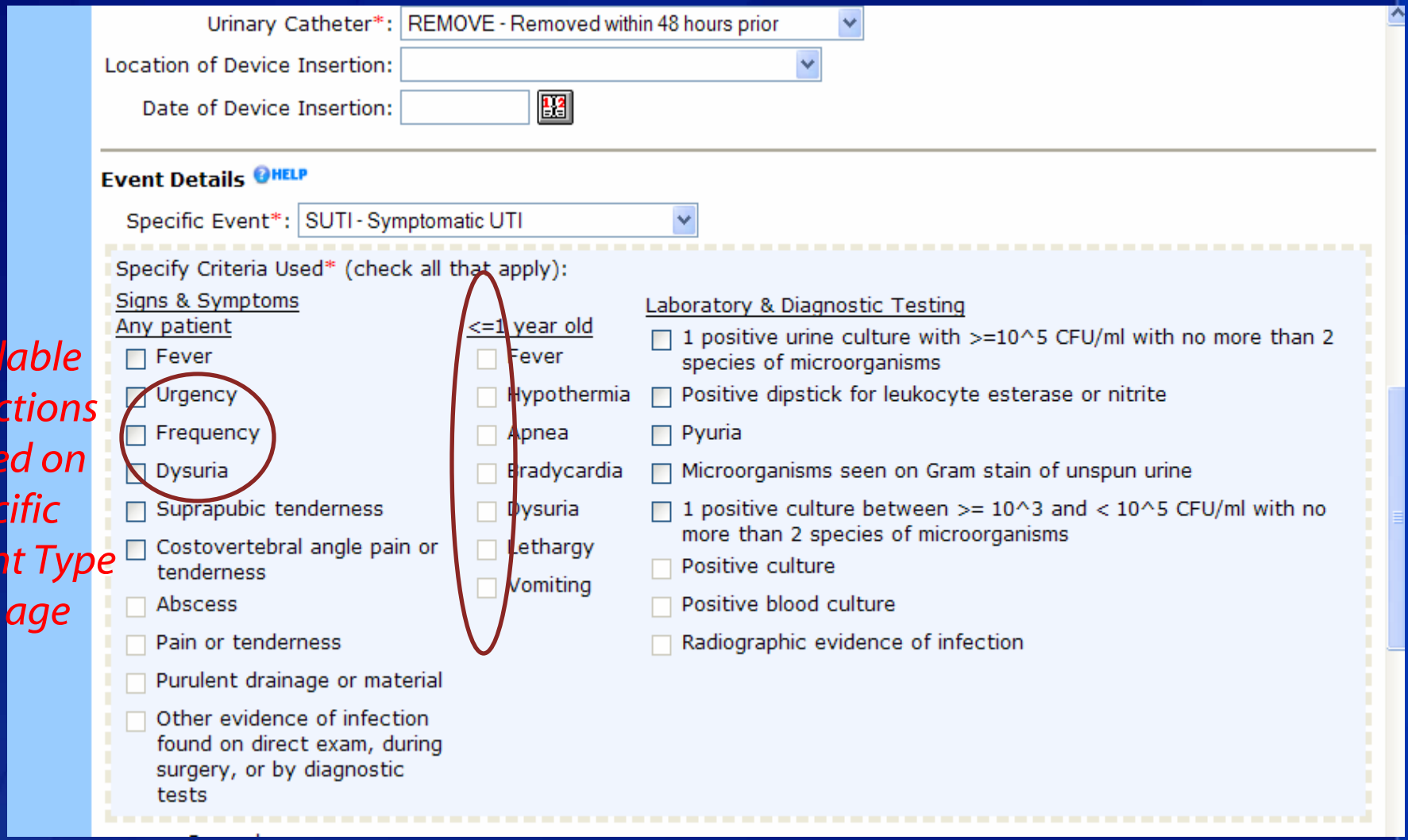
<=1 year old

- [ ] Fever
- [ ] Hypothermia
- [ ] Apnea
- [ ] Bradycardia
- [ ] Dysuria
- [ ] Lethargy
- [ ] Vomiting

Laboratory & Diagnostic Testing

- [ ] 1 positive urine culture with >=10^5 CFU/ml with no more than 2 species of microorganisms
- [ ] Positive dipstick for leukocyte esterase or nitrite
- [ ] Pyuria
- [ ] Microorganisms seen on Gram stain of unspun urine
- [ ] 1 positive culture between >= 10^3 and < 10^5 CFU/ml with no more than 2 species of microorganisms
- [ ] Positive culture
- [ ] Positive blood culture
- [ ] Radiographic evidence of infection

Secondary



Available selections based on Specific Event Type and age

CAUTI Denominator Data

- *CAUTIs are attributed to patient location*
- *# indwelling urinary catheter days/ unit*
- *For urinary catheter device utilization: # patient days/unit*
- *Are collected at the same time every day*

Example of Completed Denominators for ICU/Other Locations Form

NHSN National Healthcare Safety Network

Denominators for Intensive Care Unit (ICU)/ Other locations (not NICU or SCA)

OMB No. 0920-0666
Exp. Date: 02-29-2008

* required for saving

*Facility ID# : *10000* *Month: *Nov* *Year: *2008* *Location Code: *MSICU*

Date	*Number of patients	**Number of patients with 1 or more central lines	**Number of patients with a urinary catheter	**Number of patients on a ventilator
1	6	6		
2	8	6		
3	6	4		
4	7	7		
5	6	6		
6	8	6		
7				
8				
9				
10				
11				
31	//	//		
*Totals	151	138		
	Patient-days	Central-line days	Urinary catheter-days	Ventilator-days

CAUTI Analysis in NHSN

- **Current CAUTI analysis output:**
  - *CAUTI rate by location*
  - *Indwelling catheter utilization ratio by location*
- **Future: Standardized Infection Ratio**

CAUTI rate:

$$\frac{\text{\# CAUTI}}{\text{\# catheter days}} \times 1000$$

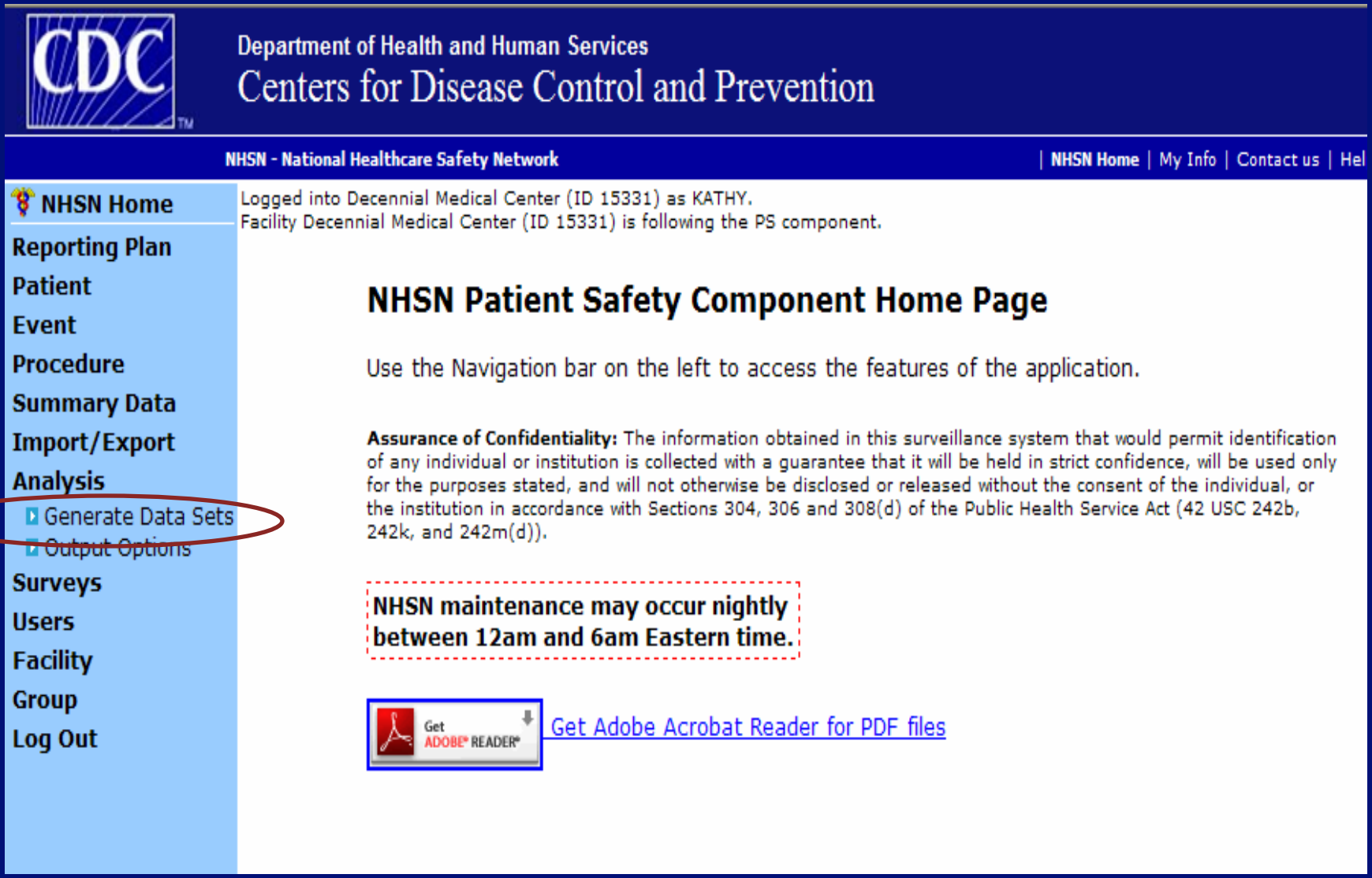
Catheter utilization ratio:

$$\frac{\text{\# catheter days}}{\text{\# patient days}}$$

Device utilization ratio is a reflection of the risk burden and can be a target of prevention practices.

Notes

- Datasets are person-specific.
- Regenerate datasets whenever new data has been entered that you want to include in your analysis.


Department of Health and Human Services
Centers for Disease Control and Prevention
NHSN - National Healthcare Safety Network
| NHSN Home | My Info | Contact us | Hel
NHSN Home
Reporting Plan
Patient
Event
Procedure
Summary Data
Import/Export
Analysis
Generate Data Sets
Output Options
Surveys
Users
Facility
Group
Log Out
Logged into Decennial Medical Center (ID 15331) as KATHY.
Facility Decennial Medical Center (ID 15331) is following the PS component.
NHSN Patient Safety Component Home Page
Use the Navigation bar on the left to access the features of the application.
Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).
NHSN maintenance may occur nightly between 12am and 6am Eastern time.
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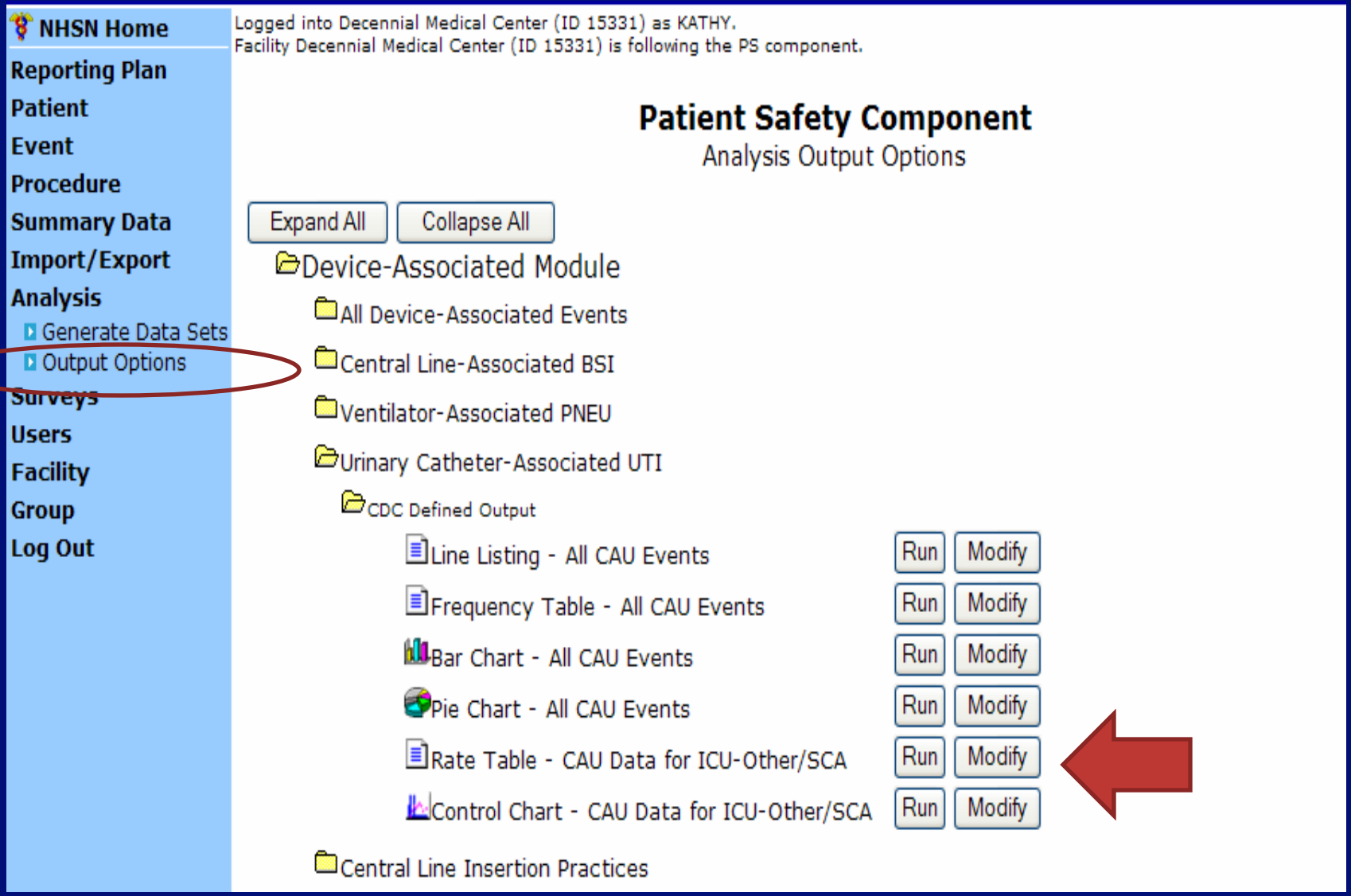
NHSN Home
Reporting Plan
Patient
Event
Procedure
Summary Data
Import/Export
Analysis
Generate Data Sets
Output Options
Surveys
Users
Facility
Group
Log Out
Logged into Decennial Medical Center (ID 15331) as KATHY.
Facility Decennial Medical Center (ID 15331) is following the PS component.
Patient Safety Component
Analysis Output Options
Expand All
Collapse All
Device-Associated Module
All Device-Associated Events
Central Line-Associated BSI
Ventilator-Associated PNEU
Urinary Catheter-Associated UTI
CDC Defined Output
Line Listing - All CAU Events
Run
Modify
Frequency Table - All CAU Events
Run
Modify
Bar Chart - All CAU Events
Run
Modify
Pie Chart - All CAU Events
Run
Modify
Rate Table - CAU Data for ICU-Other/SCA
Run
Modify
Control Chart - CAU Data for ICU-Other/SCA
Run
Modify
Central Line Insertion Practices

National Healthcare Safety Network

Rate Table for Catheter-Associated UTI Data for ICU-Other/SCA

As of: August 26, 2010 at 9:39 AM

Date Range: All CAU_RATESICU_SCA

orgID=10000 loccdc=IN:ACUTE:CC:B

location	summaryYM	CAUCount	numucathdays	CAURate	CAU_Mean	IDR_pval	IDR_pctl	numpatdays	CathDU	CathDU_Mean	P_pval	P_pctl
BICU3	2005M11	0	387	0.0	7.4	0.0576	0	421	0.92	0.61	0.0000	89
BICU3	2005M12	0	377	0.0	7.4	0.0620	0	494	0.76	0.61	0.0000	80
BICU3	2006M01	0	299	0.0	7.4	0.1102	0	507	0.59	0.61	0.2180	52
BICU3	2006M05	2	300	6.7	7.4	0.6192	52	352	0.85	0.61	0.0000	89
BICU3	2009M03	1	200	5.0	.	.	.	600	0.33	0.61	0.0000	14
BURN	2006M01	3	304	9.9	7.4	0.3886	67	386	0.79	0.61	0.0000	80
BURN	2009M08	0	10	0.0	.	.	.	100	0.10	0.61	0.0000	4

Source of aggregate data: NHSN Report, Am J Infect Control 2009;37:783-805

Data contained in this report were last generated on July 29, 2010 at 2:38 PM.

National Healthcare Safety Network

Rate Table for Catheter-Associated UTI Data for ICU-Other/SCA

As of: August 26, 2010 at 9:39 AM

Date Range: All CAU_RATESICU_SCA

orgID=10000 loccdc=IN:ACUTE:CC:C

location	summaryYM	CAUCount	numucathdays	CAURate	CAU_Mean	IDR_pval	IDR_pctl	numpatdays	CathDU	CathDU_Mean	P_pval	P_pctl
10000	2006M05	0	228	0.0	4.8	0.3333	10	871	0.26	0.56	0.0000	11
10000	2006M08	0	422	0.0	4.8	0.1309	10	598	0.71	0.56	0.0000	77

Key to Analysis Terms

- Yellow highlighted data are NHSN aggregate data for comparison
- CAU mean is the NHSN aggregate average rate for that location type
- IDR pval= Incidence Density p-value: pvalue from a significance test comparing your facility's local rate to the NHSN aggregate rate
- IDR pctl= Incidence Density Percentile: This estimates where your local rate falls on the distribution of event rates for that location type, i.e., 95 means 95 % of aggregate rates are below your rate
- Same types of comparisons for DU rate

Summary

- CAUTI is a frequent and not insignificant complication of modern healthcare.
- The CAUTI module can be used to monitor 2 types of infectious complications associated with indwelling catheter use in inpatients, SUTI and ABUTI
- This type of surveillance and this module can also inform as to the prevalence of indwelling catheter use within a location, which is the largest risk for healthcare-associated UTI. This data can be used for UTI prevention efforts
- Strict adherence to the surveillance criteria is vital to accurate and useful data.

Thank you!

For more information please contact Centers for Disease Control and Prevention

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