

Catheter-associated Urinary Tract Infection (CAUTI) Deep Dive for Infection Preventionists

A tool to accompany the CAUTI Targeted Assessment for Prevention (TAP) Facility Assessment

This supplemental tool is designed to be completed *once* per facility by the infection preventionist (or the lead of CAUTI Prevention), allowing for a further assessment of possible areas for improvement in CAUTI prevention practices.

Instructions for Use:

1. Complete assessments - facility personnel complete CAUTI TAP Facility Assessments (available on [TAP Webpage](#)) and Infection Preventionist or CAUTI prevention lead completes this Deep Dive
2. Provide additional context to further interpret results and potential gaps in open text fields throughout Deep Dive
 - o When answering open-text fields consider exceptions to the rule, variations by role, frequency, and challenges
3. Review TAP Facility Assessment data and Deep Dive responses in conjunction by corresponding Domain, noting divergent responses and potential areas of alignment
4. After reviewing Assessment results, utilize the [TAP Gap Prioritization Worksheet](#) to outline and prioritize next steps for potential interventions

Facility Name: _____ Title or Role of Person Completing Tool: _____

I. General Infrastructure

1. How does your facility's senior leadership promote CAUTI prevention?

2. Does your facility have unit-based nurse champions for CAUTI prevention?

Yes No Unknown

3. Does your facility have a physician champion for CAUTI prevention?

Yes No Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

4. Does your facility have a staff person with dedicated time to coordinate CAUTI prevention?

Yes No Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

Training

5. How often is *training* on aseptic technique for urinary catheter **insertion** provided for all personnel with this responsibility?

6. What topics are included in the *training* on aseptic technique for urinary catheter **insertion** provided for all personnel with this responsibility?

7. How often is *training* on urinary catheter **maintenance** provided for all personnel with this responsibility?

8. What topics are included in the *training* on urinary catheter **maintenance** procedures provided for all personnel with this responsibility?

9. How often is *training* on placement of the **drainage bag** during transport provided for all personnel that may transport patients, including ancillary personnel?

10. Which staff members are included in the *training* your facility provides on placement of the **drainage bag**?

11. How often is *training* on use of **bladder scanners** provided for all personnel who use them?

12. What topics are included in the *training* on use of **bladder scanners** for all personnel who use them?

13. If your facility has Agency Staff or Locum Tenens, describe how they are oriented to facility policies/practices related to CAUTI prevention:

Skills and Knowledge Assessments

14. How are *skills assessments* (e.g., personnel demonstration of tasks) and/or *knowledge assessments* (e.g., quiz, test) on aseptic technique for urinary catheter **insertion** conducted for all personnel with this responsibility?

15. How are *skills assessments* (e.g., personnel demonstration of tasks) and/or *knowledge assessments* (e.g., quiz, test) on urinary catheter **maintenance** conducted for all personnel with this responsibility?

16. How are *skills assessments* (e.g., personnel demonstration of tasks) and/or *knowledge assessments* (e.g., quiz, test) on use of **bladder scanners** conducted for all personnel who use them?

Audits and Feedback

17. How is the presence of **appropriate indications** for indwelling urinary catheters *audited* (monitored and documented)?

18. How is *feedback* on **appropriate indications** for indwelling urinary catheters provided to personnel?

19. How is aseptic technique for urinary catheter **insertion** *audited* (monitored and documented) for all personnel with this responsibility?

20. How is *feedback* on aseptic technique for urinary catheter **insertion** provided to all personnel with this responsibility?

21. How are urinary catheter **maintenance** procedures *audited* (monitored and documented) for all personnel with this responsibility?

22. How is *feedback* on urinary catheter **maintenance** procedures provided to all personnel with this responsibility?

23. How is *feedback* on CAUTI rates and/or standardized infection ratios (SIR) provided to all healthcare personnel ?

24. How is *feedback* on indwelling urinary catheter device utilization (e.g., device utilization ratios (DUR), standardized utilization ratios (SUR)) provided to all healthcare personnel?

II. Appropriate Indications for Indwelling Urinary Catheter Insertion

1. How do ordering providers document an indication for indwelling urinary catheters?

2. Are providers educated on potential complications of indwelling urinary catheters other than CAUTI (i.e., “catheter harm”)?

**Note: Examples of catheter harm include catheter obstruction, unintended removal, secondary bacteremia, asymptomatic bacteriuria consequences, strictures, urethral injury, pain, and others.*

Yes No Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

3. Are complications of indwelling urinary catheters other than CAUTI (i.e., “catheter harm”) monitored and tracked?

**Note: Examples of catheter harm include catheter obstruction, unintended removal, secondary bacteremia, asymptomatic bacteriuria consequences, strictures, urethral injury, pain, and others.*

Yes No Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

4. Do ordering providers use indwelling urinary catheters for appropriate indications?

Never Rarely Sometimes Often Always Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

5. Do personnel use bladder scanners to confirm urinary retention before placing or replacing urinary catheters?

Never Rarely Sometimes Often Always Unknown

6. Do personnel use bladder scanners with intermittent catheterization for management of postoperative urinary retention?
 Never Rarely Sometimes Often Always Unknown

7. Are instructions/protocols provided for personnel to act upon bladder scanner results?
 Never Rarely Sometimes Often Always Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

8. How are patients and/or families educated on appropriate indications for and care of urinary catheters?

9. Are Emergency Department personnel engaged in CAUTI prevention efforts? Please describe:

10. In the Emergency Department (ED), is an order provided prior to insertion of an indwelling urinary catheter?
 Never Rarely Sometimes Often Always Unknown No ED

11. Do Emergency Department providers order indwelling urinary catheters for appropriate indications?
 Never Rarely Sometimes Often Always Unknown No ED

12. Do Emergency Department providers document an indication when ordering indwelling urinary catheters?
 Never Rarely Sometimes Often Always Unknown No ED

Please describe additional details or context to facilitate targeting of potential interventions:

13. When patients with indwelling urinary catheters are transferred from the Emergency Department to a unit, how is the indication for the indwelling urinary catheter communicated upon transfer?

III. Aseptic Indwelling Urinary Catheter Insertion

1. Are supplies/kits for aseptic indwelling urinary catheter insertion available in all patient care locations where urinary catheters are inserted?

- Never Rarely Sometimes Often Always Unknown

2. Are only personnel who are trained on the correct technique for aseptic insertion given the responsibility for inserting urinary catheters?

- Yes No Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

3. Do healthcare personnel receive instruction when new urinary catheter equipment or protocols are introduced?

- Never Rarely Sometimes Often Always Unknown

3a. If so, describe the process for providing instruction to personnel when new urinary catheter equipment or protocols are introduced:

4. 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 aseptic technique (e.g., using a checklist) and assist as needed?

- Yes No Unknown

4a. If yes, are at least two personnel present for indwelling urinary catheter insertions?

- Never Rarely Sometimes Often Always Unknown

4b. Describe any barriers to having two personnel present for urinary catheter insertions:

IV. Indwelling Urinary Catheter Maintenance

1. Does your facility utilize pre-connected, sealed urinary catheter drainage systems?

- Never Rarely Sometimes Often Always Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

2. Are the urinary drainage systems kept closed to maintain sterility (e.g., open irrigation of the urinary catheter is not performed)?

- Never Rarely Sometimes Often Always Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

3. In the Emergency Department (ED), are pre-connected, sealed urinary drainage systems with urine meters used in critically ill patients (to avoid breaking the system once transferred)?

- Never Rarely Sometimes Often Always Unknown No ED

Please describe additional details or context to facilitate targeting of potential interventions:

4. Is routine hygiene provided to the meatal area (e.g., during daily bathing or showering)?

- Never Rarely Sometimes Often Always Unknown

5. Are alcohol-based products avoided when providing routine hygiene to the meatal area?

- Never Rarely Sometimes Often Always Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

6. Are indwelling urinary catheters removed:

6a. When there are signs and/or symptoms of infection?

- Never Rarely Sometimes Often Always Unknown

6b. When there are signs and/or symptoms of obstruction (e.g., leakage)?

- Never Rarely Sometimes Often Always Unknown

6c. When the closed system is compromised (i.e., disconnection)?

- Never Rarely Sometimes Often Always Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

7. Do personnel avoid changing indwelling urinary catheters and drainage bags at routine, fixed intervals?

- Yes No Unknown

**Note: "Changing indwelling catheters or drainage bags at routine, fixed intervals is not recommended. Rather, it is suggested to change catheters and drainage bags based on clinical indications such as infection, obstruction, or when the closed system is compromised." ([CAUTI Guidelines](#) | [Guidelines Library](#) | [Infection Control](#) | [CDC](#))*

7a. If indwelling urinary catheters or drainage bags are being changed when not clinically indicated, please describe factors that may be contributing to this practice:

V. Timely Removal of Indwelling Urinary Catheters

1. Does your facility maintain a daily list of patients with indwelling urinary catheters?

- Never Rarely Sometimes Often Always Unknown

1a. If so, please describe:

2. Are patients with indwelling urinary catheters reviewed daily to assess for their continued need?

- Never Rarely Sometimes Often Always Unknown

2a. If so, please describe how patients with indwelling urinary catheters are reviewed daily to assess for their continued need:

3. Are indwelling urinary catheters removed in the post-anesthesia care unit (PACU) if there is no indication for continued use after surgery?

- Never Rarely Sometimes Often Always Unknown No PACU

Please describe additional details or context to facilitate targeting of potential interventions:

4. Does your facility use alerts, reminders, or stop orders for indwelling urinary catheter removal?

- Never Rarely Sometimes Often Always Unknown

4a. If so, please describe how alerts, reminders, or stops orders are used:

5. Do physicians respond to alerts or reminders by ordering removal of unnecessary urinary catheters?

- Never Rarely Sometimes Often Always Unknown
 Alerts, reminders, or stop orders not used

6. Do nurses respond to alerts or reminders by removing unnecessary urinary catheters or speaking with the physician?

- Never Rarely Sometimes Often Always Unknown
 Alerts, reminders, or stop orders not used

Please describe additional details or context to facilitate targeting of potential interventions:

7. If a nurse-directed removal protocol is in place, do nurses remove indwelling urinary catheters at your facility?

- Never Rarely Sometimes Often Always Unknown
 No nurse-directed removal protocol in place

7a. Describe any barriers or challenges to the use of nurse-directed removal protocols at your facility (e.g., are nurses comfortable using the protocol, are physicians supportive):

VI. Appropriate Urine Culturing Practices

1. For patients with a urinary catheter, are signs and/or symptoms of a urinary tract infection present when a urine culture is ordered (i.e., for the purpose of making a clinical diagnosis of a urinary tract infection)?

Never Rarely Sometimes Often Always Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

2. Is education provided to physicians on when to order urine cultures (e.g., only when appropriate indications are present)?

Yes No Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

3. Is feedback provided to physicians on urine culture orders (e.g., frequency, appropriateness)?

Yes No Unknown

- 3a. If so, please describe how feedback is provided:

4. Is education provided to nurses about signs or symptoms of a urinary tract infection?

Yes No Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

5. Is education provided to nurses about how to collect urine cultures aseptically?

Yes No Unknown

Please describe additional details or context to facilitate targeting of potential interventions:

6. Are urine culture specimens received in the microbiology lab within one hour of collection?

- Never Rarely Sometimes Often Always Unknown

**Note: Specimens should be collected and arrive at the microbiology lab as soon as possible, preferably within an hour. If delay in transport to the lab is expected, samples should be refrigerated (no more than 24 hours) or collected in preservative urine transport tubes.*

6a. If urine culture specimens are not received in the microbiology lab within one hour of collection, are they refrigerated and/or collected in preservative urine transport tubes?

- Never Rarely Sometimes Often Always Unknown

7. How does the facility ensure that urine cultures are transported to the lab for testing promptly following collection?

Next Steps

Based on this worksheet and review of TAP CAUTI Facility Assessments, what are potential opportunities for improvement in CAUTI prevention practices at your facility?

Upon completion of this form and review of responses to TAP Facility Assessments: The [TAP Strategy GAP Prioritization Worksheet](#) and [TAP Prevention Prioritization Toolkit](#) may be used by partners to guide in the prioritization of infection prevention gaps and inform next steps.

Additional resources to guide prevention interventions, including the TAP Implementation Guides, are available on the [TAP Strategy Website](#).

For questions and requests for technical assistance, please email CDC at HAIPrevention@cdc.gov.