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Preventing naughty catheter associated urinary tract infections (CA-UTI) using intermittent catheters

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Urinary Tract Infections (UTIs) are the single largest cause of healthcare associated infections accounting for approximately 19% of all HCAI in the UK. Presence of a urinary catheter and duration of insertion, are contributing factors to the development of a UTI. Using intermittent catheters for first line management of retention had been successful at the Barnsley Foundation Trust. They saw a 16% reduction in indwelling catheters. The project started at CHFT to replicate the work at Barnsley to reduce the number of indwelling urinary catheters and their associated risks by improving patient assessment in patients with urinary retention offering intermittent catheterization (IC) as first line management rather than indwelling catheter. The project was also to improve the management of those patients requiring indwelling catheters. The improvement work led by a dedicated project nurse, was to provide training and education associated with IC to ward staff. We developed bladder protocols and revised care plans. Data collected measured improvements including numbers of patient with indwelling catheters on the Stroke Unit, medical wards, trauma and elective orthopedics. Data was collected on the completion of documentation for both insertion and ongoing catheter management. Surveillance of UTIs was performed on patients with intermittent catheters. The project has seen a significant reduction in patients with indwelling catheters from 60 catheters to 40 per month (Av.). Cost savings in consumables were estimated at £12,000 per year. No UTI occurred in patients with intermittent catheters. This project increased patient and staff satisfaction.

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