FACT: CLINICIANS OVERUSE INDWELLING URINARY CATHETERS WHICH CAN LEAD TO HARM.

The Emergency Department’s (ED) fast-paced environment contributes to ED staff inserting indwelling urinary catheters (UC), often for reasons other than medical necessity. UCs are a time saver for easy, accurate measurement of output and they eliminate the need for staff to assist patients with getting up to urinate.

Why avoid placement?

> Five million indwelling catheters are inserted annually in the US and 50 percent do not meet criteria for initial insertion (Kennedy et al 2013).

> Fifty percent of hospitalized patients are admitted through the ED where the decision to place a urinary catheter is often made. To prevent infection, the optimal prevention strategy is to avoid placing the catheter. Avoiding placement in the ED may substantially affect use and risk of harm during hospitalization (Fakhi et al 2014).

> Beyond causing infections, catheters are a tether, or a restraint, that limits mobility, poses a significant fall risk and contributes to delirium in the elderly population (Ahmed et al 2014).

CALL TO ACTION!

STOP Inserting Unnecessary Indwelling Urinary Catheters in the ED
STOP Inserting Unnecessary Indwelling Urinary Catheters in the ED

**START STRATEGIES**

> Adapt criteria for UC placement in collaboration with ED providers and nursing staff.
> Review all ED UC insertions to assess whether they meet criteria. Engage staff in quality improvement data collection.
> Engage patients and families in knowing the risks of a urinary catheter and the benefit of prompt removal.
> Restrict access to indwelling UCs.
> Promote alternatives to indwelling UCs:
  » Straight catheter and bladder ultrasound.
  » Wicking underpads, barrier creams and cleansers.
  » Male and female external catheters.
  » Male and female urinals.
> Follow critical actions when placing an indwelling catheter:
  » Sterile technique with a new kit for each attempt.
  » Secure tube properly.
  » Educate patient on ambulation safety, risk for infection and expected removal date.

**TACTICS / CHANGE IDEAS**

> Identify provider and nurse champions to lead the improvement effort.
> Adapt HICPAC Insertion Criteria or Canadian Society of Internal Medicine ED catheter insertion criteria for older adults. Include agreed upon, explicit exclusion or inclusion criteria that is unique to your population.
> Track percentage of patients with non-indicated UCs inserted in the ED. Explore barriers for non-adherence to the established insertion criteria.
> Establish a target percent reduction from baseline with nurse and physician champions in the department.
> Stock indwelling UCs in medication dispensing cabinet or only in trauma bay.
> Educate ED nurses and providers on appropriate criteria and alternatives.
> Implement a bladder scanning protocol.
> Evaluate current state of alternative equipment and staff competencies in using these alternatives in the ED and receiving units:
  » Straight catheter and bladder ultrasound.
  » Wicking underpads, barrier creams and cleansers.
  » Male and female external catheters.
  » Male and female urinals.
  » Establish return on investment for acquisition of improved alternatives to indwelling catheters using the CAUTI Cost Calculator.
> Monitor progress in catheter placement rates and transfer with catheter rates. Share results weekly.
> Use patient education materials from CDC FAQs about CAUTI and The Consumer Voice about CAUTI.
TOOLS AND RESOURCES RELATED TO UTILIZATION, NECESSITY AND ALTERNATIVES:

- HICPAC Insertion Criteria
- CDC TAP CAUTI Implementation Guide
- Appropriate Urinary Catheter Placement in the ED Toolkit — from Catheterout.org
- CUSP CAUTI Toolkit
- AHRQ CAUTI Training Videos for ED Departments — includes 6 ED specific CAUTI training modules lasting 8 to 20 minutes
- ENA Preventing CAUTI in the ED Module with 1 CEU
- Lose the Tube Toolkit by Canadian Society of Internal Medicine — includes ED approach to restricting catheter insertion in older adults
- CDC FAQs about CAUTI for patients
- The Consumer Voice about CAUTI for patients
- CAUTI Cost Calculator

RELEVANT EVIDENCE AND GUIDANCE:


