

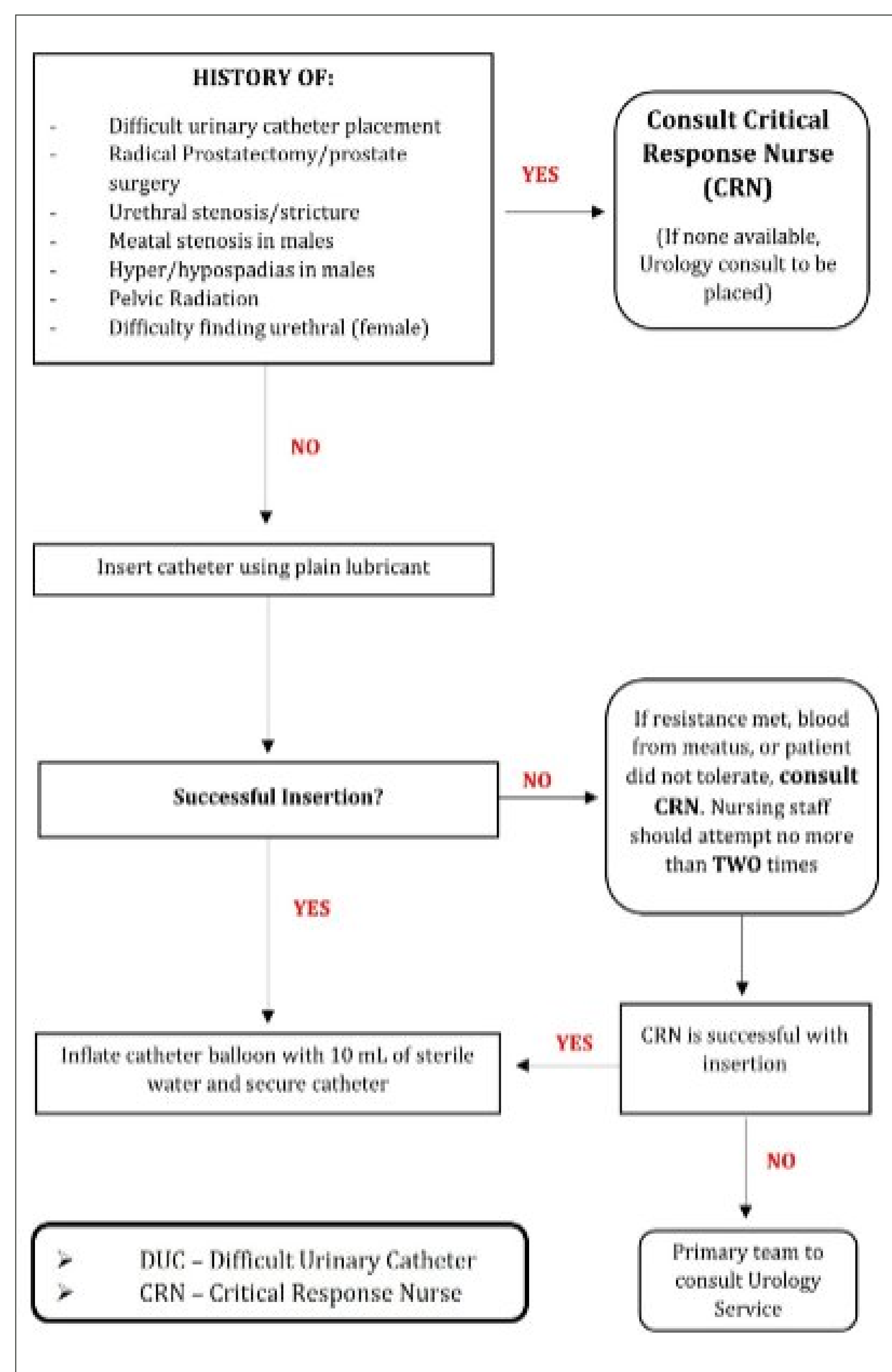
A STUDY TO REDUCE UROLOGY CONSULTS FOR DIFFICULT FOLEY CATHETER PLACEMENT IN HOSPITALIZED PATIENTS

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Introduction/Background

- Nearly one fifth of hospitalized patients have a foley catheter placed during their hospitalization, yet many hospital staff have limited experience placing them
- Urology consults for foley catheter placement can add to already large health care costs and is a potential area of focus on reducing consults and costs in hospitalized patients

Algorithm for Difficult Urinary Catheter (DUC) insertion



Aim Statement

- To evaluate if the creation of a difficult urinary catheter (DUC) team of nurses will reduce the overall number of urology consults for the placement of difficult foley catheters in hospitalized patients.

Intervention/Methods

- A DUC team was created by having critical care response nurses undergo a one-on-one training with a board-certified urologist regarding difficult foley catheter placement
- An algorithm was created for when the DUC team should be contacted versus urology for failed catheter placement by med/surg floor nursing staff. In the event the DUC team was unsuccessful, the urology team would then be consulted

Measurement of Intervention

- The total number of urology consults, as well the number of urology consults placed for difficult foley catheter placement were collected 6 months before and after implementation of the DUC team
- Pre and Post intervention data were compared using pooled two sample t tests for continuous data and two proportion Z- tests for categorical data

Pre and Post Intervention Data

Table 1: Differences in demographics between the two time periods

| | Pre-Intervention (N=2116) | Post-Intervention (N=1951) | P-value |
|---------------------------------|---------------------------|----------------------------|-------------------|
| Age (years), mean (SD) | 66.4 (17.38) | 66.5 (17.36) | 0.91 [§] |
| Sex: Female, N (%) | 753 (35.59%) | 709 (36.34%) | 0.61* |
| Difficult Foley Catheter, N (%) | 115 (5.43 %) | 126 (6.46 %) | 0.16* |

SD: Standard deviation
[§] Pooled two sample t test
 *Two proportion z-test

Table 2: Differences in demographics between the two time periods among patients who had a difficult foley catheter

| | Pre (N=115) | Post (N=126) | P-value |
|-----------------------|--------------|--------------|-------------------|
| Age (year), mean (SD) | 72.1 (14.53) | 73.5 (15.23) | 0.23 [§] |
| Sex: Female, N (%) | 11 (9.57%) | 18 (14.29%) | 0.26* |

SD: Standard deviation
[§] Pooled two sample t test
 *Two proportion z-test

Lessons Learned and Next Steps

- A decrease in the total number of urology consults between pre and post intervention groups was seen, but there was no statistically significant difference between the number of consults for difficult foley catheter placement
- No differences were detected for age and sex between the pre-intervention and post-intervention groups
- Potential next steps include Increasing the study period and spreading more awareness of the DUC team to nursing and physician teams caring for hospitalized patients.

Conclusion

- Difficult Foley Catheter placement remains a common cause for urology consult in hospitalized patients.
- Further interventions are needed to reduce the number of urology consults for difficult foley catheter placement.

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