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[1] 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[2] Post-operative urinary catheterisation reduced from 35% to 7% in surgical patients[3] 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%[5] 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: 1. % of patients with indwelling catheter 2. Number of days catheter has been in situ (to calculate overall catheter days) 3. Indication for catheterisation (*NICE CG171 and CG97*) 4. % of patients with catheter associated UTI

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.[6] 26% of catheters inserted in A&E likewise have no appropriate indication.[4] 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.[7] Urinary tract infections are the most common healthcare acquired infection (HCAI), comprising 19% of all HCAIs; 43-56% of UTIs are associated with urethral catheters.[7] Approximately 17% of secondary nosocomial bloodstream infections are caused by catheter use, with an associated mortality of 10%.[8] 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).[9] 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 collection	2 Monthly
Organisation responsible for data collection	All relevant NHS-funded providers [Insert Provider name]. Designated catheter safety leads should be identified to ensure accountability for CQUIN delivery.
Frequency of reporting to commissioner	Quarterly
Baseline period/date	Based on audit of 40 sets of notes in hospital inpatients 2 monthly
Baseline value	The first audit will set the baseline rates for: 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 Infection in Men 1. Shimoni et al. Can in-hospital urinary catheterization rates be reduced with benefits outweighing the risks? South Med J. 2013 Jun;106(6):369-71 2. Fakih MG et al. Reducing inappropriate urinary catheter use: a statewide effort.Arch Intern Med. 2012 Feb 13;172(3):255-60 3. McDonald et al. An enhanced recovery programme for primary total knee arthroplasty in the United Kingdom--follow up at one year. Knee. 2012 Oct;19(5):525-9 4. Fakih et al. Avoiding potential harm by improving appropriateness of urinary catheter use in 18 emergency departments. Ann Emerg Med. 2014 Jun;63(6):761-8. 5. Meddings et al. Systematic review and meta-analysis: reminder systems to reduce catheter-associated urinary tract infections and urinary catheter use in hospitalized patients. Clin Infect Dis. 2010 Sep 1;51(5):550-60 6. Tiwari et al. Inappropriate use of urinary catheters: a prospective observational study. Am J Infect Control. 2012 Feb;40(1):51-4. 7. H. P. Loveday et al. “epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England”. Journal of Hospital Infection 86S1, 2014. S31–S37. (Available online at www.sciencedirect.com)

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