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Neurogenic Bladder after SCI: The CAUTI Issue and How to Influence Regulations

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Presenter:

Infectious Disease Society of America (IDSA) Guidelines

- Catheter Bacteriuria is the most common health care-associated infection worldwide and is the result of the widespread use of urinary catheterization.
- Reduction of inappropriate urinary catheter insertion and duration by limiting unnecessary catheterization

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2



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Guideline for Prevention of Catheter-Associated Urinary Tract Infections, 2009



Table 2.

A. Examples of Appropriate Indications for Indwelling Urethral Catheter Use ¹⁻⁴

Patient has acute urinary retention or bladder outlet obstruction

Need for accurate measurements of urinary output in critically ill patients

Perioperative use for selected surgical procedures:

- Patients undergoing urologic surgery or other surgery on contiguous structures of the genitourinary tract
- Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in PACU)
- Patients anticipated to receive large-volume infusions or diuretics during surgery
- Need for intraoperative monitoring of urinary output

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

Patient 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

B. Examples of Inappropriate Uses of Indwelling Catheters

As a substitute for nursing care of the patient or resident with incontinence

As a means of obtaining urine for culture or other diagnostic tests when the patient can voluntarily void

For prolonged postoperative duration without appropriate indications (e.g., structural repair of urethra or contiguous structures, prolonged effect of epidural anaesthesia, etc.)

Note: These indications are based primarily on expert consensus.



NQF Measure 0138:

- CAUTI Definition:

- Indwelling urinary catheter
 - Positive urine culture
 - at least 1 of the following:
 - Fever (>38°C)
 - Suprapubic tenderness*
 - CVA pain or tenderness*
- With no other recognized cause
 - Sensitivity/Specificity of this definition in SCI patients?

- What is *not* Measured:

- UTIs associated with urinary retention
- UTIs associated with intermittent catheterization (IC)
- Upper or lower urinary tract complications associated with urinary retention



Measure 0138: SCI Provision

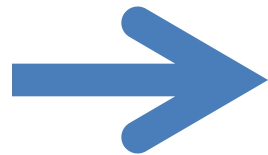
- “Consider alternatives to chronic indwelling catheters, such as intermittent catheterization, in spinal cord injury patients. **(Category II)**”
- **Category II** recommendations are defined as weak recommendations
 - For policymakers: Policy making will require substantial debate and involvement of many stakeholders.



Why is this happening?



CENTERS FOR DISEASE
CONTROL AND PREVENTION



GUIDELINE FOR PREVENTION OF CATHETER-ASSOCIATED URINARY TRACT INFECTIONS 2009

Carolyn V. Gould, MD, MSCR¹; Craig A. Umscheid, MD, MSCE²; Rajender K. Agarwal, MD, MPH²; Gretchen Kuntz, MSW, MSLIS²; David A. Pegues, MD³ and the Healthcare Infection Control Practices Advisory Committee (HICPAC)⁴

¹ Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention
Atlanta, GA

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³ Division of Infectious Diseases
David Geffen School of Medicine at UCLA
Los Angeles, CA



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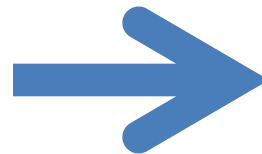
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NATIONAL QUALITY FORUM

NQF Measure 0138



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The Entities Involved:

- Centers for Medicare & Medicaid Services (CMS)
 - Enforces financial penalties to hospitals with above-average rates of CAUTI
- National Healthcare Safety Network (NHSN)
 - “CDC’s National Healthcare Safety Network is the nation’s most widely used healthcare-associated infection tracking system.”
 - Data is reported to the public via a website
- National Quality Forum (NQF)
 - “a not-for-profit, nonpartisan, membership-based organization that works to catalyze improvements in healthcare.”



Non-SCI vs SCI guidelines

HICPAC Members listed:

- Infectious Disease specialists
- Epidemiologists
- One urologist
- NO physiatrists or SCI specialists



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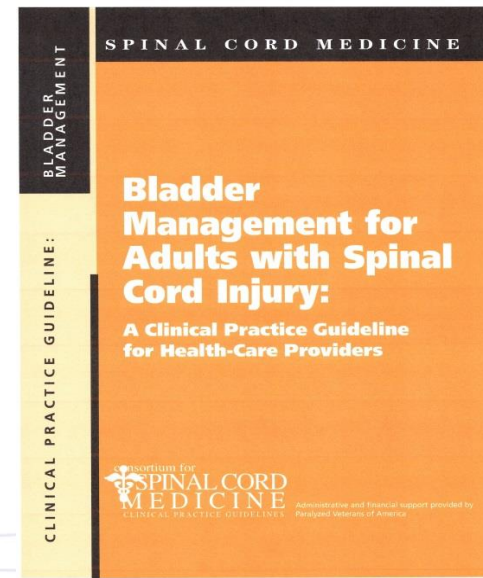
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• Clinical Practice Guideline Panel Members:

- SCI Sub-Specialists
- Neuro-Urologists
- Rehab Nurses

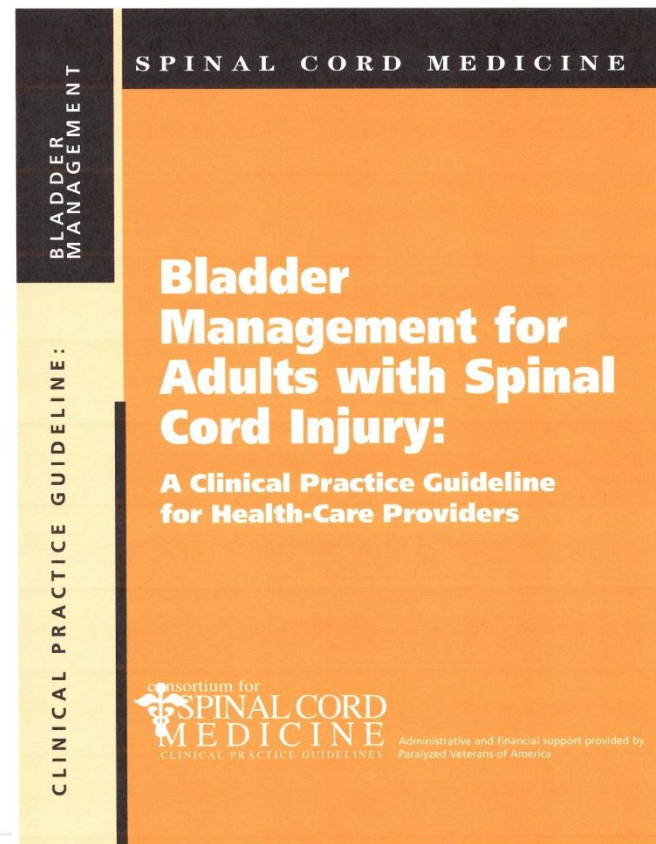


SCI Standard of Care:(Excerpts from the CPGs)

Indwelling Catheterization

1. Consider indwelling catheterization for individuals with:

- Poor hand skills.
- High fluid intake.
- Cognitive impairment or active substance abuse.
- Elevated detrusor pressures.
- Lack of success with other less invasive bladder management methods.
- Need for temporary management of vesicoureteral reflux.
- Limited assistance from a caregiver, making another type of bladder management not feasible.



Progress

- March 2014: Dr. Matt Davis, Clinical Medical Director, SCI at TIRR Memorial Hermann started advocating for changes on this issue with an open discussion held by NQF.
- September 2014: Conference call with top ranking CDC officials and Dr M. Davis, TIRR Memorial Hermann, Clinical Medical Director; Dr. T Linsenmeyer, Director of Urology at Kessler Rehab, United Spinal Association.
- 2014: American Spinal Injury Association Advocacy Committee was formed.
- 2015 (Summer): United Spinal Association joined ASIA Advocacy Committee.
- 2016: ASIA and ASCIP collaboration, United Spinal Association with an open letter to the Joint Commission who agreed to update requirements including developing written criteria for placement of an indwelling urinary catheter for individuals with neurogenic bladder and potentially prolonged use is noted for inserting and maintaining an indwelling urinary catheter for individuals with SCI, MS, Parkinson's and spina bifida .
- Goal: Do not penalize hospitals for CAUTIs in SCI patients. Decision removing a catheter from an individual with SCI is a very complex decision.
 - There should not be a financial incentive to remove indwelling catheter.
 - There should be detailed intermittent catheterization programs at rehab facilities.

11



What can we do?

- Topic of continued discussion with ASIA's Advocacy Committee and working to inform additional consumers as well as educating Members of Congress, CMS, NHSN, NQF.
- Continue advocating to request SCI patients to be excluded from hospitals' CAUTI counts.
- Quality measurements has significant financial incentive for hospitals to remove catheters from SCI patients. Hospitals need to take into account patients with disabilities, otherwise we have to speak up.
- More inclusive process from CDC. "Seat at the table" for those rules and regulations affecting our population.
- Please feel free to contact ASIA advocacy:
 - Camilo.m.castillo@medstar.net
 - Matthew.Davis@memorialhermann.org



- Thank you.

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13



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