Indwelling Catheter Care: Areas for Improvement

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DISCLOSURE

- AUTHOR: Monina Gesmundo
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- LEARNER OBJECTIVE: The learner will be able to identify areas of indwelling catheter care practice that require improvement in the light of existing evidence-based guidelines
- CONFLICT of INTEREST: None
- EMPLOYER: Counties Manukau District Health Board, Auckland, New Zealand
- SPONSORSHIP: None

BACKGROUND: Burden of CAUTI

In the US, 36-40% of HAIs are due to CAUTI **(MOST COMMON)**

80% of these HAIs are due to IDCs

With the IDC in place, **DAILY** bacteriuria risk is about **3 to 7%**

With the IDC in for **a WEEK,** bacteriuria risk **increases to 25%**

At one MONTH, bacteriuria risk is nearly 100%

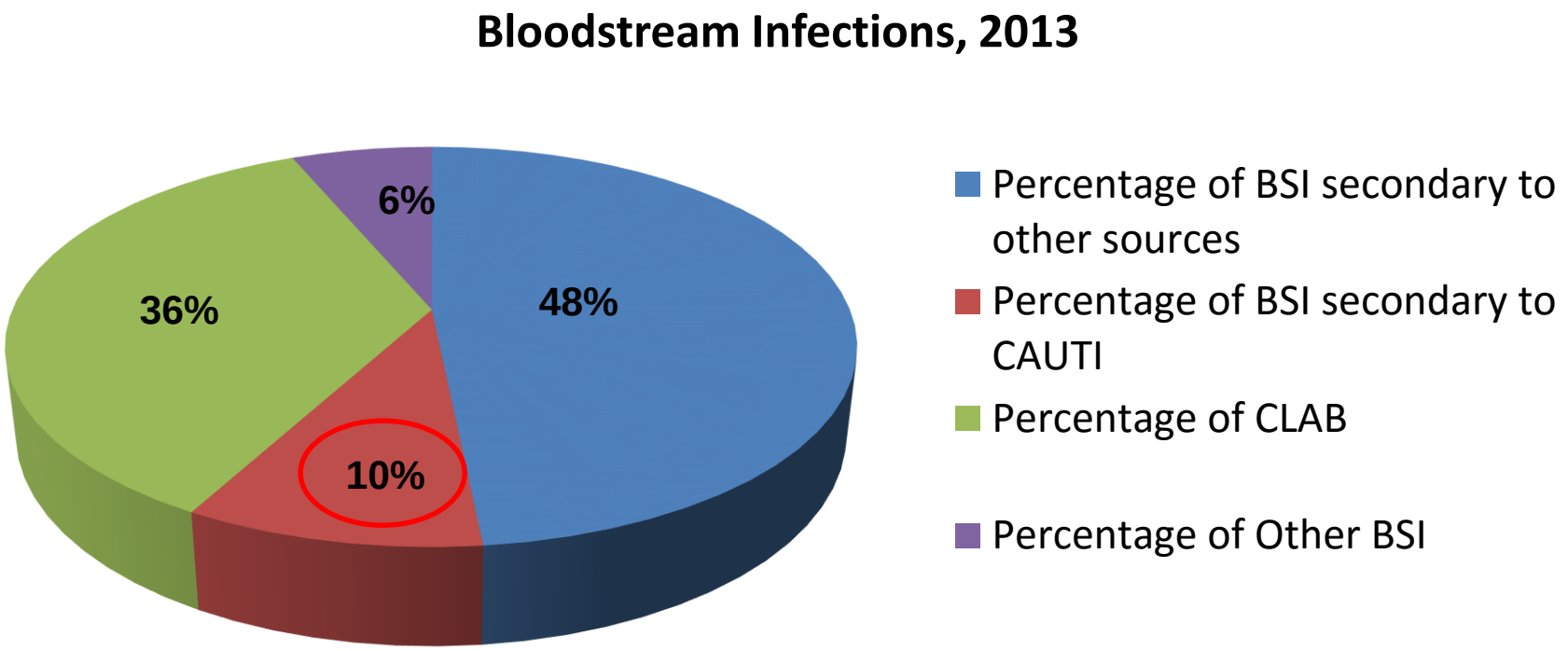
Among those with bacteriuria, 10% will develop UTI symptoms; this will lead to **excess length of stay of 2-4 days**

3% will further develop bacteraemia –which has 10% mortality

Source: SHEA/IDSA, 2008; IHI, 2011

CAUTI in the Research Setting

- **Need to complete surveillance data**



Objectives:

1. To describe perioperative nurses' current attitude and indwelling catheter management practices

2. To analyse and identify areas of indwelling catheter care practice that require improvement in the light of existing evidence-based guidelines

Research Question:

What areas of indwelling catheter care experience of perioperative nurses in a tertiary public hospital require improvement in the light of existing evidence-based guidelines?

Design: Qualitative research design

Setting: Two surgical wards of a tertiary hospital in Auckland, New Zealand

Participants:

Convenience sample of perioperative nurses (n=13)

- Invitation through e-mail
- Additional information through flyers
- Voluntary participation, with utmost respect for human dignity and autonomy

Methods:

- Two focus groups formed
- Interview prompt sheet utilised
- Proceedings were audio-recorded, transcribed and made accessible only to the researcher

Focus Group Discussion (FGD) FINDINGS KEY THEMES

Preparation for Catheter Management

- Lack of confidence due to lack of catheter care training
- Feelings of insufficiency with regard to undergraduate training:
  - teaching method utilised,
  - time allotted for the training,
  - focus of the training itself,
  - lack of opportunity to practice skills,
- Despite these challenges, nurses cope by asking colleagues for support

Nursing Skills and Knowledge

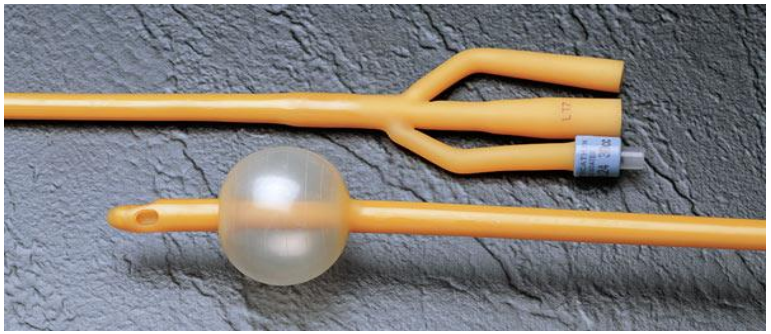
- Catheter management perceived as task-oriented
- Catheter care decisions are heavily reliant on doctors
- Growing recognition of need to make important care decisions
- Organisational protocols empower nurses
- Awareness of importance of catheter care documentation, but this is not reflected in actual documentation
- Failure to relate assessment findings with patient's health status

Current Clinical Practice

- Collaborative care
- Nurses perceived to be mainly responsible for catheter insertion, maintenance and removal
- Doctors perceived to need support in recognising presence of unnecessary catheters
- Nurses expressed that cognitively able patients play a role in catheter care
- Patient care perceived as unique due to patient's involvement

Current Clinical Practice

- Nurses responsible for educating and empowering patients
- Catheter care involves advocating for patient's interests
  - Nurses feel vulnerable and fear to go against patient's preference
  - Nurses aware that patient's moral, cultural and religious values need to be considered in patient centred care
  - Nurses overcome feeling of concern through open communication with patient

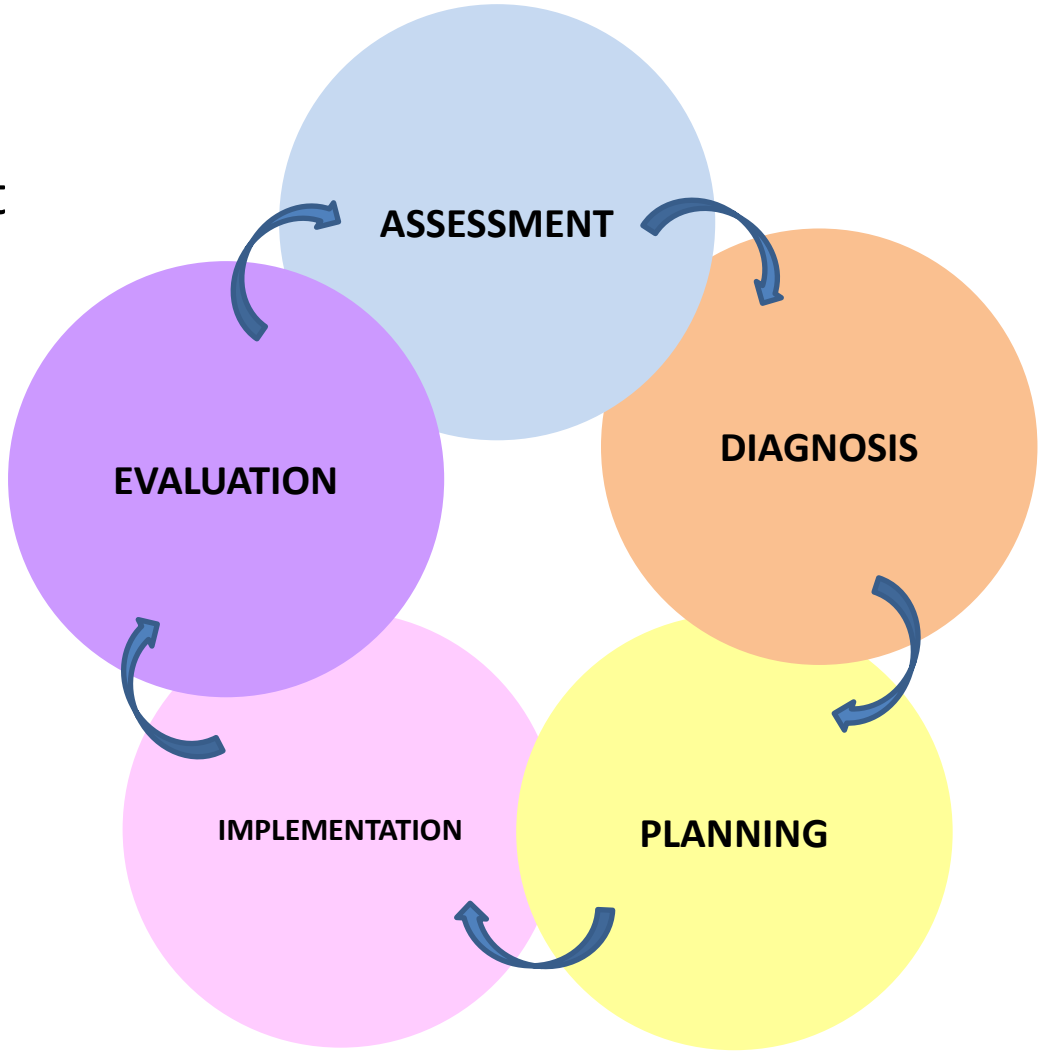


Current Clinical Practice

- Nurses' gender identified as a barrier to care due to unwritten, agreed rules of behaviour that guide practice
- Nurses reported clinical practices that put patient's safety at risk and indicated poor knowledge and clinical practice
- Nurses are aware that clinical practice require skills, decision-making, critical thinking and a complete grasp of ethical principles

Catheter Management Resources

- Organisational policies are available intranet, however some nurses cannot locate it
- Support from colleagues prove to be valuable when nurses cannot access online policies
- Catheter removal policies standardised processes and guided decision-making
- When policy statements are not suitable for patient conditions, nurses turn to nursing process and collaborative care to make important decisions



NURSING PROCESS

CONCLUSION

These catheter care areas can be improved further:

- diversity in catheter care practices
- variability in actual documentation of care
- failure to relate assessment findings with the patient's health status
- heavy reliance on doctors' decision to insert, re-insert and remove a catheter
- gender as a barrier to catheter care, and,
- difficulty in accessing organisational policies

RESEARCH RECOMMENDATIONS

- Standardisation of in-service training programmes
- Multi-pronged approach to delivery of education
- Development of policies that are consistent with day to day workflow and are accessible
- Utilisation of decision-support tools that address deviations from specific organisational guidelines
- Empowerment through evidence-based protocols
- Standardised documentation of patient assessment and catheter status

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THANK YOU!