

OP8

INDWELLING URINARY CATHETER RELATED CALAMITIES IN HOSPITALISED OLDER ADULTS: A QUALITY IMPROVEMENT INITIATIVE FROM MAIDSTONE HOSPITAL

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Introduction

Indwelling urinary catheters (IUC) are well-known to cause serious adverse outcomes in older adults such as catheter associated urinary tract infections (CAUTI), direct trauma, delirium, deconditioning, falls, restraint, prolonged length of stay etc. (Lee E, 2011). Removal of IUCs as soon as the indication is resolved, result in better outcomes (Dawson C, 2017). We identified high rates of inappropriate catheterisations as a regular practice or part of sepsis protocol in our hospital. This QIP was designed to compare our practice against the standards set by NICE and Royal College of Nursing.

Methods

Two PDSA cycles of 30 patients each, were completed between 2021-2022, in Acute Frailty Unit and two Elderly Care wards. New IUCs in patients above 65 years old were included. Data were collected on, documentation of IUCs, indications, plans for Trial without catheters (TWOC), appropriate management plans including CAUTI. Interventions post first PDSA cycle were; organised teaching to the nurses and doctors, discussing catheters at by-daily board rounds (BR), displaying flowcharts and reviewing IUCs during ward rounds.

Results

Documentation of IUCs improved significantly from 17/30 to 24/30. There was a small reduction in inappropriate indications from 16/30 to 12/30. Documentation of TWOC plans improved from 4/30 to 11/30. Collection of urine samples for CAUTI's improved from 11 to 18 between cycles. Our interventions were shown to produce positive outcomes.

Conclusion

Despite continuous education and BR discussions, there's still room for improvement. Better understanding of catheter associated harm by frailty teams resulted in positive outcomes. Next steps prior to the 3rd PDSA cycle include educating Emergency department team and the medical teams through wider teaching platforms and integrating changes to hospital electronic systems on appropriate documentation and TWOC plans. Our study would be applicable in similar settings nationally and globally to achieve better catheter care in older adults.

References

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