

Appropriate Urinary Catheter Utilization in the Emergency Department

Andrea A. Andrews, R.N., CHCQM
Director of Quality/Case Management
Lehigh Valley Hospital—Hazleton



Why the ED?

- Routinely inserting catheters with no definitive reason
- Foley catheter was not removed prior to transfer from ED to nursing units.
- No guidelines or criteria for appropriate catheter usage in the ED (and on other units)
- Ultimately what happens in the ED impacts catheter use!



Plan for improvement

- Implemented our accelerating best care performance initiative
- Developed CAUTI team
 - Consisted of multidisciplinary staff members who worked with patients day in and day out. Many were frontline staff
 - Developed criteria for Foley catheter insertion
- Initiated in ED first—as our ABC PI process taught us to begin with one “piece of the puzzle” at a time



Criteria for UC insertion

- Developed criteria
 - With input from our GU and GYN physicians
- Built criteria into our electronic health record
 - Criteria could not be bypassed in the EHR
 - Staff required to assess every catheter every day and substantiate why a catheter could not be removed
 - Utilized the continuation criteria to ensure there was a valid reason for a catheter that was not removed
 - If the patient met the Foley catheter removal criteria, the nurse-driven protocol was implemented and the catheter was removed
 - Staff need a physician order only to continue the Foley catheter



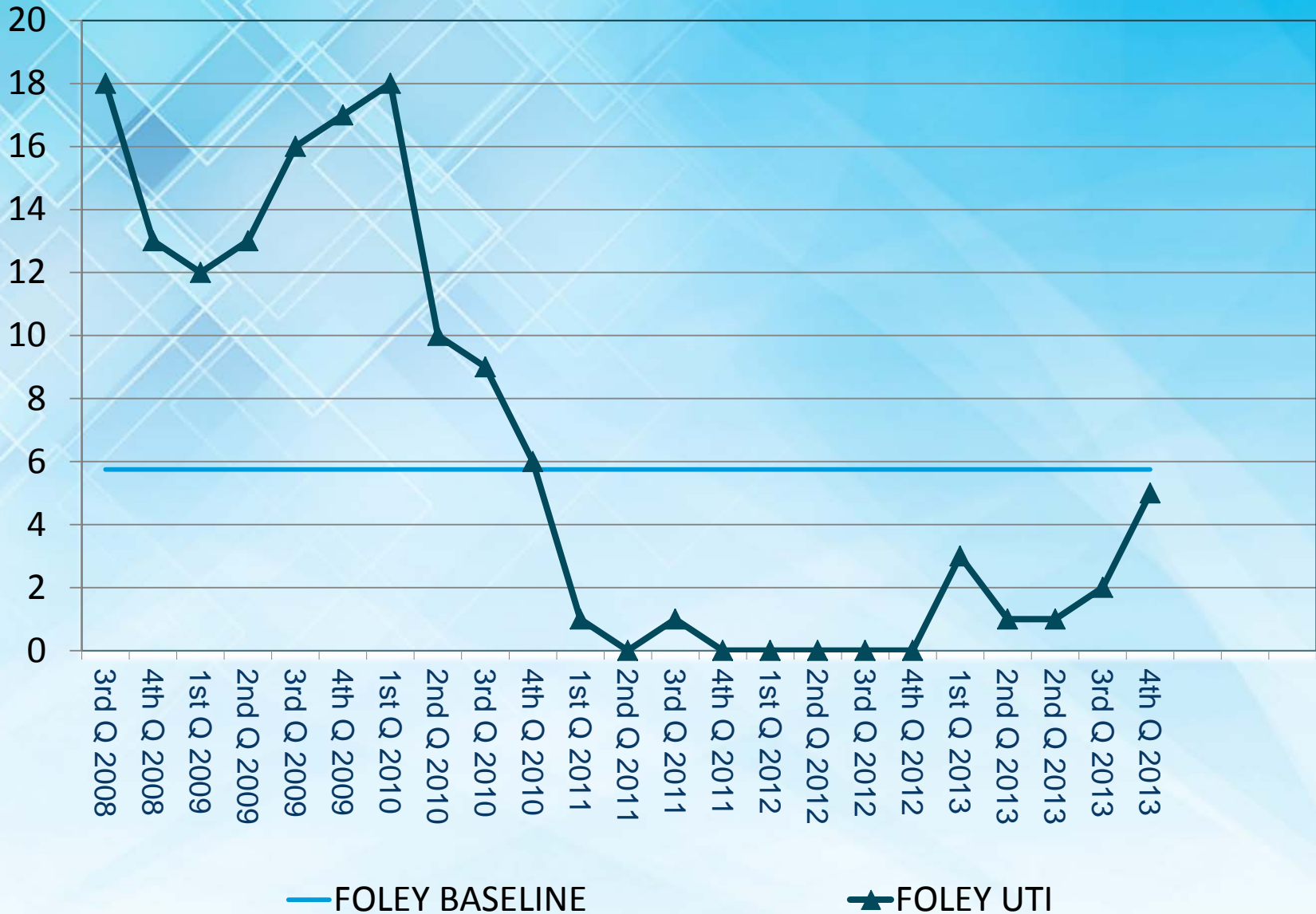
Genitourinary Assessment

Voiding Method	<input type="checkbox"/> Toilet <input type="checkbox"/> Nephrostomy <input type="checkbox"/> Ileal Conduit (Right) <input type="checkbox"/> Ileal Conduit (Left) <input type="checkbox"/> Self-Catheterization	<input type="checkbox"/> Bedside Commode <input type="checkbox"/> Suprapubic Catheter <input type="checkbox"/> Three-way Catheter <input type="checkbox"/> Condom (Texas) Catheter <input type="checkbox"/> Straight Catheterization	<input type="checkbox"/> Urinal <input type="checkbox"/> Bedpan <input type="checkbox"/> Incontinent <input type="checkbox"/> Diaper
	Indwelling Urinary Catheter listed separately below		
Patient has an Indwelling Urinary Catheter in place	<input type="radio"/> Yes <input type="radio"/> No		
Genitourinary Symptoms	If answer is yes, complete Criteria to Continue Urinary Catheter		
	<input type="checkbox"/> No Symptoms <input type="checkbox"/> Frequency <input type="checkbox"/> Retention <input type="checkbox"/> Polyuria	<input type="checkbox"/> Burning <input type="checkbox"/> Hesitancy <input type="checkbox"/> Nocturia <input type="checkbox"/> Oliguria	<input type="checkbox"/> Itching <input type="checkbox"/> Dribbling <input type="checkbox"/> Hematuria <input type="checkbox"/> Anuria
Bladder Distention Description	<input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe		
Straight Cath Amount, If Applicable	<input type="text"/> (ml)		
Foley Care	<input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No		
Foley Anchored To Thigh	<input type="radio"/> N/A <input type="radio"/> Yes		
Continuous Bladder Irrigation	<input type="radio"/> N/A <input type="radio"/> Yes <input type="radio"/> No		
Continuous Bladder Irrigation Solution	<input type="radio"/> Sterile Water <input type="radio"/> Normal Saline		
Genitourinary Assessment Comment	<input type="text"/>		
Criteria to Continue Urinary Catheter	<input type="radio"/> Unstable Hip/Spine (P) <input type="radio"/> Hourly Output (P) <input type="radio"/> Operative Mgmt 24 Hrs (P) <input type="radio"/> Palliative Care (P) <input type="radio"/> Urinary Retention (P) <input type="radio"/> Urology/Gyn Services (U) <input type="radio"/> Incontinence & Wound (P) <input type="radio"/> Other- Non Protocol		
	Must be open sacral or perineal wound to meet criteria If Other option selected this is a Non Protocol reason and a 24 hour re-order is needed OR a Discontinue Foley order should be entered per protocol and the Foley removed.		
24 Hour Urinary Catheter Order	<input type="radio"/> Discontinue <input type="radio"/> Order To Continue		
Non Protocol Reason for continuation of Foley Catheter	Catheter order must be obtained every 24 hours if criteria not met <input type="text"/>		
Urinary Catheter Continuation Order	<input type="text"/>		

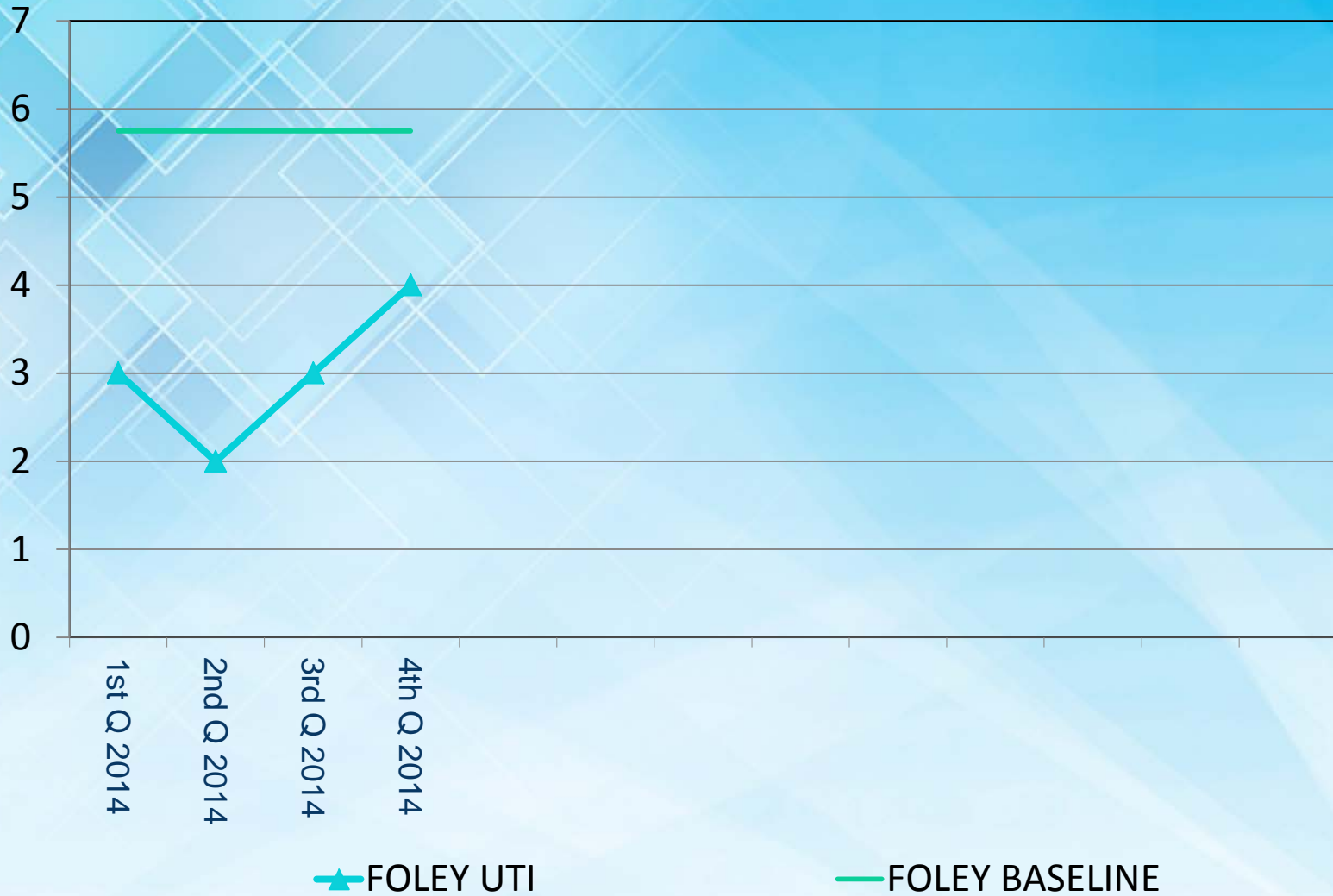
Success and Words of Wisdom!!

- ED staff began removing catheters before a patient was transferred to a nursing unit
- Criteria and protocol spread unit by unit, then hospital-wide
- Quality Insights CAUTI collaborative for guidance/networking
- Goals and expectations met with decrease in CAUTIs
- Rapid cycle interventions (one of which was criteria for maintaining catheters)
- Our thresholds were achievable!
- Zero CAUTIs in our facility for over two years (2011 and 2012).
- Urinary catheter utilization rate was 19.6% at the beginning our Quality Insights CAUTI team project to 15.7% in February of 2014

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CAUTI Run Chart