

**CATHETER QUALITY IMPROVEMENT AND AUDIT TOOL**

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| This tool aims to improve current care and the safety of patients with urinary catheters, use data for local service improvements and benchmark practice and CAUTI rate against other sites .For further information contact HIN: ericbarratt@nhs.net  |
| Hospital: | **Tot. No. beds occupied p/ward:**APPLY STICKER HERE |
| Date of Survey: | Ward: |
| Surname: | Forename: |
| Hospital Number: | NHS number: |
| DOB:Checked at patient bedside | Gender: Male ☐ Female ☐ |
| 1.Insertion site:  | Urethral ☐ Suprapubic ☐ *Removed* ☐ *Optional audit (fill-in* ***Q 4****,9,10, 11 only)*   |
| 2. How is the catheter secured?  | Catheter securement device ☐ Velcro bag straps ☐ Bag stand or hanger ☐(E.g. Stat-lock; Clinifix; Ugo fix etc.) **No catheter securement device** ☐ ***Alert team if securement is needed***  |
| 3. Drainage system: | 2L bag ☐ Urine meter ☐ Leg bag ☐ Valve ☐ Is bag above floor level? YES ☐ NO☐ Is it dated (bag or valve)? YES ☐ NO ☐ Is tubing positioned to avoid kinking and pressure areas? YES ☐ NO ☐ |
| 4. Is the patient reporting any CAUTI (Catheter-associated urinary tract infection) symptoms? | Urgency ☐ Frequency ☐ Dysuria ☐ Loin Pain ☐ Delirium ☐ Loin or suprapubic tenderness ☐ Fever (≥38oC skin temp) ☐Pyuria (≥104WBC per ml.) ☐ Other ☐………………………………………**Asymptomatic** ☐ **Unable to assess** ☐ ***Alert team if symptomatic*** |
| 5. Catheter insertion:***If date/ reason for insertion unclear: consider a trial without catheter*** | Date hospital insertion: Number days incl. today: Up to 48 hour ☐ Over 28 days ☐ **Hospital insertion not documented** ☐Admitted with catheter ☐ Date admission ………………….. Where was catheter first inserted: Community ☐ ED ☐ Theatre ☐ Surgical Ward ☐ CCU/ITU/HDU ☐ Medical ward ☐ Other ☐ **Not documented** ☐  |
| 6a Is Rationale for Insertion documented? | **Not Documented**  ☐ *Verbally reported only* ☐Gross haematuria ☐ Surgery ☐ Acute/chronic retention ☐ Output measurement ☐ Post-childbirth ☐ Severe pain/terminally ill ☐ Neurogenic bladder ☐ Immobilization ☐ Sacral wounds/PU ☐(To preserve renal function) (traumatic injury) (Grade 3 and >)Other ☐ ………………… |
|  **Inappropriate rationales** | Incontinence ☐ Moisture lesions ☐ Constipation ☐ Immobility (physiological decline) ☐ ***Alert team to consider TWOC***  |
| 6b. Is rationale still up-to-date? |  Yes ☐ No ☐ Unsure ☐  |
| 7. Does the patient require long-term catheterisation? |  Yes ☐ No ☐ If answered “yes”, has the patient got a passport? Yes ☐ No ☐ Unable to assess ☐ |
| 8**.TWOC** (Trial without Catheter) | Did the patient undergo a TWOC? Yes ☐ No ☐ N/A ☐If No, is there evidence of a planned TWOC? Yes ☐ No ☐ N/A ☐***If No - Alert team to consider a TWOC asap unless there is an up-to-date documented indication for catheter to stay in***Is there an available handheld bladder scanner ? Yes ☐ No ☐ |
| 9. CAUTI microbiology:(Criterion 2 is optional) | Not indicated ☐ Negative ☐ Unable to assess ☐C1: Catheter in-situ and a positive sample ≥104 CFU/ml ☐ Comment………………… C2: Catheter removed in the last 72 hours and a positive sample of ≥105 CFU /ml ☐  |
| 10. Is patient on AB for CAUTI or urospesis? | Yes ☐ No ☐ Recommended but not started ☐ Other……………… |
| 11. Culture-confirmed blood stream infection (urosepsis) | Not indicated ☐ Yes ☐ No ☐ If “YES” answer the following:Present on admission ☐ Same type of pathogen for blood stream infection and UTI/CAUTI ☐Other type of pathogen/no link with UTI/CAUTI ☐ Unable to establish ☐  |
| Is there any quality statement from patient?(One line statement only please) | Prior to intervention (during audit):After audit/QI intervention: |
| COMMENTS |  |
| QUALITY IMPROVEMENT INDICATORS | **Tick if a passport was given during audit/QI interventions ☐****Tick if TWOC reminder stickers were given during audit/QI interventions ☐**List identified quality improvement interventions:* E.G. catheter-securement device required
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| Site-Specific questions |
| Is the ward compliant with the “catheter device” documentation? | Yes ☐ No ☐   |
| Has this been filled appropriately? | Yes ☐ No ☐  |
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