Multidisciplinary Review of Urinary catheters to facilitate earlier removal

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Improvement issue and context
The duration of urinary catheterization is a major risk factor in the development of catheter-associated UTI (CAUTI). Limiting catheter use and minimizing the duration the catheter remains in situ are primary strategies for CAUTI prevention. There is evidence that nurse initiated catheter removal protocols significantly reduce the length of time catheters are in situ with a corresponding reduction in CAUTI (Adams et al 2012). A Practice Development Initiative took place on the Care of the Elderly wards at an acute Trust; the objective being to facilitate a multidisciplinary review of each patient with a urinary catheter.

Methods & Measurements
A Practice Development Nurse (PDN) joined the multi-disciplinary (MDT) "whiteboard" meetings on the Elderly care wards twice per week, for a period of 3 months. At this meeting each patient with a urinary catheter was discussed with aim of reviewing the clinical indication and facilitating early removal.

The PDN also ran a number of ward-based education sessions on urinary catheter care and ‘Trial without catheter’ (TWOC) procedure. Surveillance of urinary catheter use took place for the duration of the initiative.

Evidence of Improvement
Number of catheters in situ during the surveillance period is shown below, compared to the previous surveillance period

<table>
<thead>
<tr>
<th>Ward</th>
<th>Number of catheters pre intervention</th>
<th>Number of catheters post intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abinger</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>Nutfield</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>Meadvale</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>17</td>
</tr>
</tbody>
</table>

Future Steps
The data demonstrates a reduction in the number of urinary catheters in use on the Care of the Elderly wards and an improvement in the number of completed catheter care plans.
It is acknowledged that the surveillance data is based on a snap-shot of practice and the number of urinary catheters in situ at any one time is multi-factorial. However, this data provides some assurance that the review of urinary catheters at MDT meetings can facilitate a reduction in the number of catheters in situ and increase staff awareness.
It was recommended that this initiative be implemented across the organisation.

Reference
Journal of Infection Prevention 12 pp 44-46