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A NOVEL CLINICAL PROTOCOL FOR PLACEMENT AND MANAGEMENT OF INDWELLING URINARY CATHETERS IN OLDER ADULTS IN THE EMERGENCY DEPARTMENT

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Indwelling Urinary Catheters (IUCs) are placed frequently in older adults (aged 65) in the Emergency Department (ED) and carry significant risks. We developed, implemented, and assessed a novel clinical protocol to assist ED providers with appropriate indications for placement, reassessment, and removal of IUCs in this population. This evidence-based clinical protocol was built from an extensive literature review and ED provider focus groups, then implemented by 20-minute scripted slide presentations to providers. Written surveys administered before, after, and at 6-months assessed providers baseline practice and the protocol's impact. A quantitative analysis compared rates of IUC placement and catheter-associated urinary tract infections (CAUTIs) in the 6 months before and after protocol implementation. 111 EM providers participated in the all three surveys. Participants anticipated that this intervention would reduce rates of IUC use and increase patient safety. At 6-month follow-up, 81% felt the protocol had changed their practice. ED providers correctly identified the appropriate approach for IUC placement in 63% of cases at baseline with an increase of 22% (95% CI: 19, 25%) post-intervention and a maintained increase of 8% (95% CI: 6, 12%) at 6-months. With protocol implementation, an absolute reduction in the use of IUCs of 3.5% ($P < 0.001$) for older adults admitted to the hospital, with 3 CAUTIs reduced to 0 attributable to the ED. Overall, this comprehensive, evidence-based clinical protocol was well received by participants, and was associated with a sustained change in self-reported practice, providing a template for future protocol development and implementation.

Biography

Mary R Mulcare completed her medical degree at Columbia University College of Physicians and Surgeons, followed by an Emergency Medicine residency at NewYork-Presbyterian Hospital. She subsequently did a fellowship at Weill Cornell Medicine in Geriatric Emergency Medicine. She is the Assistant Program Director of the NYPH Emergency Medicine Residency and Assistant Director of the Geriatric Emergency Medicine Fellowship at Weill Cornell. Her research has focused on creating and testing an effective pathway for protocol development for improved care of older adults in emergency departments.

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