

Half of Elderly Women Unnecessarily Catheterized in ED

Cheryl Clark, for HealthLeaders Media, November 2, 2010

Emergency department personnel place unnecessary urinary catheters in nearly half of women age 80 or older who present for care, according to a 12-week study from St. John Hospital and Medical Center in Detroit.

The report, published in the November issue of the American Journal of Infection Control, raises questions about whether elderly women are being unnecessarily exposed to risk of infection, a known hazard of urinary catheterization.

The authors, Mohamad G. Fakih, MD, and colleagues, added that "the majority of U.S. hospitals do not have a formal system to monitor UC (urinary catheterization) utilization, and a significant proportion of patients discharged from the hospital to extended-care facilities may have an indwelling UC without a clear indication."

The federal government stopped reimbursing hospitals for such infections in Medicare patients two years ago, another reason why attention should be focused on this issue, the authors wrote.

The researchers examined 532 instances of catheter placement and found that 48.3%, or 58 of those patients who were female and age 80 or older did not have indications for catheter placement.

Overall, for both men and women regardless of age, about one sixth of ED patients had a UC placed without a [clear reason](http://www.healthleadersmedia.com/content/LED-255216/99-of-CA-UTIs-Incorrectly-Coded-Study-Says). "Women were twice as likely as men to have a nonindicated UC placement," they wrote. "About 40% if the patients had no documented physician's order for placement."

The authors acknowledge that the catheterization practice may reflect other factors that weren't captured in their review, such as dementia, urinary incontinence and immobility, which may have been reasons for the catheter placement.

At St. John, a 769-bed hospital with 100,000 emergency department visits a year, Fakih wrote, institutional guidelines for UC utilization in the ED were recently established, and have been associated with a reduction in inappropriate catheterization in the ED. "However, our data show that approximately 30% of the UCs placed still lacked compliance at more than one year after implementation of the institutional guidelines," they wrote.

They emphasized that because compliance with UC placement criteria is low, "an evidence-based approach for UC placement and management is needed. Physician and nurse 'buy-in' is another essential factor for compliance with the guidelines."