Uh-Oh to Oh Yeah: A Nurse Driven Urinary Catheter Removal Protocol

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Background:
The utilization of indwelling urinary catheters in acute and transitional care settings is often inappropriate and associated with risks, inclusive of:

- Catheter Associated Urinary Tract Infections (CA-UTI)
- Increased healthcare costs
- Patient discomfort
- Increased morbidity
- Increased mortality
- Dignity issues
- Impedes mobility and ambulation

Goals:
- Decrease the use of indwelling urinary catheters on the Transitional Skilled Unit (TSU) by 50%
- Ensure compliance with newly imposed CMS F tags 315 and 316

Literature Review:
Indwelling Urinary catheters are misused for several reasons including staff convenience, lack of knowledge of alternative treatments, staff unaware of the risks associated with prolonged use, physicians unaware of the continued use, as a method to treat incontinence and a lack of valid continence assessment tools for the elderly population (Georgiou, 2001). Decisions to use indwelling urinary catheters are based on: personal preference rather than sound evidence and lack of reliable assessment tools to guide objective decision making. Common reasons for insertion of indwelling urinary catheters: during acute illness to monitor fluid balance, preservation of skin integrity, urinary retention and prostatic disease (McLaffery, 2006). Lack of education and training for nurses regarding incontinence as the focus is often on incontinence products, including indwelling urinary catheters, rather than continence promotion strategies (Arwin, 2000).

Nurse Driven Protocol:
A nurse driven protocol, supported by nursing leadership and the medical director, was developed to decrease the use of indwelling urinary catheters on the TSU by 50%. The protocol includes:

- Removing urinary catheter within 48 hours of admission unless ordered specifically by the physician citing medical necessity
- Assessing voiding patterns after catheter removal

Education:
Nurses:
- Acceptable reasons for indwelling catheters
- Urinary obstruction/ inability to void
- Comfort measures for the terminally ill
- Alternatives to indwelling catheter use
- Infection Control
- Bladder scan protocol

Certified Nursing Assistants:
- Infection control-emptying of the drainage bag, specimen collection
- Proper placement of the drainage bag
- Hourly rounding for toileting needs and toileting plan
- Empowered to report if all urinary catheters to their nurse and to question necessity

Physicians:
- Short in-services at point of care to address catheter necessity
- Need for complete documentation of medical necessity
- TSU admission orders revised to include specific documentation of a urinary catheter or removal on TSU

Multidisciplinary Team:
- Proper placement of urinary drainage bags during therapy sessions and while ambulating with assistive devices

Results:
- Initially there was a sharp decrease in the number of urinary catheters
- After several months, the number of urinary catheter days leveled off, but all had medical justification
- Surprise finding: CA-UTI rate significantly decreased and has been 0 for past 24 months

Conclusions:
- Massive culture change for all staff on TSU
- Continuing education for all staff
  - All new staff educated on the goal to reduce indwelling urinary catheter use and strict adherence to all infection control measures
  - Nurses are validated annually on urinary catheter insertion technique
  - Certified Nursing Assistants receive yearly education on catheter care and infection control
- TSU protocol being trialed throughout acute care hospital