

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