Foundation

**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](mailto: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 |
| 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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