

Urinary Catheter Use

Surveillance Module for rural hospitals
and non-acute settings.

Version 1

Urinary catheter use - surveillance module for rural hospitals and non-acute settings.

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Urinary catheter use surveillance

This document provides guidance on how to use the TIPCU Urinary Catheter Use process surveillance module.

Accompanying tools include;

- Indwelling catheter use – policy compliance assessment
- Indwelling catheter use – procedure compliance assessment – insertion
- Indwelling catheter use – procedure compliance assessment – maintenance

Background

Urinary tract infections (UTI's) are the most common healthcare associated infection (HAI). More than 80% of healthcare associated (HCA) UTI's are attributable to an indwelling urinary catheter (IDC). Around 12-16% of hospital patients will have a urinary catheter during their inpatient stay. The use of IDC's can lead to bacterial infections that are associated with the method and duration of catheterisation, the quality of catheter care and host susceptibility.

Risk can be minimised by considering, insertion, maintenance and quality improvement activities.

All facilities that use IDC's should have an indwelling urinary catheter procedure which outlines insertion and maintenance of IDC's. The procedure should include a routine review date and the need to review the procedure should be in line with the review date or if new guidelines or recommendations become available before this time.

Aim

To identify non-compliance with best practice recommendations in relation to insertion and maintenance of urinary catheters within rural hospitals and non-acute healthcare settings.

Inclusion criteria

- Long term and intermittent urethral catheter insertion and supra-pubic catheter change episodes where consent for observational assessment is obtained from the staff member and patient.
- Patients with long term urinary catheters.

Exclusion criteria

- Long term and intermittent urethral catheter insertion and supra-pubic catheter change episodes where consent for observational assessment is NOT obtained from the staff member and patient.

Process for surveillance

The person chosen to undertake urinary catheter use surveillance should be familiar with urinary catheter use best practice recommendations.

Case reviews of patients who have an indwelling urinary catheter need to occur concurrently whilst the patient is receiving care. The number of cases reviewed will depend on the frequency of indwelling catheter use at the facility undertaking this surveillance module.

There are 3 assessments included in this surveillance module:

1. Assessment of your facility's indwelling catheter policy.
2. Assessment of indwelling catheter insertion.
3. Assessment of indwelling catheter maintenance.

Assessment of your facility's indwelling catheter policy

Obtain a copy of your facility's policy and procedure for indwelling catheter use and assess compliance using the Indwelling Catheter Use Policy Compliance Assessment tool.

Assessment of indwelling catheter insertion

Identify a patient who is to have a catheter inserted or changed and assess compliance using the Catheter Use Procedure Compliance tool. Ensure that you obtain consent from both the healthcare worker and patient involved with the procedure.

Assessment of indwelling catheter maintenance

Identify a patient who has a long term indwelling urinary catheter and assess compliance using the Catheter Use Procedure Compliance tool.

Reporting

Provide feedback from the Urinary Catheter Use Surveillance program using the Surveillance Investigation and Reporting Sheet to the relevant clinical staff and report results and findings to the Facility Infection Control Committee and or THO Infection Control Committee.

Indwelling catheter use policy compliance assessment

Assessment Criteria	Yes	No
Does your facility have a current indwelling catheter policy detailing catheter use, insertion and maintenance based on the most recent guidelines?		
Are the relevant staff aware of this document?		
Does the policy recommend that only trained staff insert urinary catheters?		
Does the policy include guidance on indications for catheter insertion?		
Does the policy include recommendations for catheter size?		
Does the policy include instructions on documentation requirements including indications for catheter insertion; date and time of catheter insertion; individual who inserted catheter; date and time of catheter removal?		
Does the policy include the requirement to document the reason for continued catheter use?		
Does the policy include the requirement to adhere to standard precautions, the 5 Moments for Hand Hygiene and aseptic technique?		
Does the policy include the requirement to use sterile gloves, drapes and sponges; a sterile or antiseptic solution for cleaning the urethral meatus; and a single-use packet of sterile lubricant jelly for insertion?		
Does the policy include recommendations for maintenance?		
Does the policy include the requirement for an annual update for staff about catheter insertion and maintenance?		
Does the policy include a quality improvement program to assess compliance with best practice guidelines?		

Indwelling catheter use procedure compliance assessment – insertion

Assessment Criteria	Yes	No
Prior to catheter insertion		
Were alternatives for catheterisation explored?		
Where clinical indications for catheterisation met? Indicate which one: Acute urinary retention or obstruction Urinary monitoring in critically ill patients Healing of wounds in incontinent patients Exceptional circumstance e.g. comfort at end of life		
Was the person inserting the catheter trained to do so?		
Did the person inserting the catheter explain the procedure and risks to the patient and obtain consent?		
Did the person inserting the catheter perform hand hygiene immediately before undertaking the procedure?		
Was the smallest appropriately sized catheter selected?		
Catheter insertion		
Was the meatus cleaned with sterile saline?		
Were gloves, a drape, and sponges; a sterile solution for cleaning the urethral meatus; and a single-use packet of sterile lubricant jelly used during insertion?		
Was the catheter inserted using aseptic technique?		
If required, was a urine sample taken aseptically?		
Was the catheter balloon inflated and the catheter aseptically connected to a sterile drainage bag?		
Immediately after catheter insertion		
Was all equipment cleared away?		
Was hand hygiene performed?		
Was the catheter drainage bag placed below the bladder and not on the floor?		
Documentation after catheter insertion		
Did documentation include the following:		
Indications for insertion		
Date and time of insertion		
Individual who inserted catheter		
Type of catheter and size		
Patient information after catheterisation		
Was the patient given advice on:		
Maintenance of the catheter		
Keeping the catheter below the bladder		
The expected time the catheter will be inserted for		

Indwelling catheter use procedure compliance assessment – maintenance

Assessment Criteria	Yes	No
Observational assessment		
Is the indwelling catheter secured to prevent movement and urethral traction?		
Does the catheter have an unobstructed flow?		
Is the drainage bag below the level of the bladder?		
Are standard precautions used during manipulation of the catheter or collecting system?		
Is the staff member managing a patient with an indwelling catheter aware of the following recommendations:		
The catheter system should remain closed		
If a break in aseptic technique occurs that the collecting system requires replacement by using aseptic technique and disinfecting the tubing catheter junction		
Catheter tubing should not be disconnected unless the catheter must be irrigated		
Long-term indwelling catheters should be changed in intervals adapted to the individual patient		
Chronic antibiotic suppressive therapy is not generally recommended		
Urine samples (small volumes) are obtained from disinfected sampling port using aseptic technique and sterile syringe		

References

1. Hand Hygiene Australia <www.hha.org.au>
2. NHMRC (2010) Australian Guidelines for the Prevention and Control of Infection in Healthcare. Commonwealth of Australia. <<http://www.nhmrc.gov.au/node/30290>>
3. Tasmanian Infection Prevention and Control Unit
4. Preventing Catheter Associated Urinary Tract Infections – A guide for healthcare workers
5. Checklist for indwelling catheter insertion
6. <http://www.dhhs.tas.gov.au/peh/tasmanian_infection_prevention_and_control_unit/information_for_healthcare_workers/guidance_and_policies_for_healthcare_workers>
7. Privacy Act (Commonwealth) 1998. <<http://www.privacy.gov.au/act/privacyact/index.html>>



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