

# New female external catheter technology reduces CAUTI by 50%

June 27 2019

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Hospital-wide introduction of new female external catheter technology halved the number of catheter-associated urinary tract infections (CAUTIs) according to new research presented last week in Philadelphia at the 46th Annual Conference of the Association for Professionals in Infection Control and Epidemiology (APIC).

After identifying a slow climb in the number of CAUTIs from 2016 to the first quarter of 2018, infection preventionists (IPs) at NYC Health + Hospitals/Coney Island introduced the hospital's healthcare providers to new female external catheter technology—an alternative and non-invasive method of managing incontinent patients.

"The leading risk factor for CAUTI development is prolonged use of indwelling Foley catheters," said study author Briana Episcopia, BS, RN, CIC. "The female external catheter gave doctors and nurses an alternative that eliminated the need for an indwelling catheter, ultimately eliminating some patients' risk of developing this type of infection."

Utilizing data from the Center for Disease Control and Prevention's National Healthcare Safety Network (NHSN), researchers compared inpatient infections, Foley utilization, and the standardized infection ratio (SIR) pre- and post-implementation (October 2017 to September 2018). Highlights included:

- A hospital-wide reduction of inpatient CAUTIs by 51.7 percent.
- Reduction of the Foley utilization rate from 15.7 to 10.7, which

resulted in a decline in the number of Foley days for the hospital.

"CAUTI reduction is a top priority for the overall reduction of healthcare-associated infections," said 2019 APIC President Karen Hoffmann, RN, MS, CIC, FSHEA, FAPIC. "The female external [catheter](#) may provide an important advancement as we strive to reduce the risk of [infection](#)."

**More information:** Timothy Dublynn et al, Female External Catheter Use: A New Bundle Element to Reduce CAUTI, *American Journal of Infection Control* (2019). [DOI: 10.1016/j.ajic.2019.04.093](https://doi.org/10.1016/j.ajic.2019.04.093)

Provided by Association for Professionals in Infection Control

Citation: New female external catheter technology reduces CAUTI by 50% (2019, June 27)  
retrieved 6 May 2023 from  
<https://medicalxpress.com/news/2019-06-female-external-catheter-technology-cauti.html>

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