A **cost-effective** alternative to urinary catheterization



Knowing catheter-related urinary tract infections (UTIs) are the most common of all hospital-acquired infections, Alan F. Rothfeld, MD, was looking for alternatives to catheterizing patients at Hollywood Presbyterian Medical Center (HPMC), a 434-bed hospital in Los Angeles.

Rothfeld noted that new incontinence management products offer less costly and more effective alternatives to catheterization. Restore ultra-absorbent disposable briefs, manufactured by Medline, stay dry and hold significantly more urine per day.

In order to document whether using disposable briefs in place of urinary catheters would decrease UTIs, Rothfeld led a sixmonth study, from January to October 2008, at HPMC's ICU step-down units. The study observed the use of Restore briefs during two three-month periods in two separate units of the hospital with a total of 60 beds, averaging 83 percent occupancy.

50 Percent Reduction in UTIs

There were five hospital-acquired UTIs during the three-month control period, indicating an infection rate of 3.2 per 1,000 catheter days. During the three-month intervention period, there were only two hospital-acquired UTIs, with an infection rate of 2.4 per 1,000 catheter days.

Infections during the intervention period fell from an average of 1.06 per 1,000 patient days to 0.45. "The reduction in infections was mainly due to the decrease in catheter use rather than other changes in patient care," Rothfeld explained, noting that catheter use during the intervention period fell from 330 to 190 per 1,000 patient days.

According to Rothfeld's findings, catheters are needed in only about half the cases in which they are used.

Before beginning the study, Rothfeld developed the following indications for the use of urinary catheters:

- 1. Written orders for hourly urinary output
- 2. Inability to void spontaneously (usually due to obstruction)
- 3. Active urinary tract infection with Stage 3 or 4 pressure ulcer

If a patient had none of these indications, no catheter was requested. If a patient had a catheter already, a request to the physician for discontinuance was initiated.

An anonymous questionnaire conducted at the end of the study revealed the disposable briefs were a welcome alternative among physicians and nurses. "In fact, no patient reported decreased comfort and most of the staff was supportive of this program, indicating it increased overall satisfaction among nursing personnel," Rothfeld said.

References

Ditch the foleys, adopt diapers to address UTIs. Infection Control Today Web site. Posted March 10, 2009. Available at http://www.vpico.com/articlemanager/printerfriendly.aspx?article=23711. Accessed May 22, 2009.

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