


# Decreasing Catheter Use in Medicine Patients – A Two for One SFH Strategy at the Queensway Carleton Hospital

Champlain LHIN

Senior Friendly Hospital Symposium

March 27, 2014




# Rationale

- Physical de-conditioning is a known complication of hospitalization for older adults
- Oxygen, IV lines, and catheters are ‘tethers’ which inhibit mobilization of older adults and can add to falls risk
- The presence of urinary catheters increases the risk of catheter associated urinary tract infection which can cause delirium
- Reducing the use of urinary catheters is a ‘two for one’ improvement strategy by reducing immobility and the risk of delirium

# Alignment with SFH Strategy

- SFH Framework Processes of Care – The provision of hospital care is founded on evidence and best practices that acknowledge the physiology, pathology, and social science of aging and frailty
- Champlain LHIN SFH report (June 2011) stated that ‘prevention of de-conditioning and dementia related behaviour management were reported less frequently as having an active protocol and monitoring process in place’

# What was the initiative?

- The Centre for Disease Control and Prevention (CDC) criteria for appropriate catheter use were applied daily to all Medicine patients (A3 and C4 Medicine units) who had a urinary catheter
  - If the catheter was deemed to be inappropriate and there was a physician's order, then nurses asked the physician for an order to discontinue
  - If the catheter was deemed to be inappropriate and there was no physician's order, then nurses removed the catheter
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# Appropriate Indications for Indwelling Catheter Use

Based on CDC Guideline for Prevention of Catheter Associated Urinary Tract Infection 2009

A = Acute monitoring, accurate intake & output

B = Blockage: retention, outlet obstruction

C = Certain conditions: Genitourinary procedure, promote healing of sacral/perineal wounds

D = Drugs/disability: Large volume infusions and/or large dose diuretics, trauma, unstable spinal #

E = End of life: Family requests

# Outcomes

Year	2011	April 2013	November 2013	Variance since April 2013	Variance since 2011
Catheter Prevalence	21.9%	12.8%	15.2%	19%	-31%
Unnecessary Catheter Prevalence	35.8%	25.3%	24%	-5%	-33%

# Lessons Learned

- Simple interventions (monitoring against criteria) can be very effective
  - Focusing attention helped change attitudes and behaviours of nurses
  - On the spot teaching related to specific patients was helpful to increase nursing knowledge and change practice
  - There is a need to maintain ongoing monitoring and feedback loop to staff
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