

1. Hospital/Respondent Information

Before beginning the survey, please take a moment to read the following clarifications.

- 1) This survey covers topics that pertain to both clinical knowledge and infection control. Therefore, it is best to have a staff member with knowledge of both areas on hand to complete this survey.
- 2) Each unit or clinical area should complete ONLY one assessment. Duplicate entries for the same unit or clinical area will be deleted.
- 3) Shared data WILL NOT include identifiers. Hospital and individual data are confidential.
- 4) This is not the Hospital Survey on Patient Safety (HSOPS).

Thank you for taking the time to complete the assessment.

* **1. Hospital Name**

* **2. How many staffed beds are there in this hospital?**

* **3. Unit Name**

4. What is your Unit's CareCounts ID number? (This number can be found in the CareCounts database on the data entry screen next to your unit's name.)

* **5. City and State**

City/Town:

State:

* **6. Who may we contact with follow-up questions on the content of these responses (primary respondent)?**

7. Contact Title

* **8. Contact Phone Number**

9. Contact Email Address

2. Description of Clinical Area

* 10. Are you reporting data for an ICU or another clinical area?

- Med-Surg
- ICU
- Medicine (Non-Surgical)
- Surgery
- Orthopedics
- Telemetry
- Neuro/Neurosurgery
- Obstetrics
- Pediatrics
- Emergency Department
- Psychiatry/Mental Health
- Rehabilitation
- PACU
- Pre-Op
- Other

11. For ICU's ONLY: Type/Designation of the ICU for which you are reporting

- Burn ICU
- Coronary ICU
- Surgical Cardiothoracic ICU
- Medical ICU
- Medical/Surgical ICU - Major Teaching
- Medical/Surgical ICU - All Others
- Neonatal ICU
- Pediatric Medical/Surgical ICU
- Neurosurgical ICU
- Surgical ICU
- Trauma ICU

12. Numbers of beds in this unit

13. What is the average nurse to patient ratio on this unit?

Don't Know

1:1 - 1:2

1:3 - 1:4

1:5 - 1:7

1:8 or Greater

If greater than 1:8, please specify ratio

*** 14. Do you know your unit's catheter-associated urinary tract infection rate?**

Yes

No

*** 15. Are your catheter-associated urinary tract infection rates regularly (i.e. monthly, quarterly) reported to hospital senior executives?**

Yes

No

Don't Know

*** 16. Which of the following initiatives or programs have your unit participated in to prevent catheter-associated urinary tract infections? Select all that apply.**

IHI 5 Million Lives Campaign

Premier

VHA

Association of Professionals in Infection Control

State program

Hospital/System Program

None

Other

Other (please specify)

* 17. Do you have a protocol in place for Nurse-Initiated Discontinuance of Urinary Indwelling Catheters?

Yes

No

3. Safety Activities

For each of the following questions, please indicate the degree to which each of the following has taken place in your ICU/clinical area by selecting the item that reflects the experience in your ICU/clinical area.

★ **18. Participation in any organized multi-site effort to reduce CAUTI**

Not implemented and no plans to do so outside of STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

★ **19. Having all staff view the Josie King video**

Not implemented and no plans to do so outside of STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

★ **20. "Partnership" with unit by a Senior Executive for patient safety**

Not implemented and no plans to do so outside of STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

★ **21. Systematic analysis and proactive learning from harmful events or events with potential for harm as raised by front-line staff (other than M&Ms and official RCA)**

Not implemented and no plans to do so outside of STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

★ **22. Setting daily goals for each patient based on a standard tool**

Not implemented and no plans to do so outside of STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

★ **23. Educating staff on the "Science of Safety"**

Not implemented and no plans to do so outside of STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

*** 24. Use of guidelines on appropriate indications for urinary catheter use**

Not implemented and no plans to do so outside of the STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

*** 25. Use of guidelines on proper techniques for urinary catheter insertion**

Not implemented and no plans to do so outside of the STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

*** 26. Use of guidelines on proper techniques for urinary catheter maintenance**

Not implemented and no plans to do so outside of the STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

*** 27. System of documenting urinary catheter insertions**

Not implemented and no plans to do so outside of the STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

*** 28. System of documenting urinary catheter removals**

Not implemented and no plans to do so outside of the STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

*** 29. Regular in-service training for appropriate healthcare personnel on techniques and procedures for urinary catheter insertion, maintenance, and removal**

Not implemented and no plans to do so outside of the STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

*** 30. Readily available supplies necessary for aseptic urinary catheter insertion**

Not implemented and no plans to do so outside of the STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

* **31. Reporting to the Centers of Disease Control's (CDC) National Healthcare Safety Network (NHSN)**

Not implemented and no plans to do so outside of the STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

* **32. Any unit-wide assessment of teamwork and safety culture (e.g., Safety Attitude Questionnaire, Hospital Survey on Patient Safety)**

Not implemented and no plans to do so outside of the STOP CAUTI project

Currently planning for implementation outside of STOP CAUTI project

Fully implemented outside of STOP CAUTI project

33. If you answered "currently planning for implementation" or "fully implemented" to Question 32, when did you last complete the unit-wide assessment of teamwork and safety culture?

* **34. Do you have the ability to distribute the survey electronically to your physicians and staff?**

Yes

No

4. Catheter Management Strategies

For each item below, please check the answer that best applies, on a scale from Never to Always.

* **35. Urinary catheters used for management of incontinence**

Never

Rarely

Sometimes

Often

Always

* **36. Urinary catheters removed post-operatively within 24-48 hours unless there are appropriate indications for continued use**

Never

Rarely

Sometimes

Often

Always

* **37. Alternatives to indwelling catheters (e.g. intermittent catheters, condom catheters) used when appropriate**

Never

Rarely

Sometimes

Often

Always

* **38. Urinary catheters inserted using aseptic technique and sterile equipment**

Never

Rarely

Sometimes

Often

Always

★ **39. Portable bladder ultrasound used to assess urine volume**

Never

Rarely

Sometimes

Often

Always

★ **40. Urinary drainage systems with pre-connected, sealed catheter-tubing junctions used**

Never

Rarely

Sometimes

Often

Always

★ **41. Catheters changed at routine, fixed intervals**

Never

Rarely

Sometimes

Often

Always

★ **42. Nitrofurazone-releasing catheters used**

Never

Rarely

Sometimes

Often

Always

★ **43. Silver alloy catheters used**

Never

Rarely

Sometimes

Often

Always

★ **44. Systemic anti-microbial prophylaxis for urinary catheters used**

Never

Rarely

Sometimes

Often

Always

★ **45. Urinary drainage bags kept below level of bladder**

Never

Rarely

Sometimes

Often

Always

★ **46. Urinary drainage bags instilled with anti-septics or anti-microbials**

Never

Rarely

Sometimes

Often

Always

★ **47. Urinary catheters disconnected from collecting systems (e.g., for irrigation)**

Never

Rarely

Sometimes

Often

Always

★ **48. Screening for asymptomatic bacteriuria (ASB) performed**

Never

Rarely

Sometimes

Often

Always

*** 49. Sharing of unit's CAUTI rates with physicians/nurses**

Never

Rarely

Sometimes

Often

Always

*** 50. Adherence to hand hygiene policies measured in at least one patient care area**

Never

Rarely

Sometimes

Often

Always

*** 51. Adherence to proper aseptic insertion of urinary catheters measured**

Never

Rarely

Sometimes

Often

Always

*** 52. Adherence to documentation of catheter insertion and removal dates measured**

Never

Rarely

Sometimes

Often

Always

*** 53. Adherence to documentation of indication for urinary catheter placement measured**

Never

Rarely

Sometimes

Often

Always

5. CAUTI Prevention Practices

★ **54. The control and prevention of CAUTI is a priority**

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
At my facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On my unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

★ **55. Who inserts urinary catheters at your facility (please check all that apply)?**

	RNs	LPNs	Nurse aides	Physicians	Medical Students	Other
At my facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On my unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

★ **56. Is surveillance for CAUTI performed at your facility?**

	No	Yes, Hospital-wide	Yes, unit-specific
At my facility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On my unit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Specify units

★ **57. Is the National Healthcare Safety Network (NHSN) used for CAUTI surveillance?**

	Yes	No
At my facility	<input type="radio"/>	<input type="radio"/>
On my unit	<input type="radio"/>	<input type="radio"/>

58. If the answer to Question 57 is No, are CDC/NHSN surveillance definitions for CAUTI used?

	Yes	No
At my facility	<input type="radio"/>	<input type="radio"/>
On my unit	<input type="radio"/>	<input type="radio"/>

★ **59. Are any quality improvement (QI) programs for CAUTI prevention in place at your facility (please check all that apply)?**

	Alerts or reminders for removing unnecessary catheters	Guidelines or algorithms for appropriate perioperative catheter management	Multidisciplinary urinary catheter "rounds"	Protocols for nurse-directed removal of unnecessary catheters	Stop orders for urinary catheters	Other
At my facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On my unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)