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Decreasing Indwelling Catheter Utilization

Days in an Inpatient Rehab

Lisa Morgan MSN, RN, CNRN, AGCNS-BC

Parkview Health System



Objectives

- The learner will understand the importance of functional urinary management.
- The learner will identify methods that can be adapted into their clinical practice.
- The learner will appraise the outcome of the urinary management initiative.

Background

- Conditions such as spinal cord injury and stroke increase the chance of experiencing urinary retention.
- The main goal of inpatient rehab, is to return home with the best possible functional status.
- Urinary management greatly impacts a patient's functional status at home.
- Ideally, urinary retention is managed without re-insertion of an indwelling catheter.
- Intermittent catheterization can be an alternative to the placement of an indwelling catheter.
- The patient's ability to effectively perform intermittent self catheterization significantly influences their transition home after discharge.

Purpose/Aim

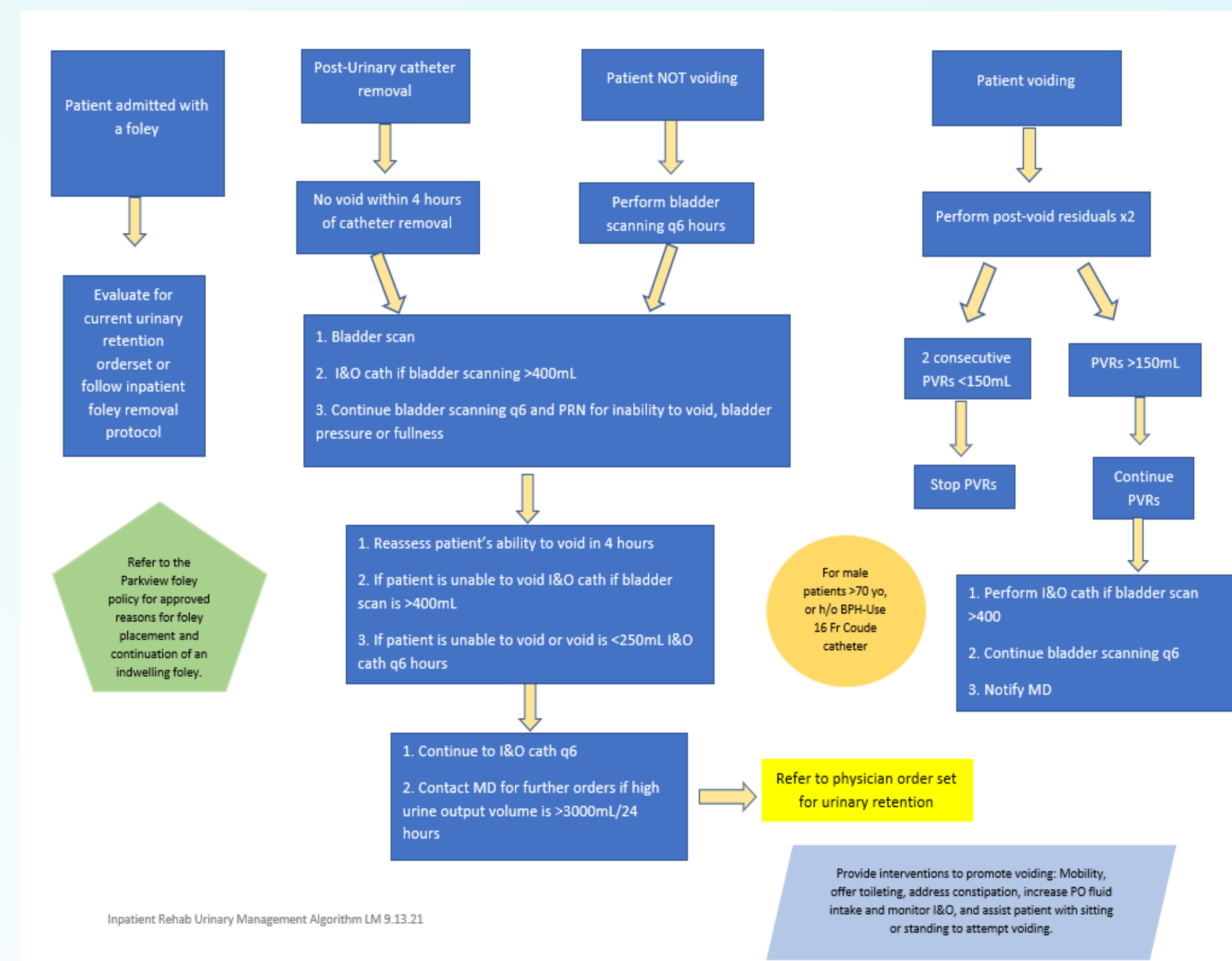
- The aim of this initiative was to decrease the indwelling catheter utilization in inpatient rehab.

Problem

- The indwelling catheter utilization days for inpatient rehab were high and not conducive to promoting urinary management and successful transitions home.

Methods

- An evidenced-based inpatient rehab urinary management protocol was developed.



- A screening process by the admission liaisons was initiated which improved collaboration with the medical team for removal of indwelling catheters prior to admission to inpatient rehab.

Name	
MRN	
DOB	
Current Room	
Diagnosis	
Insurance	
Admitting Dr.	
Therapy	
Stroke Class	
Admit Date	
Rehab Room	
Central Line	Yes/no PICC/Perm Cath/Port/Central line (subclavian or IJ)/other
Urine Management	Reason for continuation: Voiding: yes/no Not voiding: yes/no Foley in place Date placed: Continuation reason: Reinsertion: yes/no Placed by uro: yes/no
Comments:	

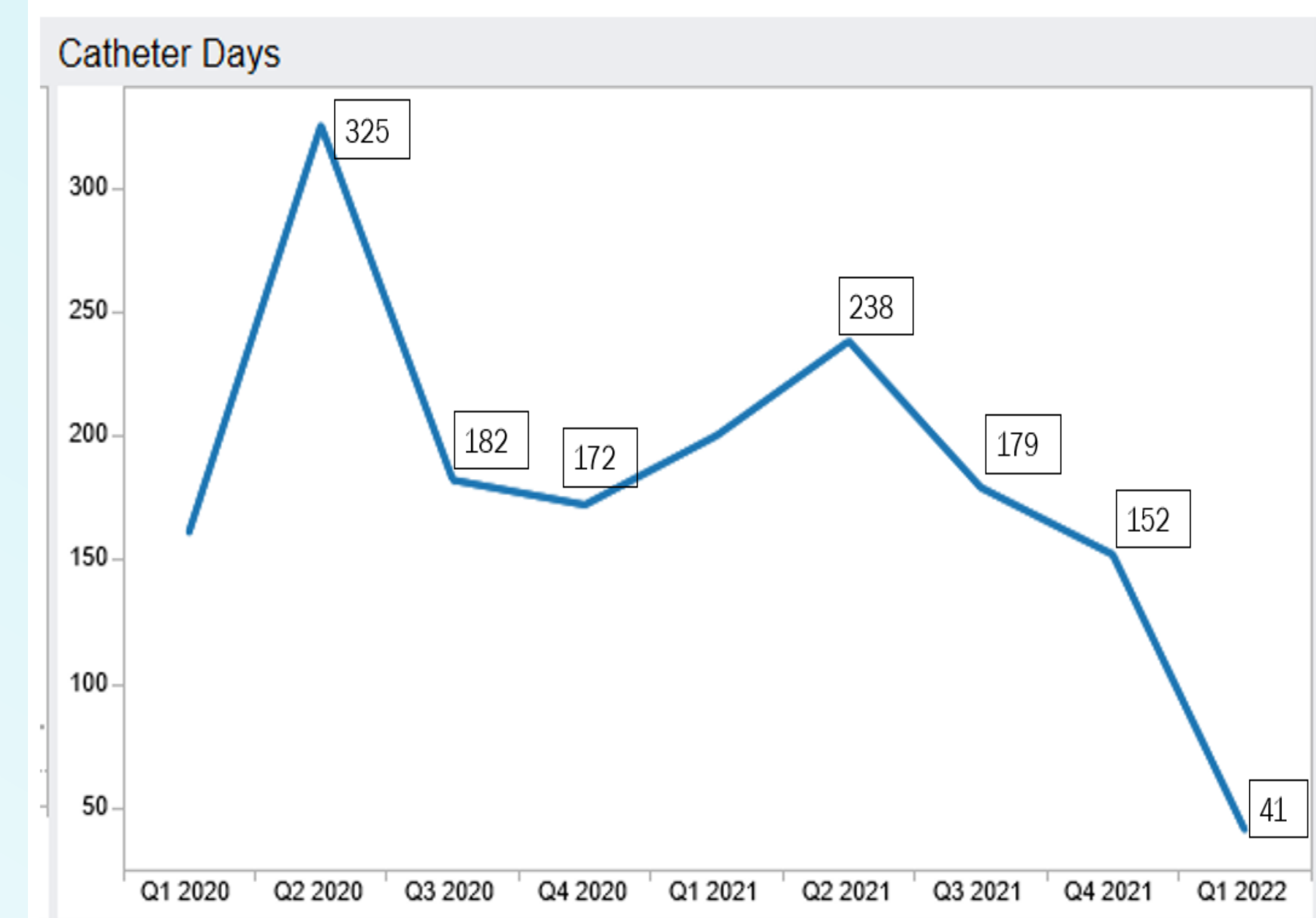
- Intentional rounding was performed by the unit's Clinical Nurse Specialist for all patients with an indwelling catheter.
- The Clinical Nurse Specialist (CNS) collaborated with the medical team to develop a plan for the removal of indwelling catheters.
- The CNS also collaborated with intermittent self-catheter venders and obtained samples of home use catheters.



- The CNS developed an individual intermittent self catheterization teaching plan.
- The CNS delivered patient and family centered education based on the patient's specific catheterization needs and physical deficits.

Results

- Pre-implementation, the indwelling catheter utilization was 325 days.
- Post-implementation, the indwelling catheter utilization was decreased to 172 days.
- Currently the indwelling catheter utilization is at 41 days.
- This is an 88.6% decrease in indwelling catheter utilization overall.



Conclusion

- The initiation of the rehab-specific urinary management protocol, purposeful CNS rounding, and collaboration with the interdisciplinary and medical team was successful in the reduction of indwelling catheter utilization days.
- The initiation of patient centered teaching and home catheter identification prior to discharge decreased the need for reinsertion of the indwelling catheter.
- The patients that received education were able to perform self-catheterization prior to discharge, which promoted a successful transition home.