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Decreasing Indwelling Catheter Utilization Days in an Inpatient Rehab
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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.
- 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.
- 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.

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.