Local contract ref.	
Goal number	
Goal name	To reduce the incidence of indwelling urinary catheters in inpatients to no higher than 18%
Indicator weighting (% of CQUIN scheme available)	10%
Description of indicator	Incidence of patients with an indwelling urinary catheter
	Rates of urinary catheterisation in acute medical inpatients generally range from 8% to 20% in published literature <sup>1</sup>
	Current audit data shows actual rates in the UK of around 15-25% in community and acute trusts.
	Using simple and feasible interventions (educational, quality improvement bundles, enhanced recovery programme):
	Urinary catheter use rate decreased from 18% to 14% in State- wide intervention of medical/surgical inpatients <sup>2</sup>
	Post-operative urinary catheterisation reduced from 35% to 7% in surgical patients <sup>3</sup>
	New catheter insertion rate in A&E departments decreased from 9% to $5\%^4$
	In a systematic review of medical inpatients, mean duration of catheterisation (catheter days) decreased by 37% <sup>5</sup>
	So taking the current rates combined with the evidence-based potential for improvement an overall target of 18% would represent an appropriate incidence rate for this CQUIN goal
Numerator	Number of patients with an indwelling catheter
Denominator	A minimum of 40 hospital inpatients will be surveyed 2 monthly:
	<ol> <li>% of patients with indwelling catheter</li> <li>Number of days catheter has been in situ (to calculate overall catheter days)</li> <li>Indication for catheterisation (<i>NICE CG171 and CG97</i>)</li> <li>% of patients with catheter associated UTI</li> </ol>

Rationale for inclusion	At any one time, a large number of patients are catheterised in hospitals whether in A&E, medical or surgical services and often catheters are left in without clear indication. Nearly one third of urinary catheter-days have been shown to be inappropriate in medical and surgical inpatients. <sup>6</sup> 26% of catheters inserted in A&E likewise have no appropriate indication. <sup>4</sup> Insertion, prolonged catheter-days, and poor catheter care can all result in infection (catheter associated urinary tract infection, CAUTI), causing risk to the patient and increasing healthcare costs. <sup>7</sup>
	infection (HCAI), comprising 19% of all HCAIs; 43-56% of UTIs are associated with urethral catheters. <sup>7</sup> Approximately 17% of secondary nosocomial bloodstream infections are caused by catheter use, with an associated mortality of 10%. <sup>8</sup>
	CAUTIs can have a devastating impact on patients, particularly older people who are also those most likely to have inappropriate catheters. CAUTIs are associated with prolonged hospitalisation, re-admission and increased mortality.
	CAUTIs also have significant associated costs (additional bed days and treatment costs) which prevent the healthcare system from investing in other priorities (estimated to cost the NHS up to £99m p.a., or £1968 per episode). <sup>9</sup>
	This CQUIN aims to reduce avoidable harm to patients from inappropriate catheter-days and from CAUTIs, thereby improving their care and experience, and also reducing the costs resulting from treating these infections.
Data source	Observation of patient records for all inpatients, with targeting of clinical areas with high catheterisation rates or documented incidence of CAUTI.
	Linking with the NHS Safety Thermometer is also useful – while the thermometer gives a monthly snapshot of CAUTIs there is no examination of cathterisation use, care, days and appropriateness. This CQUIN will provide that data and allow organisations to develop strategies impact the monthly CAUTI rates.
Frequency of data	2 Monthly
Organisation	All relevant NHS-funded providers [Insert Provider name].
responsible for data	Designated catheter safety leads should be identified to ensure
collection	accountability for CQUIN delivery.
Frequency of reporting	Quarterly
to commissioner	Based on audit of 40 sets of notes in hospital innatients 2 monthly
Basolino valuo	The first audit will set the baseline rates for:
Daseillie value	1. % of patients with indwelling catheter
	2. Number of days catheter has been in situ (to calculate overall
	catheter days)
	3. % of patients with catheter associated UTI

Final indicator period/date (on which payment is based)	April 2014 – March 2015
Final indicator value (payment threshold)	Catheterisation rate 18% or below
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Evidence: Provider reports showing: % patients with catheters / number of patients assessed Catheter days in those patients with catheters % CAUTIs in catheterised patients
Final indicator reporting date	March 2015
Are there rules for any agreed in-year milestones that result in payment?	No
Are there any rules for partial achievement of the indicator at the final indicator period/date?	No

References	NICE Clinical Guidance 171: Management of Urinary Incontinence
	in Women
	NICE Clinical Guidance 97: Management of Lower Urinary Tract
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