**Facility Name: Facility Name**

**City: Location of Facility**

**Date: Enter today’s date**

**Targeted Units:**

|  |  |
| --- | --- |
| **Common Name** | **Population Served** |
| Target Unit 1 | What types of patients are on this unit? |
| Target Unit 2 | What types of patients are on this unit? |
| Target Unit 3 | What types of patients are on this unit? |
| Target Unit 4 | What types of patients are on this unit? |
| Target Unit 5 | What types of patients are on this unit? |

**SECTION I:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **General Infrastructure, Capacity, and Processes** | **Response** | | | |
| **Yes** | **No** | **Unknown** | |
| 8. Is senior leadership involved in CAUTI prevention activities? |  |  | |  |
| 9. Is unit-level leadership involved in CAUTI prevention activities? |  |  | |  |
| 10. Does your facility currently have a team/work group focused on CAUTI prevention? |  |  | |  |
| 11. Does your facility have a staff person with dedicated time to coordinate CAUTI prevention activities? |  |  | |  |
| 12. Does your facility have a nurse champion for CAUTI prevention activities? |  |  | |  |
| 13. Does your facility have a physician champion for CAUTI prevention activities? |  |  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Does your facility train staff on:** | **Response** | | |
| **Yes** | **No** | **Unknown** |
| 14. Aseptic technique for urinary catheter insertion (for all staff who are given responsibility for inserting indwelling urinary catheters)? |  |  |  |
| 15. Proper urinary catheter maintenance procedures (for all staff who are given responsibility for indwelling urinary catheter care)? |  |  |  |
| 16. Use of bladder ultrasound scanners (for all staff who use them)? |  |  |  |
| 17. Proper indwelling urinary catheter handling and placement of the drainage bag (for all staff involved in moving patients including transport personnel)? |  |  |  |
| 18. Appropriate indications for urine culturing (for ordering physicians)? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Does your facility conduct competency assessments\* of:** | **Response** | | |
| *\*Competency assessment is defined as a process of ensuring that healthcare personnel demonstrate the skills and knowledge to perform a procedure properly and according to facility standards and policies. This may be done through direct observation by trained observers of personnel performing a simulated procedure on a mannequin or an actual procedure on a patient.* | **Yes** | **No** | **Unknown** |
| 19. All staff who insert indwelling urinary catheters to ensure proper aseptic technique upon hire/during orientation? |  |  |  |
| 20. All staff who insert indwelling urinary catheters to ensure proper aseptic technique at least annually? |  |  |  |
| 21. All staff who care for indwelling urinary catheters to ensure proper maintenance procedures upon hire/during orientation? |  |  |  |
| 22. All staff who care for indwelling urinary catheters to ensure proper maintenance procedures at least annually? |  |  |  |
| 23. All staff who use bladder ultrasound scanners to ensure proper use upon hire/during orientation? |  |  |  |
| 24. All staff who use bladder ultrasound scanners to ensure proper use at least annually? |  |  |  |

| 1. **Does your facility conduct routine audits\* of:** | **Response** | | |
| --- | --- | --- | --- |
| *\*Audit is defined as an assessment (typically by direct observation, either hospital-wide or unit-specific) of healthcare personnel compliance with facility policies.* | **Yes** | **No** | **Unknown** |
| 25. Indwelling urinary catheter appropriateness? |  |  |  |
| 26. Indwelling urinary catheter insertion documentation (date and/or procedure)? |  |  |  |
| 27. Indwelling urinary catheter removal documentation (date and/or procedure)? |  |  |  |
| 28. Adherence to proper aseptic technique during indwelling urinary catheter insertion? |  |  |  |
| 29. Adherence to proper indwelling urinary catheter maintenance procedures (e.g., aseptic sampling and emptying, keeping system closed, maintaining unobstructed urine flow)? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Does your facility routinely feedback data to frontline providers on:** | **Response** | | |
| **Yes** | **No** | **Unknown** |
| 30. CAUTI rates and/or standardized infection ratios (SIR)? |  |  |  |
| 31. Indwelling urinary catheter device utilization ratios (DUR)? |  |  |  |
| 32. Adherence to appropriate indications for indwelling urinary catheters? |  |  |  |

| **SECTION II: Appropriate Indications for Indwelling Urinary Catheter Insertions** | **Response** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **Unknown** |
| 33. Do ordering providers document an indication for indwelling urinary catheters at your facility/unit? |  |  |  |  |  |  |
| 34. Do ordering physicians use indwelling urinary catheters for appropriate indications? |  |  |  |  |  |  |
| 35. Do nurses use alternative strategies for management of urinary incontinence (e.g., external catheters, bedside commodes, scheduled toileting, garments/pads)? |  |  |  |  |  |  |
| 36. Do nurses use bladder ultrasound scanners to confirm urinary retention before placing or replacing urinary catheters? |  |  |  |  |  |  |
| 37. Do nurses use bladder ultrasound scanners with intermittent catheterization for management of postoperative urinary retention? |  |  |  |  |  |  |
| 38. Does your facility/unit provide instructions for nurses to act upon bladder ultrasound results? |  |  |  |  |  |  |
| 39. Does your facility/unit provide educational materials to the patient and/or family that discuss appropriate indications for and care of urinary catheters? |  |  |  |  |  |  |
| 40. Is an order required for indwelling urinary catheter insertion in the Emergency Department? |  |  |  |  |  |  |
| 41. Do ordering providers document an indication for indwelling urinary catheters in the Emergency Department? |  |  |  |  |  |  |
| 42. Do ordering providers insert indwelling urinary catheters for appropriate indications in the Emergency Department? |  |  |  |  |  |  |

| **SECTION III: Aseptic Indwelling Urinary Catheter Insertion** | **Response** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **Unknown** |
| 43. Are supplies/kits for proper aseptic indwelling urinary catheter insertion available in all patient care locations where urinary catheters are inserted at your facility/unit? |  |  |  |  |  |  |
| 44. Does your facility/unit require at least two staff people to be present for indwelling urinary catheter insertions – one to perform the insertion and the other(s) to observe the procedure to ensure proper aseptic technique (e.g., using a checklist)? |  |  |  |  |  |  |
| 45. Does the person inserting the indwelling catheter document the date of catheter insertion? |  |  |  |  |  |  |
| 46. Does the person inserting the indwelling urinary catheter document the insertion procedure (e.g., person[s] performing procedure, complications)? |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

| **SECTION IV: Proper Indwelling Urinary Catheter Maintenance** | **Response** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **Unknown** |
| 47. Do staff avoid opening the closed drainage system (e.g., do not perform open irrigation of the urinary catheter) at your facility/unit? |  |  |  |  |  |  |
| 48. Does your facility/unit utilize pre-connected, sealed urinary catheter drainage systems? |  |  |  |  |  |  |
| 49. Does your facility stock urine meters in the Emergency Department for use in critically ill patients (to avoid breaking the system in the intensive care unit)? |  |  |  |  |  |  |

| **SECTION V: Timely Removal of Indwelling Urinary Catheters** | **Response** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **Unknown** |
| 50. Does the person removing the indwelling urinary catheter document the date of removal at your facility/unit? |  |  |  |  |  |  |
| 51. Does your facility/unit identify patients who have indwelling urinary catheters in place (e.g., in the electronic medical record or a daily unit list)? |  |  |  |  |  |  |
| 52. Are patients with indwelling urinary catheters reviewed daily for continued need (e.g., by bedside nurse and/or interdisciplinary team)? |  |  |  |  |  |  |
| 53. Are indwelling urinary catheters removed in the post-anesthesia care unit (PACU) if there is no indication for continued used after surgery? |  |  |  |  |  |  |
| 54. Does your facility/unit use alerts or reminders for indwelling urinary catheter removal? |  |  |  |  |  |  |
| 55. **If applicable**, do physicians respond to alerts or reminders by removing unnecessary urinary catheters? |  |  |  |  |  |  |
| 56. **If applicable**, do nurses respond to alerts or reminders by removing unnecessary urinary catheters or calling the physician? |  |  |  |  |  |  |
| 57. Does your facility/unit use stop orders for indwelling urinary catheter? |  |  |  |  |  |  |
| 58. Does your facility/unit allow nurses to remove indwelling urinary catheters without a physician order? |  |  |  |  |  |  |
| 59. **If applicable**, are nurses comfortable removing urinary catheters without a physician order? |  |  |  |  |  |  |
| 60. **If applicable**, are physicians supportive of nurses removing urinary catheters without a physician order? |  |  |  |  |  |  |

| **SECTION VI: Preventing Candiduria and Detection of Asymptomatic Bacteriuria** | **Response** | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **Never** | **Rarely** | **Sometimes** | **Often** | **Always** | **Unknown** |
| 61. Do prescribers document in the medical record or during order entry a dose, duration, and indication for all antimicrobial prescriptions at your facility? |  |  |  |  |  |  |
| 62. Does your facility have a leader (e.g., physician, pharmacist) who is responsible for antimicrobial stewardship activities? |  |  |  |  |  |  |
| 63. Do ordering providers send urine cultures on asymptomatic patients at your facility/unit? |  |  |  |  |  |  |
| 64. Are urine culture specimens transported to the lab for testing immediately following collection at your facility (i.e., not allowed to sit unrefrigerated for prolonged periods of time)? |  |  |  |  |  |  |

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