

An abstract graphic on the left side of the slide. It features a dark teal background with a grid of small white dots. Overlaid on this are several organic, wavy shapes in shades of blue and cyan. A large, light blue shape is on the left, and a smaller, darker blue shape is at the bottom. There are also some white and blue wavy lines scattered throughout. The right side of the slide is a solid green background with a faint, large-scale wavy pattern.

REDUCING URINARY CATHETERIZATION RATES WITH BEHAVIOURAL INTERVENTIONS

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- Introduction and Disclosure
- Background
- Project Plan
- Pitfalls & Lessons
- Successes
- Project Status

INTRODUCTION



Dr. Nathan Wilson
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Dr. Krista Mahoney
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DISCLOSURES

- None

BACKGROUND



BACKGROUND

- Urinary catheters are associated with **significant morbidity and mortality**
 - Decreased **independence**
 - Increased **length of stay**
 - **Decline in ADLs**
 - Increased **catheter associated UTIs (CAUTIs)**

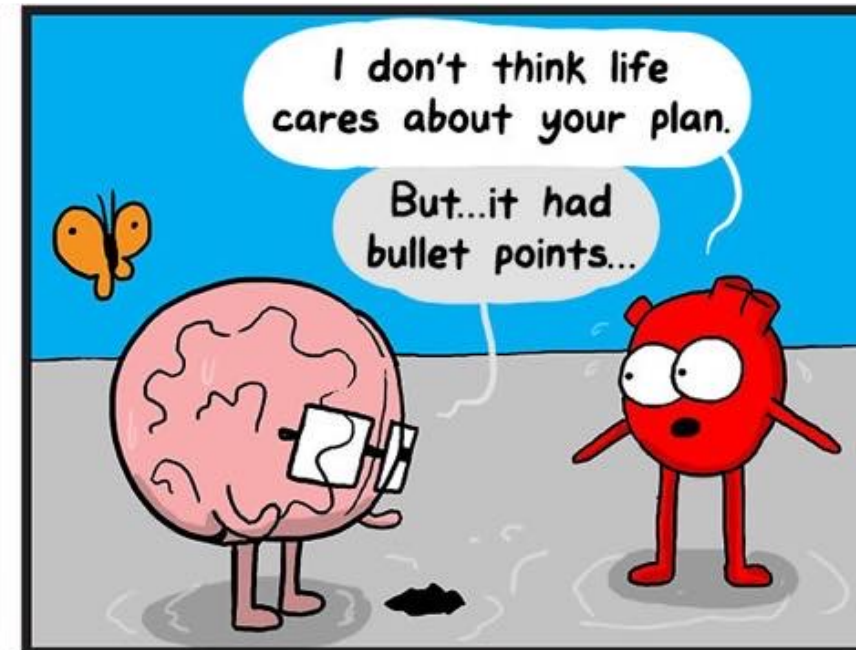
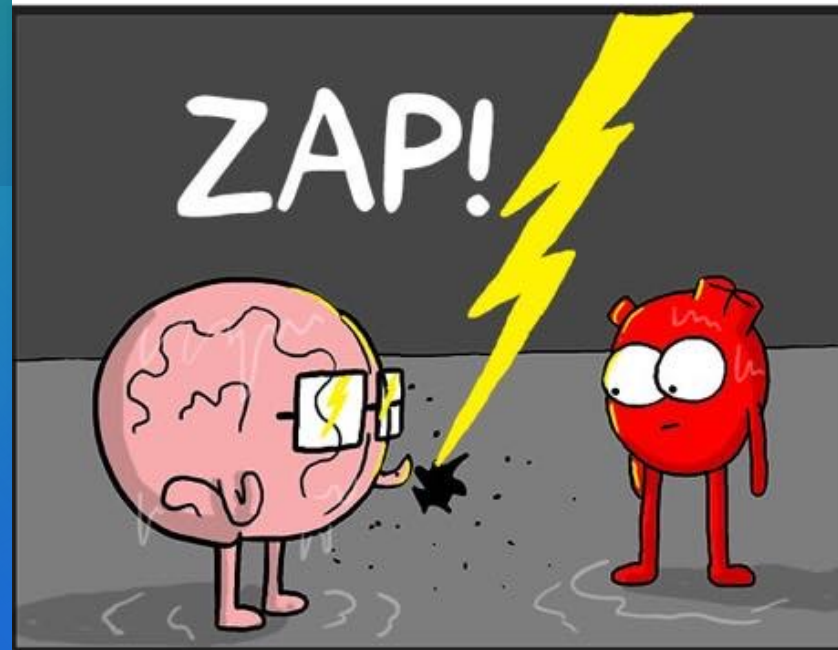
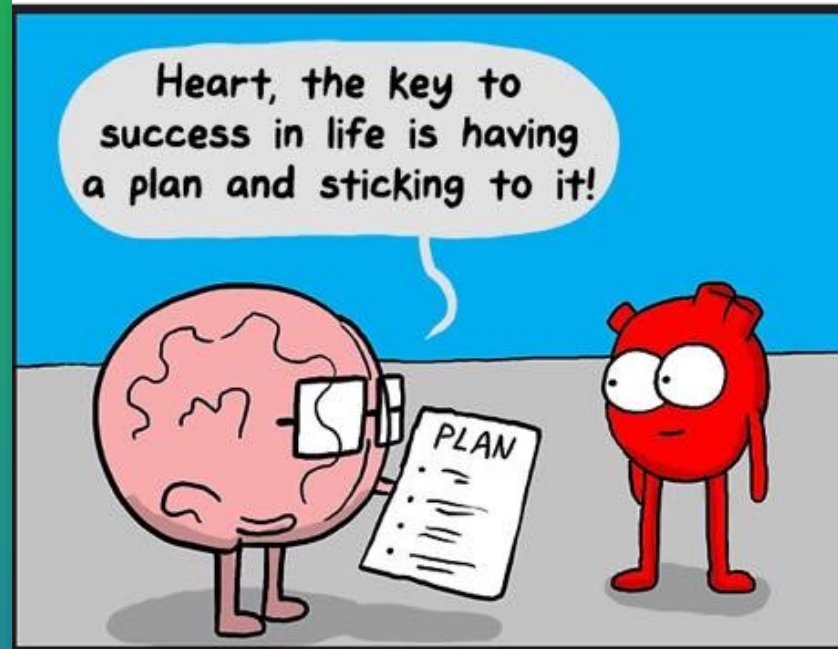
BACKGROUND

- Up to **2/3** of urinary catheters **lack a guideline-based reason** for insertion
- Medical practitioners are also **unaware** of up to **28%** of urinary catheters that are placed in their patients

BACKGROUND

- Newfoundland and Labrador (NL) have historically high urinary catheterization rates
 - **Almost 20%** of medical / surgical patients in tertiary centers had urinary catheters in our 2018/2019 review
- Prior to our project there have been **no hospital-wide initiatives** to reduce catheter use in NL

PROJECT PLAN



PROJECT PLAN

- **Main Objective**: reduce unnecessary urinary catheter rates in NL
 1. Implement strategies from the **“Lose the Tube” Choosing Wisely toolkit**
 2. Focus on **behavioural interventions**
 3. Use **existing infrastructure** to make adoption easier

PROJECT PLAN

- Phase 1: Medical Directive for catheter removal:

- Creating a medical directive to **empower nurses** to **remove urinary catheters** for patients who lack one of the **consensus-based appropriate indications** for ongoing use
- Liaise with **nurses, managers,** and **physicians** to determine appropriate urinary catheter indications and rollout medical directive

PROJECT PLAN

- **Phase 2: Behavioural Interventions:**
 - Interventions designed to affect the actions individuals take
 - **Encourages positive behaviours** and **discourages negative behaviours**

PROJECT PLAN

- **Phase 2: Behavioural Interventions:**

1. **Reminder system:** pop-up on our EMR asking nursing staff if their patient meets criteria to remove their urinary catheter, with a link to the medical directive
2. **Remove urinary catheters from floors:** consolidate urinary catheters on select floors (i.e. urology), making them more difficult to access

PITFALLS & LESSONS



Lesson #2:
Air holes.

PITFALLS & LESSONS

- **Many Stakeholders**
- **EMR Incompatibility**
- **Research Group Outside Hospital**

PITFALLS & LESSONS

- Many Stakeholders

- Region-wide policy across all medicine and surgery divisions involving nurses and physicians = **many opinions**
- **Rural vs Urban** – conflicting priorities

PITFALLS & LESSONS

- Many Stakeholders

- **Lesson:**

- Start small
 - Narrow scope with pilot projects if possible

PITFALLS & LESSONS

- EMR Incompatibility

- Meditech used in NL currently = **no easy reminder systems**

- **Resistance** to changing **how we use our EMR**

PITFALLS & LESSONS

- **EMR Incompatibility**

- **Lesson:**

- Talk to stakeholders first about current systems
- Work with those using the systems to create an intervention that everyone agrees with

PITFALLS & LESSONS

- Research Group Outside Hospital

- Quality of Care NL is **external** to the NL Health Authority
- Unfamiliarity with approval processes = **delays in timeline**

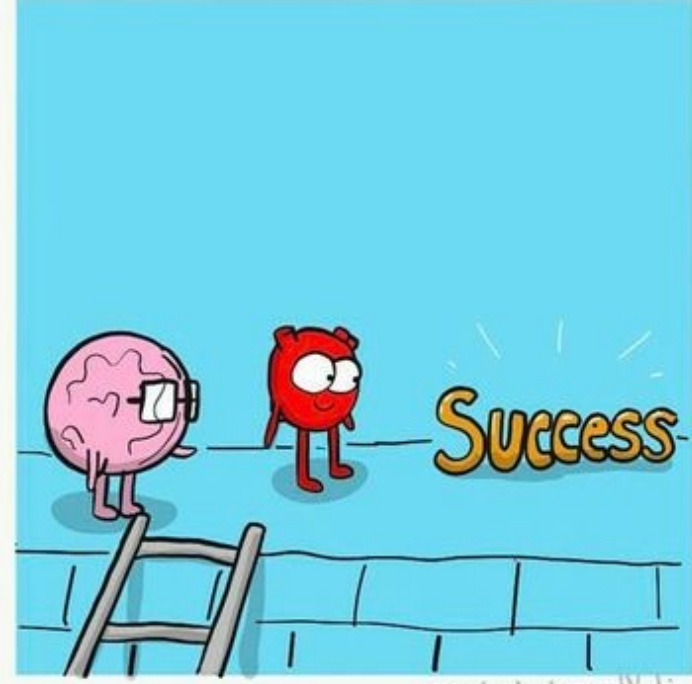
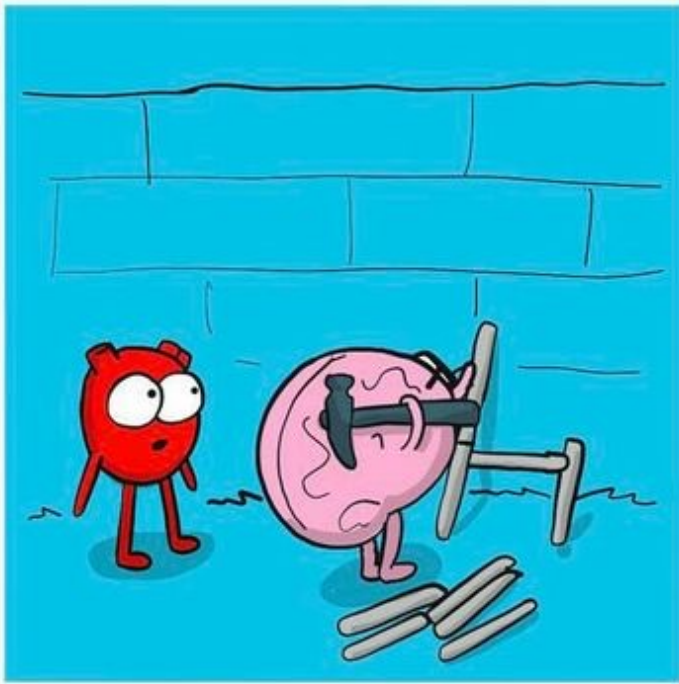
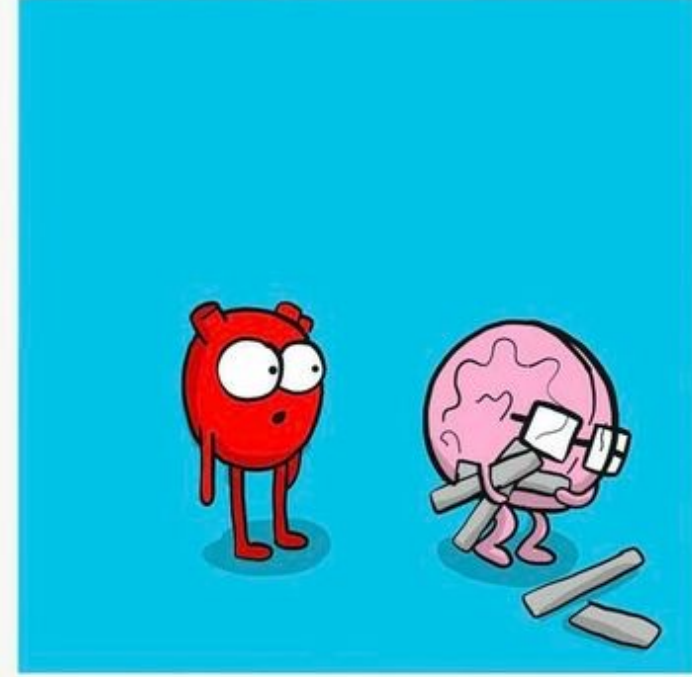
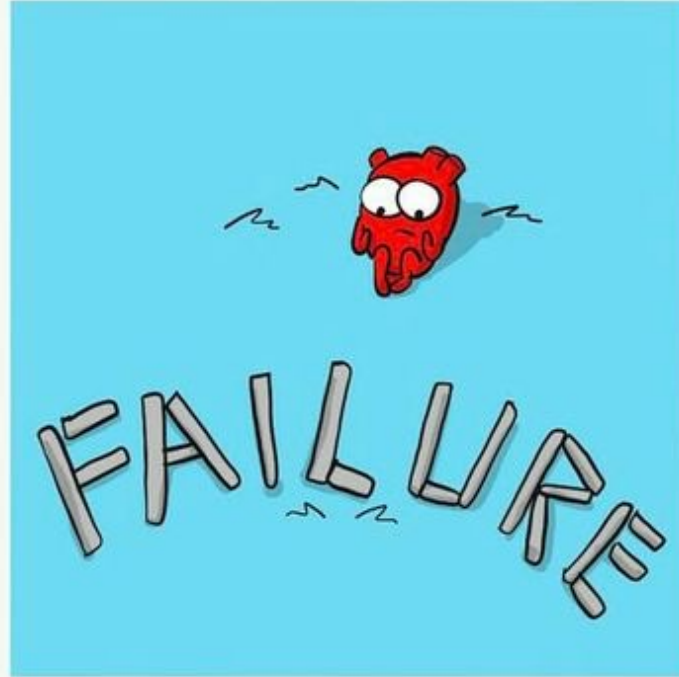
PITFALLS & LESSONS

- **Research Group Outside Hospital**

- **Lesson:**

- Having group members within the Health Authority familiar with approving policies makes the process much smoother

SUCCESSSES



S U C C E S S E S

- **Champions for Implementation**

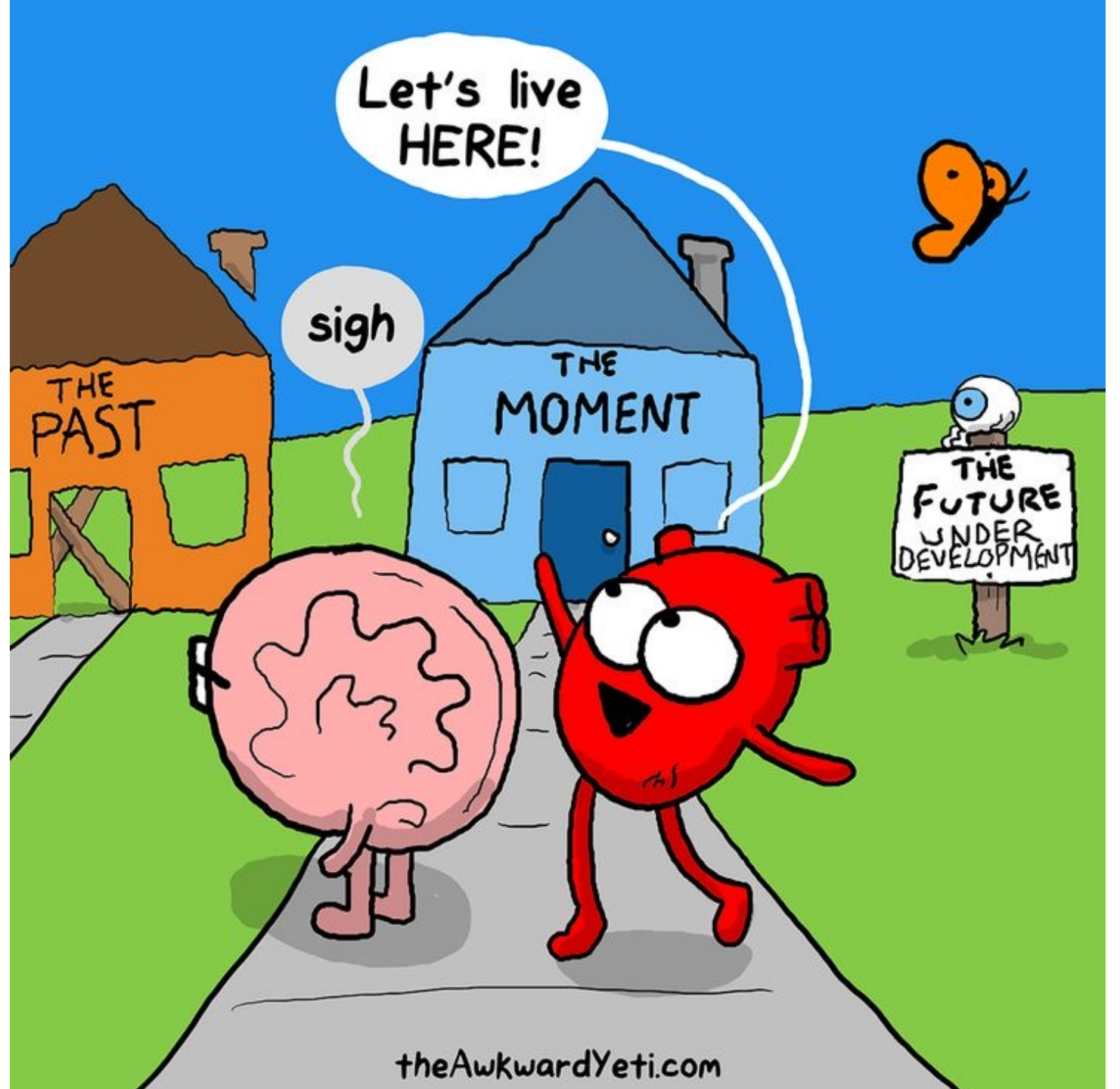
- Several **physicians and nurses** within different disciplines were very supportive of the project and helped the approval process
- **Clinical Chief** support helped address specific pushback/concerns once implemented

S U C C E S S E S

- Larger Campaign

- Finding **other groups interested in the same issue** helped implement our ideas and **expand the scope** of our project

PROJECT STATUS



PROJECT STATUS

- **Medical Directive (Phase 1)** implemented last month
- **Reminder system** is in final stages of approval
- Reminder system and removal of urinary catheters from floors **(Phase 2)** will be **rolled out in next 1-2 months**
- **Data collection** has started for Phase 1

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THANK YOU!