

Clinical and Financial Impact of Catheter-Associated Urinary Tract Infections in Female Surgical Patients

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Background: Catheter-associated urinary tract infections (CAUTIs) have consistently accounted for a sizeable proportion of hospital-acquired infections nationwide. These post-operative infections affect patient outcomes and negatively impact reimbursements under the ACA and CMS guidelines.

Objectives: To analyze the relationship between pre-operative urinalyses and post-operative CAUTIs, compare outcomes between specialties, and evaluate the financial implications of preventable CAUTIs.

Methods: NSQIP outcome data (i.e. UTI rates) plus chart review for female patients who developed a CAUTI within 30 days post-operatively; N=112.

Results: Post-operative CAUTI rates were significantly higher for OB/GYN patients when compared to other specialties. Additionally, a significant relationship exists between potential missed reimbursement and prior knowledge of a UTI ($P = .024$). GYN Surgery contributed significantly more vs. other specialties to potential missed reimbursements.

Conclusion: This study impacts both hospital and OB/GYN department-specific policy due to poor post-operative outcomes and the significant relationship between potential missed reimbursements and screening for UTIs.