

# **Catheter Reduction Tool for Facilities**

## **Progress Measured by Monthly Catheter Rates**

Facility Name: \_\_\_\_\_

Staff Completing Form: \_\_\_\_\_

Phone: \_\_\_\_\_

Month: \_\_\_\_\_

Please answer the QUESTIONS below	
1. How many chronic, non-transient, in-center hemodialysis patients did you have on the last day of the month?	
2. Of the patients in #1 above, how many were using a catheter for vascular access?	
3. Of the patients in #2 above, how many have been using a catheter for 90 or more days?	
4. Catheter rate (divide the number from #2 by the number of patients in #1)	
5. Catheter rate > 90 days (divide the number from #3 by the number of patients in #1)	

**Notes:**

**Fax to Medical Director**