

**Example Assessment Tool**

	Unit or Area					
	Med/surg floor #1	Med/surg floor #2	MICU	SICU	ED	OR/PACU /recovery
<b>Outcomes</b>						
5 day count (M-F) Number of indwelling urinary catheters/ number of patients						
Are CAUTI or UTI rates/numbers collected for this unit (and if so what is the current rate/number and the timeframe, e.g., monthly)						
<b>Processes</b>						
Where are indwelling urinary catheters placed for patients on this unit						
What personnel insert indwelling urinary catheters on this unit or area						
<b>Structure</b>						
Number of beds						
Nurse staffing (type and number per patient)						
Number of different physicians and/or number and type of services that treat patients on this unit						
Does the hospital or unit have any policies or standard operating procedures related to indwelling urinary catheter use						
If the hospital or unit uses an electronic medical record, do they use any templates or reminders related to use of indwelling urinary catheters						