

NICHE Performance Measures

Overview

Unit Performance Measures include both clinical data and nurse staffing data. These results are triangulated with Geriatric Institutional Assessment Profile (GIAP) and other site-specific data.

Features & Benefits

Feature: Important component of the NICHE Core Measures that also includes the GIAP and the NICHE Program evaluation

Benefit: Measurement results from the unit measures survey and other core measures are critical to developing, sustaining, and growing the NICHE program at hospitals

Feature: Allows NICHE sites to benchmark their unit-level nursing sensitive quality indicators and compare their patient and nurse level indicators to other peer NICHE hospitals

Benefit: Facilitates research and quality improvement activities, guides staff development, improves registered nurse retention efforts, and helps hospitals meet the requirements of regulatory agencies or Magnet designation

Feature: Identifies unit-level (aggregate) patient outcomes such as falls, injurious falls, pressure ulcers, and restraint use

Benefit: Especially applicable to NICHE sites since these hospital complications most frequently occur in older adults

Feature: Helps hospitals identify variability in rate of compliance with evidenced-based protocol among units

Benefit: Builds momentum for staff across units to acquire the specialized professional development, training, and competencies required to provide safe, quality care for older adult patient populations

Application

This survey addresses unit and staffing characteristics, as well as patient outcomes, and provides important context when comparing and tracking unit results. NICHE sites submit unit-level clinical data and brief nurse staffing data. Clinical outcomes are clinical indicators that are relevant to the care of the older adult. They can be drawn from the National Database of Nursing Quality Indicators (NDNQI®), if the hospital submits to the database. They are submitted annually, within the quarter that the GIAP was conducted.

NICHE PORTFOLIO



Support Resources

- Geriatric Institutional Assessment Profile (GIAP)
- NICHE Leadership Training Program
- NICHE Planning & Implementation Guide
- NICHE Organizational Strategy: Nurse Certification Tool Kit
- Clinical Improvement Models
- NICHE Education Briefs
- Geriatric Resource Nurse (2nd Edition, 2012)
- Introduction to Gerontology (2nd Edition, 2012)
- Geriatric Patient Care Associate (2nd Edition, 2012)
- NICHE "Evidence-Based Geriatric Nursing Protocols for Best Practice" (4th Edition, 2012). New York: Springer Publishing
- NICHE Online Connect Webinars
- NICHE Solutions Series
- Need to Know by NICHE Series
- Joint Commission Crosswalk
- NICHE Annual Conference

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NICHE Hospital Innovation

A Nurse Driven Urinary Catheter Removal Protocol

Author: Nancy DiRico MSN, RN, CMSRN, Lehigh Valley Health Network, Transitional Skilled Unit, Allentown, Pennsylvania

PROBLEM: Indwelling urinary catheters were often used without adequate indication, posing significant safety risk.

SOLUTION: Create a nurse-driven protocol to decrease the use of indwelling urinary catheters by 50%.

Problem Identified The use of indwelling urinary catheters in acute and transitional care settings is often inappropriate and associated with risks, including catheter associated urinary tract infections (CAUTI), increased healthcare costs, patient discomfort, increased morbidity/mortality, dignity issues, and mobility/ambulation issues.

Indwelling urinary catheters are misused for several reasons, including: 1) convenience, to manage urinary incontinence; 2) lack of knowledge of risks associated with use and alternative treatments; 3) physicians not tracking continued use; and 4) lack of valid continence assessment tools for the older adult population (Georgiou, 2001). Unfortunately, educational initiatives have often traditionally focused on incontinence products, including indwelling urinary catheters, rather than continence promotion strategies (Arwin, 2000).

Solution Formulated The Lehigh Valley Health Network created a nurse-driven protocol with a goal of decreasing the use of indwelling urinary catheters on the Transitional Skilled Unit (TSU) by 50%. The protocol included removing urinary catheters within 48 hours of admission (unless contra-indicated specifically by the physician) and assessing voiding patterns after catheter removal.

An educational program was launched to support the use of the protocol.

Nurses received training in:

- Acceptable reasons for indwelling catheters
- Alternatives to indwelling catheter use
- Infection control
- Bladder scan protocol

Certified Nursing Assistants received training in:

- Infection control
- Proper placement of the drainage bag
- Hourly rounding for toileting needs and toileting plan
- Empowered to report the presence of all urinary catheters to their nurse and to question necessity

Education was provided to nursing assistants on infection control, catheter care, and placement of Foley bags. Therapy staff were educated on infection control issues with Foley's while ambulating and transferring patients. Physicians were also educated on acceptable reasons for maintaining a Foley catheter and documentation requirements in the medical record.

Evaluation/Results As a result of the program, initially there was a sharp decrease in the number of urinary catheters. After several months, the number of urinary catheters decreased but remained constant. The catheters being used all had medical justification documented in the medical record. An unanticipated positive result of the protocol has been no CAUTI's in the past 30 months.

REFERENCES

1. Fink, R., Gilmartin, H., Richard, A., Capezuti, E., Boltz, M., Wald, H. (2012). Indwelling urinary catheter management and catheter associated urinary tract infection prevention practices in Nurses Improving Care for Healthsystem Elders hospitals. *AJIC: American Journal of Infection Control*. Published online [http://www.ajicjournal.org/article/S0196-6553\(11\)01250-8/abstract](http://www.ajicjournal.org/article/S0196-6553(11)01250-8/abstract).
2. McLafferty, D. (2006). Nurses' perceptions of indwelling urinary catheters in older people. *Nursing Standard*, December 13, vol 21, 14-16, pages 35-42. Retrieved from Ovid Sept. 6, 2007 (Document ID 11428445).
3. Georgiou, A., Potter, J., Brocklehurst, J.C., Lowe, D., Pearson, M. (2001). Measuring the quality of urinary continence care in long term care facilities: An analysis of outcome indicators. *Age and Ageing*, 30, 1, 63-66.
4. Hampton, T. Urinary catheter use often inappropriate in hospitalized elderly. *JAMA*, 295, 2838.

NICHE-RELATED RESOURCES

1. Wald, H., Fink, R.M., Makic, M.B.F., & Oman, K.S. Catheter-associated Urinary Tract Infection Prevention. In Boltz, M., Capezuti, E., Fulmer, T., & Zwicker, D. (eds.) (2012). *Evidence-Based Geriatric Nursing Protocols for Best Practice* (4th ed.). New York: Springer Publishing.
2. Urinary Incontinence, The Geriatric Resource Nurse (GRN) Core Curriculum 2012. (Available at NICHE Knowledge Center, accessed via www.nicheprogram.org.)
3. Pilloni, S., Khrut, J., Mair, D., Madersbacher, H. and Kessler, T. (2005). Intermittent catheterization in older people: A valuable alternative to an indwelling catheter? *Age and Ageing*, 34 p. 57-60. Retrieved from ProQuest Sept. 16, 2007.

View the NICHE Performance Measures. This resource is available only to NICHE member organizations.

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