Clinical effectiveness

AN AUDIT CYCLE INVESTIGATING THE INDICATIONS FOR AND ADEQUATE DOCUMENTATION OF THE INSERTION OF URINARY CATHETERS IN OLDER PATIENTS

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Evidence-base: Urinary catheters are commonly inserted in older hospitalised patients. Guidelines from the European Association of Urology Nurses (V Geng et al., Evidence-based Guidelines for Best Practice in Urological Health Care, 2012) state the indications for urinary catheter insertion and suggest that amongst other details, the indication for catheter insertion and complications of the procedure should be documented. These guidelines are important as inappropriate catheterisation can result in unnecessary complications and poor documentation can result in a failure to record useful information. We completed an audit cycle after previous audits had highlighted poor documentation of this procedure in our hospital.

Change strategies: An initial audit was performed to identify the reasons for catheterisation and the adequacy of its documentation. Standards were sought from local guidelines consistent with the EAUN guidelines. Our first audit (n = 50) showed that 72% of catheter insertions were clinically appropriate. We found poor documentation (10-38%) with regards to the indication for urinary catheterisation, complications of the procedure and a failure to legibly document name and designation. An intervention in the form of a urinary catheter insertion sticker was introduced throughout the hospital to improve documentation. It was required to be filled in and inserted into the patient notes each time this procedure was carried out.

Change effects: A re-audit (n = 162) showed that documentation of the indication for urinary catheterisation, complications of the procedure and legible documentation of name and designation improved substantially to between 78-100% (P < 0.05).

Conclusion: In conclusion we have created a successful intervention that has resulted in a substantial improvement in the documentation of urinary catheterisation. This will hopefully aid further clinical decision making as useful information is available to medical staff.