

Mini RCA CAUTI Process Improvement Discovery Tool (Minimum 5 charts/Maximum 10 charts) Note: Do NOT spend more than 20-30 minutes per chart! Instructions: (1) If the answer to the question is 'NO', mark an X in the box to indicate a possible process failure. You may check more than one box per chart. (2) The processes with the most common failures could be a priority focus. **PROCESS - Urine Culture Lab Tracer** Chart # (LAB ORDERS) There is: An order for a urinalysis and urine culture (SIGNS/SYMPTOMS) The patient has: At least one of the following: new onset or worsening of fever, rigors, altered mental status, malaise or lethargy with no other identified cause; flank pain, costovertebral angle tenderness; acute hematuria; pelvic discomfort A urinalysis that demonstrated at least one abnormality (e.g. + Nitrite, + Leukocyte esterase (LE), ≥ 5 WBC/hpf) (SPECIMEN COLLECTION and TRANSPORTATION) The following was observed: The urine specimen was collected from the sampling port The sampling port was scrubbed with a disinfectant (e.g. alcohol wipe) A dedicated transfer device designed to luer-fit directly onto the sampling port was used The current urinary catheter was removed, need for replacement was confirmed, and a new catheter was inserted before the urine specimen was collected The specimen is labeled correctly as clean catch or catheterized The urine specimen was either analyzed by the clinical lab within two hours of collection or was refrigerated (2-8°C) or in a tube containing a preservative (LAB INTERPERETATION) Does the lab perform a culture only if UA is abnormal? (e.g. + Nitrite, + Leukocyte esterase (LE), ≥ 5 WBC/hpf) (TREATMENT) The urine sample was obtained from the urinary catheter BEFORE initiation of anbibiotics (OTHER) - Please specify:



(OTHER) - Please specify:

inserted?

What department was the patient in when the catheter was

Mini RCA CAUTI Process Improvement Discovery Tool (Minimum 5 charts/Maximum 10 charts) Note: Do NOT spend more than 20-30 minutes per chart! Instructions: (1) If the answer to the question is 'NO', mark an X in the box to indicate a possible process failure. You may check more than one box per chart. (2) The processes with the most common failures could be a priority focus. **PROCESS - CAUTI Audit Tool** Chart # (INSERTION) The patient had: An order to insert a urinary catheter A hospital-defined clinical indication for a urinary catheter Urinary catheter inserted using sterile technique. Perineal wash and meatal cleansing performed prior to insertion Alternatives to urinary catheter (e.g. external catheter) considered and documented (SIGNS/SYMPTOMS) The patient had: At least one of the following: new onset or worsening of fever, rigors, altered mental status, malaise or lethargy with no other identified cause; flank pain, costovertebral angle tenderness; acute hematuria; pelvic discomfort A urinalysis that demonstrated at least one abnormality (e.g. + Nitrite, + Leukocyte esterase (LE), ≥ 5 WBC/hpf) (DOCUMENTATION) The patient had: Assessment and documentation for the clinical necessity for continued use of urinary catheter per hospital policy Documentation of catheter care (e.g. closed system maintenance with seal intact, bag and tubing off the floor, no dependent loops, drainage bag secured) per hospital policy Peri-care done and routinely documented (e.g. per hospital policy after fecal incontinence) (TREATMENT) This patient was: Given antibiotics for a CA-UTI AND also had clinical signs/symptoms of a UTI (see above)