



Pembroke Regional Hospital

SFH Action Cohort 2

Reduced Length of Use of Indwelling Urinary Catheters
Inserted In Our Medical Patients Aged 65 or Older at PRH

Presented by:

Sarah Biggs

Jennifer Niittynen

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Initial Work

- Plan Do Study Act was done
- Found the problem
- Surveyed staff for knowledge gap
- Surveyed patients for knowledge gap
- Collected urinary catheter data (reason for insertion/length of time left inserted)


AIM STATEMENT

- To reduce the length of time indwelling urinary catheters remain inserted by 25%, bringing our average of 7.4 days down to 5.5 days, by December 2016

CHANGE IDEAS

- Developed and provided a patient questionnaire and a staff quiz evaluation to measure indwelling urinary catheter knowledge (risks, benefits, reason for use)
- Nursing staff started tracking indwelling urinary catheter usage on the medical units
- Provided monthly staff education on indwelling urinary catheter project at LEAN huddles regularly
- Developed and Implemented the use of PPO
- Indwelling urinary catheter patient and family education posted on electronic information boards in the cafeteria, ER waiting room, and in Ambulatory Clinics waiting room
- Laminated signage placed in the medical/ER supply storage area to remind nurses to ensure PPO are completed before inserting a urinary catheter

Implemented

PEMBROKE REGIONAL HOSPITAL											
 <p>Pre-Printed DOCTORS ORDERS Urinary Catheter Insertion and Continuation/Removal</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">NAME</td></tr> <tr><td style="height: 20px;">ADDRESS</td></tr> <tr><td style="height: 20px;">AGE</td></tr> <tr><td style="height: 20px;">ROOM #</td></tr> <tr> <td style="height: 20px;">DOCTOR</td> <td style="height: 20px;">DATE</td> <td style="height: 20px;">TIME</td> </tr> </table>		NAME	ADDRESS	AGE	ROOM #	DOCTOR	DATE	TIME	
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AGE	WT.	DIAGNOSIS	ROOM NO.								
Kardex	MAR	REQ	DOCTORS ORDER								
			Insertion and Continuation require an indication Date of insertion _____ Insert Foley Catheter for the following indication: <input type="checkbox"/> Urinary Retention or Bladder Outlet Obstruction <input type="checkbox"/> Urologic Surgery or Procedure <input type="checkbox"/> Close monitoring of urine output and patient unable to use urinal or bedpan <input type="checkbox"/> Comfort measure for the terminally ill <input type="checkbox"/> Hemodynamically unstable or chemically paralyzed or sedated <input type="checkbox"/> Open wound in sacral or perineal area and patient has urinary incontinence <input type="checkbox"/> Other, please specify _____								
			Indwelling foley catheter will be discontinued on day 3 post insertion unless indicated below by physician. <input type="checkbox"/> Foley to remain inserted after day 3 post insertion Specify reason: _____ <input type="checkbox"/> If catheter inserted by the Urologist, leave insitu until Urologist discontinues								
			Perform One-Time in-and-out catheterization: <input checked="" type="checkbox"/> If patient does not void 300 ml or more within 6 hours of removing the foley catheter. <input checked="" type="checkbox"/> If bladder scan reveals greater than 300 ml. <input checked="" type="checkbox"/> If patient is still unable to void after 6 more hours, notify the physician.								
			<input checked="" type="checkbox"/> Nurse to Review Patient Education Handout with patient.								
			Physician Signature _____								

Send Copy to Pharmacy

Last Revised: 2016-06-09

Implemented



Implemented



What you should know about your:
Urinary Catheter

STAY INFORMED

STAY INVOLVED

What is a Urinary Catheter?

A URINARY CATHETER WILL ONLY BE INSERTED IF ABSOLUTELY NECESSARY

- A urinary catheter is a thin tube placed in the bladder to drain urine
- When should a urinary catheter be used?
 1. When someone is not able to empty their bladder
 2. Skin irritations or a wound (redness or sores) in the area where the catheter enters your body
 3. Measure how much someone pees
 4. During and shortly after some types of surgery

When should you NOT have a urinary catheter inserted?

- Just because you cannot get out of bed
- Just because you leak urine (meaning you are incontinent of urine)
- There are other safe measures that can be used instead

What are the risks of a urinary catheter?

1. Germs can travel along the catheter and spread to your blood
2. Can lead to a longer stay in the hospital
3. Can hurt the bladder
4. Can cause pain below your belly button
5. Urinary catheters can be uncomfortable

Implemented

To help prevent infection:

- Ask each day if you need the catheter – find out the plan for removing it
- Do not pull, tug or bend the catheter or tubing
- Keep drainage bag lower than your bladder, i.e. bag hanging on bed frame when lying in bed
- Keep the drain bag off the floor
- Drink lots of water and other fluids, unless told otherwise
- Wash your hands with soap and water or hand sanitizer before and after touching the catheter or tubing
- **You have a role in preventing infection!**

If you already have a urinary catheter, what can you do?

- Continue to move about, get out of bed, sit in a chair or walk around
- Make certain you know how to care for your urinary catheter and keep it clean
- Wash where the catheter enters your body every day with soap and water
- **Continue to be active**

Tell your healthcare provider if you have:

THESE MAY BE SIGNS OF AN INFECTION

1. Burning or pain in the lower stomach
2. Fever
3. Bloody urine
4. Burning where the catheter enters your body

Remember the urinary catheter should not be left in any longer than required!

Ask Every Day

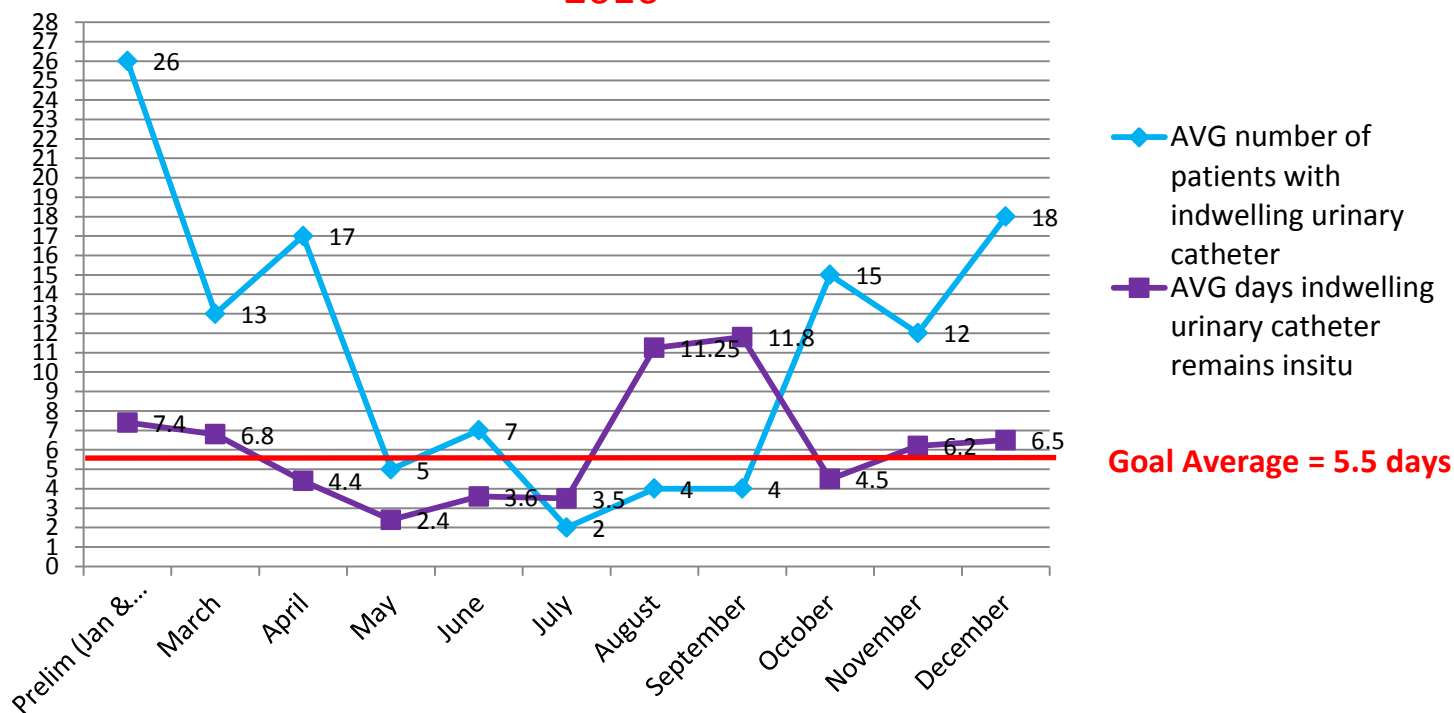
Stay Informed

Stay Involved

RESULTS

Indwelling Urinary Catheter Use Pembroke Regional Hospital

2016



RESULTS SUMMARY

- PRH has made positive gains through this project initiative
- Pre implementation data showed on average an indwelling urinary catheter remained in place for 7.4 days. Post implementation data showed on average an indwelling urinary catheter remained in place for 6 days. This is an 18% decrease! (small numbers but it's a starting point!!)
- Successful development and implementation of indwelling urinary catheter PPO's to support best practices!
- Improved patient and family education
- Increase in physician, staff, patient and family awareness

LESSONS LEARNED

- Changes take time (both development and implementation)
- 1:1 education/reminders had the most impact
- Ensure engagement from the start with frontline staff, physicians, patients and their families with development process

NEXT STEPS

- Continue to educate the ED physicians on new PPO form and process
- Utilize staff resources as available to continue education to all staff on the use of the PPO and patient education pamphlet
- Real time chart audits to monitor PPO use on a monthly basis
- Continue patient and family education through use of electronic information boards
- Addition of indwelling urinary catheter indicator to 2017-18 SFH Quality Improvement Plan (QIP)
- Patient Care Plan will be adapted to reflect urinary catheterization insertion date, removal date and following PPO



Thank You

Questions?