CAUTI in all tracked units (modified NQF 0754)

This measure is part of a set aimed at addressing health care-associated infections, which are infections patients can get while receiving medical treatment in a healthcare facility. A catheter is a drainage tube inserted into a patient’s bladder through the urethra and is left in place to collect urine. If not inserted correctly, kept clean, or left in place too long, germs can enter the body and cause serious infections in the urinary tract (called a Catheter-Associated Urinary Tract Infection [CAUTI]). The measure is the rate of patients with catheter-associated urinary tract infections per 1000 urinary catheter days in all tracked units.

Name and date of specifications used: Modified NQF 0754.


Measure Type:

- HEDIS □
- Joint Commission □
- Survey □
- Other ■
- Specify: modified NQF, Partnership for Patients

Data Source¹: Hospitals report these data to the CDC/National Healthcare Safety Network (CDC/NHSN). OAHHS will gather these data and report to OHA.

Measurement Period:

- Year One: October 1, 2013 – September 30, 2014 (baseline)
- Year Two: October 1, 2014 – September 30, 2015 (performance year)

Benchmark: Benchmark will be determined after review of baseline data since this measure is being expanded to include all units of a hospital (nationally, it is limited to intensive care units).

Note rate is reported per 1000 urinary catheter days. The equation used is (number of CAUTI in all units / number of catheter days in all units) * 1000². Hospitals must submit numerators and denominators as detailed below.

Improvement from Baseline Target: MN method with TBD floor.

¹ OHA reserves the right to contact hospitals directly or through OAHHS with additional questions about data submitted as part of the program. Hospitals must be able to provide documentation of data submitted should it be requested.

² This measure is just for the CAUTI rate. The Standardized Infection Ratio (SIR) is used in the state Healthcare Acquired Infections report, and can be used as a supplement to the CAUTI data. The SIR is essentially a risk-adjusted rate, since it is the observed to expected ratio. More can be found here: [http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/HAI/Pages/Reports-and-Data.aspx](http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/HAI/Pages/Reports-and-Data.aspx)
Data elements required denominator: Total number of urinary catheter days for all patients that have an indwelling urinary catheter in all tracked units (all tracked units as defined or accepted by NHSN). Tracked units are defined as adult ICU, pediatric ICU, NICU, and adult, pediatric, medical, surgical, and medical/surgical wards.

Required exclusions for denominator: None.

Deviations from cited specifications for denominator: All tracked units as defined or accepted by NHSN will be reported (adult ICU; pediatric ICU; NICU; and adult, pediatric, medical, surgical, and medical/surgical wards).

The measure does not include the Standardized Infection Ratio so the denominator is total urinary catheter days, rather than expected days.

Data elements required numerator: Catheter-associated urinary tract infections based on CDC National Healthcare Safety Network (NHSN) definition for all tracked units. Tracked units are defined as adult ICU, pediatric ICU, NICU, and adult, pediatric, medical, surgical, and medical/surgical wards.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: All tracked units as defined or accepted by NHSN will be reported (adult ICU, pediatric ICU, NICU, and adult, pediatric, medical, surgical, and medical/surgical wards). The NQF specifications are limited to the ICU.

Explanation of Exclusions and Deviations

List other required exclusions and or deviations from cited specifications not already indicated: None.

Version Control

This specification was updated on 21 October 2014 to clarify that all tracked units mean those that are tracked as part of CAUTI reporting for the National Healthcare Safety Network (NHSN).