Catheter-Associated Urinary Tract Infections (CAUTIs) Assessment

The NYSPFP CAUTI Initiative will assist hospitals as they implement standardized processes for the identification and adoption of best practices to prevent CAUTIs.

The goals of the CAUTI Initiative are to reduce unnecessary catheter utilization and to eliminate catheter-associated urinary tract infections. The following survey is intended to assess your existing urinary catheterization practices, guide the development of targeted educational programming, and provide a baseline assessment for post-intervention comparison.

Each hospital should complete and submit only one electronic survey. However, you may want to gather input from other staff members before entering your responses online.

The electronic version of this survey is located at the following link:

http://www.nyspfp.org/Members/Data/InfectionPrevention/CAUTI/CAUTIAssessment/Intro.aspx

Please enter the following information:

Name: __________________________
Title: __________________________
Email: __________________________
Hospital Name: __________________________

Is this survey being completed on behalf of your individual hospital or your hospital system?

☐ Hospital System
☐ Individual Hospital

If the survey is being completed on behalf of your hospital system, what is the name of your hospital system? __________________________
### Section One: Background

**Q1.** Does your facility/unit have a written protocol for...?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catheter indication</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Appropriate indications for catheter insertion in the emergency department setting</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Catheter insertion</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Catheter maintenance</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Catheter removal</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Review and discontinuation of catheters prior to transfer out of the critical care unit setting</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

**Q2.** How often are each of the following items documented?

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Frequently</th>
<th>About half the time</th>
<th>Seldom</th>
<th>Never</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for catheter insertion</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Date and time of catheter insertion</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Location of catheter insertion (e.g., the emergency department)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Removal of urinary catheters post-operatively within 24–48 hours, unless there are appropriate indications for continued use</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Daily assessment of continued indication for urinary catheterization</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
Section Two: Catheter Insertion

Q3. What are valid indications for catheter insertion at your hospital? Please select all that apply.

- Peri-operative use for selected surgical procedures
- Urine output monitoring in critically ill patients
- Managing acute urinary retention and urinary obstruction
- Assisting with pressure ulcer healing for incontinent patients.
- As an exception, at patient request to improve comfort.
- None of the above

Q4. Of the catheters inserted at your hospital, how many do you believe were inserted without at least one of the indications listed above?

- All
- Most
- About half
- Few
- None

Q5. Does your facility have catheter insertion kits?

- Yes
- No
- Not sure

If your facility has catheter insertion kits answer Q6. Otherwise, skip to Q7.

Q6. Are the catheter insertion kits made readily available?

- Yes
- No
- Not sure

Q7. Which of the following are readily accessible for the aseptic insertion of catheters? Please select all that apply.

- Gloves
- Drape
- Sponges
- Antiseptic solution
- Single-use packet of sterile lubricant jelly
- None of the above
Section Three: Catheter Maintenance

Q8. Who is responsible for maintaining and providing care for urinary catheters? Please select all that apply.

☐ RNs
☐ Resident physicians/house staff
☐ NPs
☐ PAs
☐ LPNs
☐ Nursing assistants
☐ None of the above
☐ Other (please specify) __________________________

Q9. What tools does your hospital use to monitor catheter continuation? Please select all that apply.

☐ Reminders placed in electronic medical records
☐ Stickers in paper charts
☐ Automatic discontinuation orders in electronic medical records
☐ Nurses’ notes
☐ Scheduled, periodic rounds to assess use
☐ Stop orders
☐ None of the above
☐ Other (please specify) __________________________

If your hospital uses scheduled, periodic rounds to assess catheter use, answer Q10. Otherwise, skip to Q11.

Q10. Who is involved in the rounds to assess catheter use? Please select all that apply.

☐ RNs
☐ Resident physicians/house staff
☐ NPs
☐ PAs
☐ LPNs
☐ Attending Physicians
☐ None of the above
☐ Other (please specify) __________________________

Q11. How often are nurses shadowed by an infection preventionist to ensure compliance with infection prevention protocols?

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Annually
☐ Never
Section Four: Surveillance

Q12. What type of surveillance does the hospital perform for CAUTI? *Please select all that apply.*

- [ ] Facility-wide
- [ ] Only ICU
- [ ] Unit-specific (one or more units)
- [ ] None of the above
- [ ] Not sure

Q13. How do you calculate urinary catheter days? *Please select all that apply.*

- [ ] Manual count by Nursing
- [ ] Manual count by other personnel
- [ ] Computer report from electronic medical record

Q14. What data categories do the hospital collect related to catheter use and CAUTI? *Please select all that apply.*

- [ ] CAUTI events
- [ ] Indwelling catheter days
- [ ] Number of catheters with accepted indications
- [ ] Total number of catheters
- [ ] None of the above

Q15. How does the hospital ensure the collection bag is kept below bladder level? *Please select all that apply.*

- [ ] Scheduled, periodic visual inspection, e.g., rounds
- [ ] Visual inspection upon entering patient’s room
- [ ] Not part of the protocol