The Use of Urinary Catheters in Eastern Health

Choosing Wisely Canada Recommendation

Do not place or leave in place a urinary catheter without reassessment.

Practice Points

- 1. Appropriate indications for urinary catheter include acute urinary obstruction, critical illness, and end-of-life-care.
- 2. Urinary catheter use is associated with preventable harm, such as catheter-associated urinary tract infection, sepsis and delirium. Strategies that reduce inappropriate use of urinary catheters reduce health care-associated infections.

Data

Aggregate data were obtained from the NL Centre for Health Information (NLCHI) for 2019–20 on number of days a catheter was in use as a proportion of total patient days for the two St. John's hospitals by ward, the three rural hospitals of Eastern Health (EH) (medical-surgery beds) and the seven non-faith based long-term care facilities.

Results

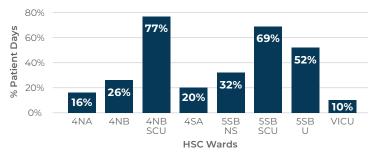


Figure 1. Per Cent of Patient Days Associated With Urinary Catheter Use at the Health Sciences Centre by Ward

• Anticipated high use was observed in Special Care units and in urology at the Health Sciences Centre (HSC). Use in other wards varied from 16–32%.

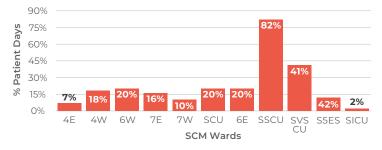


Figure 2. Per Cent of Patient Days Associated With Urinary Catheter Use at St. Clare's Mercy Hospital by Ward • At St. Clare's Mercy Hospital (SCM), anticipated high use was observed in Special Care units, and ward use of urinary catheters ranged from 7–20%.

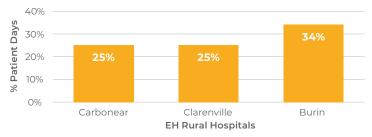
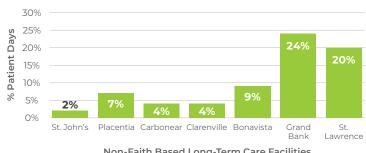


Figure 3. Per Cent Use of Patient Days Associated With Urinary Catheter Use in the Medical — Surgery Beds in the Three Rural Hospitals of Eastern Health



Non-Faith Based Long-Term Care Facilities Figure 4. Per Cent Use of Patient Days Associated With Urinary Catheter Use in the Non-Faith Based Long-Term Care Facilities

• Outliers for urinary catheter use at long-term care facilities were Grand Bank and St. Lawrence.

Conclusions

- 1. Institutional efforts to reduce urinary catheter use are indicated in acute care hospitals because they predispose to infection and prolong length of stay.
- 2. The disparity of urinary catheter use in some long-term care facilities is substantial.
- 3. These data provide a baseline for institutional urinary catheter use to evaluate the effectiveness of interventions to lower use.

• The rate of urinary catheter use was higher at the hospital in Burin than in Carbonear or Clarenville.