

Catheter-associated Urinary Tract Infection (CAUTI)

Targeted Assessment for Prevention (TAP) Facility Assessment Tool

Notes for the Respondent:

- This assessment is meant to capture your *awareness and perceptions of policies and practices* related to catheter-associated urinary tract infection (CAUTI) prevention at the facility or unit in which this assessment is being administered.
- Responses should refer to what is *currently* in place at the facility or unit in which the assessment is being administered.
- Please use the comment boxes to elaborate and capture information as needed - such detailed comments may help focus additional drill down opportunities and next steps.

Instructions for Submission:

<p>Do you have a Desktop Email Application? (e.g., Outlook, Windows Live Mail)</p> <p>1) Click SUBMIT 2) Select the top radio button (Desktop Email Application) 3) Click OK <i>This will automatically generate an email with the completed form attached</i></p>	OR	<p>Do you have a web-based email address? (e.g., Gmail, Yahoo)</p> <p>1) Click SUBMIT 2) Select the bottom button (Internet Email) 3) Copy the email address listed in the text next to the radio button 4) Click OK 5) Save the document to your computer 6) Open your web based email, attach the file, and send to the copied email address</p>	OR	<p>Are you having trouble submitting? (e.g., No email application, Firewall is blocking submission)</p> <p>1) Click the PRINT button 2) Print to a local printer 3) Give completed form to your facility Point of Contact</p>
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For Internal Use Only

Instructions for Administration:

This Facility Assessment Tool should be administered to a variety of staff and healthcare personnel at different levels of the organization and/or unit (i.e., frontline providers, mid-level staff, and senior leadership). This assessment captures healthcare personnel's knowledge, attitudes, and perceptions of infection prevention practices. The greater number of assessments collected, the greater the ability to identify gaps and target prevention.

This Assessment Tool is a component of the Targeted Assessment for Prevention (TAP) Strategy. For more information, visit <http://www.cdc.gov/hai/prevent/tap.html>

*This tool can be distributed and returned via email. **Prior to distribution**, enter the email address to which the completed assessments should be returned and Save the document (send this Saved version to respondents). When respondents 'Submit', the form will be automatically sent to the email address specified below.*

Return Email Address:

Date of Assessment: _____

Facility Name or ID: _____

Facility Type: _____ Other, Please Specify: _____

Unit Name or ID (if unit-specific assessment): _____

Unit Type: _____

Title or role of person completing tool: _____ Please Spe _____

Years of experience at facility: _____ (Numeric response)

I. General Infrastructure, Capacity, and Processes	Response	Comments (and/or "As Evidenced By")
1. Does your facility's senior leadership actively promote CAUTI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
2. Is unit-level leadership involved in CAUTI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
3. Does your facility currently have a team/work group focusing on CAUTI prevention?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
4. Does your facility have a staff person with dedicated time to coordinate CAUTI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
5. Does your facility have a nurse champion for CAUTI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
6. Does your facility have a physician champion for CAUTI prevention activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	

I. General Infrastructure, Capacity, and Processes...Continued	Response	Comments (and/or "As Evidenced By")
Does your facility <u>provide training</u> to all healthcare personnel* on: *For personnel given the responsibility to insert, assist with insertion, or maintain indwelling urinary catheters.		
7. Aseptic technique for urinary catheter insertion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
8. Proper urinary catheter maintenance procedures (e.g., aseptic emptying of drainage bag, maintaining a closed drainage system, maintaining unobstructed urine flow)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
9. Proper placement of the drainage bag (also including transport personnel and all others involved in moving patients)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
10. Use of bladder scanners (specifically, for all personnel who use them)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Does your facility conduct <u>competency assessments</u> * of all healthcare personnel** on: *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. ** For personnel given the responsibility to insert, assist with insertion, or maintain indwelling urinary catheters.		
11. Aseptic technique for urinary catheter insertion A. Upon hire/during orientation? B. At least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
12. Proper urinary catheter maintenance procedures (e.g., aseptic emptying of drainage bag, maintaining a closed drainage system, maintaining unobstructed urine flow): A. Upon hire/during orientation? B. At least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
13. Use of bladder scanners (for all personnel who use them): A. Upon hire/during orientation? B. At least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	

I. General Infrastructure, Capacity, and Processes...Continued	Response	Comments (and/or “As Evidenced By”)
Does your facility routinely <u>audit</u> *(monitor and document) adherence of all healthcare personnel** to: *Audit is defined as an assessment (typically by direct observation, either hospital-wide or unit-specific) of healthcare personnel compliance with facility policies. ** For personnel given the responsibility to insert, assist with insertion, or maintain indwelling urinary catheters.		
14. Indwelling urinary catheter appropriateness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
15. Aseptic technique for urinary catheter insertion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
16. Proper urinary catheter maintenance procedures (e.g., aseptic emptying of drainage bag, maintaining a closed drainage system, maintaining unobstructed urine flow)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Does your facility routinely <u>provide feedback</u> to all healthcare personnel* on: * For personnel given the responsibility to insert, assist with insertion, or maintain indwelling urinary catheters.		
17. Adherence to appropriate indications for indwelling urinary catheters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
18. Adherence to proper aseptic technique for urinary catheter insertion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
19. Adherence to proper urinary catheter maintenance procedures (e.g., aseptic emptying of drainage bag, maintaining a closed drainage system, maintaining unobstructed urine flow)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
20. Indwelling urinary catheter device utilization ratios (DUR) (also including feedback to ordering providers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
21. CAUTI rates and/or standardized infection ratios (SIR) (also including feedback to ordering providers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	

II. Appropriate Indications for Indwelling Urinary Catheter Insertion	Response Choices						Comments (and/or "As Evidenced By")
	Never	Rarely	Sometimes	Often	Always	Unknown	
1. Do ordering providers document an indication for indwelling urinary catheters?							
2. Do ordering providers use indwelling urinary catheters for appropriate indications?							
3. Do personnel use alternative strategies for management of urinary incontinence (e.g., external catheters, bedside commodes, scheduled toileting, garments/pads)?							
4. Do personnel use bladder scanners to confirm urinary retention before placing or replacing urinary catheters?							
5. Do personnel use bladder scanners with intermittent catheterization for management of postoperative urinary retention?							
6. Does your facility provide instructions/protocols for personnel to act upon bladder scanner results?							
7. Are patients and/or families educated on appropriate indications for and care of urinary catheters?							
8. In the Emergency Department, is an order provided prior to insertion of an indwelling urinary catheter?							
9. Do Emergency Department providers order indwelling urinary catheters for appropriate indications?							
10. Do Emergency Department providers document an indication when ordering indwelling urinary catheters?							

III. Aseptic Indwelling Urinary Catheter Insertion	Response Choices						Comments (and/or "As Evidenced By")
	Never	Rarely	Sometimes	Often	Always	Unknown	
1. Are supplies/kits for proper aseptic indwelling urinary catheter insertion available in all patient care locations where urinary catheters are inserted?							
2. Does your facility require at least two personnel 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)?							
3. Does the person inserting the indwelling urinary catheter document the insertion procedure (e.g., date, person[s] performing procedure, complications)?							

IV. Proper Indwelling Urinary Catheter Maintenance	Response Choices						Comments (and/or "As Evidenced By")
	Never	Rarely	Sometimes	Often	Always	Unknown	
1. Does your facility utilize pre-connected, sealed urinary catheter drainage systems?							
2. Do personnel keep the urinary drainage system closed to maintain sterility (e.g., do not perform open irrigation of the urinary catheter)?							
3. In the Emergency Department, are pre-connected, sealed urinary drainage systems <u>with urine meters</u> used in critically ill patients to avoid breaking the system once transferred to the intensive care unit?							

V. Timely Removal of Indwelling Urinary Catheters	Response Choices						Comments (and/or "As Evidenced By")
	Never	Rarely	Sometimes	Often	Always	Unknown	
1. Does your facility identify patients who have indwelling urinary catheters in place (e.g., in the electronic medical record or a daily unit list)?							
2. Are patients with indwelling urinary catheters reviewed daily for continued need (e.g., by bedside nurses and/or interdisciplinary team)?							
3. Are indwelling urinary catheters removed in the post-anesthesia care unit (PACU) if there is no indication for continued use after surgery?							
4. Does your facility use alerts, reminders, or stop orders for indwelling urinary catheter removal?							
5. <i>If applicable</i> , do physicians respond to alerts or reminders by removing unnecessary urinary catheters?							<i>Not Applicable</i>
6. <i>If applicable</i> , do nurses respond to alerts or reminders by removing unnecessary urinary catheters or calling the physician?							<i>Not Applicable</i>
7. If a nurse-directed removal protocol is in place, do nurses remove indwelling urinary catheters at your facility?							<i>Not Applicable</i>
8. If a nurse-directed removal protocol is in place, are nurses comfortable using it?							<i>Not Applicable</i>
9. If a nurse-directed removal protocol is in place, are physicians supportive of nurses using it?							<i>Not Applicable</i>

VI. Appropriate Urine Culturing Practices	Response Choices						Comments (and/or "As Evidenced By")
	Never	Rarely	Sometimes	Often	Always	Unknown	
1. Do ordering providers send urine cultures only on patients with signs or symptoms of a urinary tract infection?							
2. If a urine culture is ordered, is a urinalysis ordered at the same time?							
3. Are urine culture specimens transported to the lab for testing immediately following collection (i.e., not allowed to sit unrefrigerated for prolonged periods of time)?							

Additional Comments/Observations (Please specify/describe in detail):

See [Instructions for Submission](#) on Page 1 for assistance.

** If unable to Submit, please Print and give to facility Point of Contact