

“INCREASING ADHERENCE TO CAUTI GUIDELINES: RECOMMENDATIONS FROM EXISTING EVIDENCE”

On 30 June 2021, 11.00-13:00 CET via ZOOM
Hosted by MEP István Ujhelyi (Hungary, S&D)

The event and launch of the ENSH [report](#) on “*INCREASING ADHERENCE TO CAUTI GUIDELINES: RECOMMENDATIONS FROM EXISTING EVIDENCE*” was held on Wednesday, 30 June 2021 via videoconference. Moderated by Mr. Brandon Mitchener, Executive Director of Health First Europe and coordinator of the European Network for Safer Healthcare ([ENSH](#)), the event brought together multiple health stakeholders to dissect current challenges plaguing catheter-associated urinary tract infections’ (CAUTI) guidelines adherence and to share best practices from the field. Mr Mitchener opened the virtual floor and emphasised on the diversity of participants: academics, healthcare professionals, patient organisations, among others.

The event was hosted by MEP István Ujhelyi (Hungary, S&D), who stressed the need for greater patient protection and safety across Europe. MEP Ujhelyi called on the European Centre for Disease Control (ECDC) and the European Commission (EC) to consider implementing the solutions enshrined in the new report that was co-written by the ENSH and the European Association of Urology Nurses (EAUN), in association with the *European Association of Urology (EAU)*. The host also urged organisers, panellists, and stakeholders to further discuss, support and align consensus on increasing adherence on the European guidelines.

The first presentation of the event was focused on the implications of CAUTI in AMR and healthcare costs in the EU. The discussion was led by Prof. Michael A. Borg, from the Maltese National Antibiotic Committee. According to Prof. Borg thanks to data from the ECDC, we know that 6.5% of European patients in hospital admission will suffer from a healthcare associated infection during their stay, with about 19%-20% constituting urinary tract infection (UTI). He added that urinary tract infection is one of the top three infections acquired in healthcare settings. CAUTI also represent an excess cost of 390 million euros a year for the EU with almost 400,000 excess hospital days, which represents around 3800 life years.

The second part of the event focused on the current European guidelines on CAUTI, the identification of the main barriers to enforce existing guidelines and the recommendations for better enforcement.

Dr Gernot Bonkat of the European Association of Urology was the second speaker to intervene. He noted the rise of antibiotic resistance, the issue of quality of care, and the multitude of guidelines available are not sufficiently followed. Dr Bonkat stressed that the perfect preventive means vis-à-vis CAUTI is a good hygiene program within hospitals.

The third speaker was Dr Jose Medina Polo from the Spanish Association of Urology, who discussed the importance of identifying barriers and promoting education for better enforcement. Dr Medina Polo noted that education at all levels and departments reduced the risk of infection and gave examples on how his hospital in Madrid is actually implementing these best practices in order to avoid CAUTI.



The fourth speaker was Chair Susanne Vahr Lauridsen of the European Association of Urology Nurses. She emphasised on the fact that CAUTI is among the common healthcare infections, and that about 16% - 35% of patients in hospitals are fitted with a urinary catheter during their stay. Susanne Vahr noted that very little is known about patient's perspective on the use of indwelling urinary catheters and the absence of information on alternatives. She added that patient involvement improved overall behaviour of healthcare providers and that the best way to prevent catheter associated urinary tract infections is to avoid the use of indwelling catheters.

The focus of the third part of the event was towards the correct implementation of the guidelines across European countries.

The fifth speaker for the event was Director on Public Health Mr. John F. Ryan from the European Commission, DG SANTE. Dir. Ryan stated that urinary tract infections are not only commonly healthcare associated infections, but they are also linked to increased morbidity, and mortality to decreased quality of life. He pointed out that CAUTI can lead to extended hospital stays and increased healthcare costs. He noted that the new mandate of the European Centre for Disease Prevention and Control (ECDC) includes healthcare-associated infections in terms of surveillance and risk assessment and better focus will be given to patient safety. He also outlined some of the policy measures undertaken (i.e., health policy platform) by the Commission and those being developed (i.e., introduce new regulatory frameworks).

Prof. Saïd Laribi, Chair of the Chair of the EUSEM Research Network of the European Society for Emergency Medicine was the sixth speaker of the event. He noted a pattern of catheter overuse and poor insertion technique as some of the factors contributing to hospital infections. Dr Laribi suggested that staffs be required to specify the medical reason for catheter insertion, making physicians responsible for determining catheter use. Practitioners should also be made aware of alternatives to avoid overuse, he adds.

Prof. Maurizio Cecconi, President of the European Society of Intensive Care Medicine concluded the meeting stressing the importance on raising awareness on sepsis, a life-threatening condition that occurs when the human body's response to an infection damages its own tissues. He added that UTI's, for instance, can amount up to 25% of all cases of sepsis. Prof. Cecconi stated that access to antibiotics for sepsis patients did not occur for up to a third of cases – something that can increase mortality. He encouraged proper antibiotic stewardship protocols, together with protocols for the recognition and treating of sepsis.

In the ensuing debate, panellists agreed that:

- Education and proper adherence/compliance to CAUTI guidelines are critical success factors to reduce hospital infections.
- Patient involvement is long overdue and that alternative solutions regarding catheter usage should always be discussed.
- Equitable access to quality antibiotics is key to avoid resistance among infected patients.

Please read and share the ENSH report [here](#). More information about the event can be found [here](#).