

Study protocol for reducing urinary catheter use: a randomised controlled study

Brett G Mitchell^{1,2}; Oyebola Fasugba^{1, 2}; Allen Cheng^{3, 4}; Philip Russo⁵; Maria Northcote¹; Hannah Y Rosebrock¹

Avondale College of Higher Education¹, Australian Catholic University², Alfred Health³, Monash University⁴, Deakin University⁵

Catheter Associated Infections (CAUTIs): The Need for Action

CAUTIs are associated with increased morbidity, mortality and high hospital costs for patients and health systems. 26% of patients admitted to a hospital receive an indwelling catheter and 1% of these patients develop CAUTIs¹. CAUTIs increase hospital bed days by up to four days². CAUTIs are associated with a higher risk of antimicrobial resistance (AMR)³. Prolonged and unnecessary catheterisation appear to be the main risk of development of CAUTIs^{1,4}.

Objective 1: Determine efficacy of the CATH TAG

Objective 2: Impact of the CATH TAG on nurses' ability to deliver patient care

Mixed Methods Approach → Objective 2

Anonymous online survey upon completion of trial period
Qualitative: Focus group two months post trial completion to investigate nurses' perceptions of the CATH TAG

The Intervention

CATH TAG

Electronic device that attaches adhesively to the catheter bag. It indicates reassessment need for catheter through flashing

IMPLEMENTATION

1. A CATH TAG will be attached to every catheter bag with catheter insertion
2. Information and training sessions; distribution of flyers and promotional material in hospital

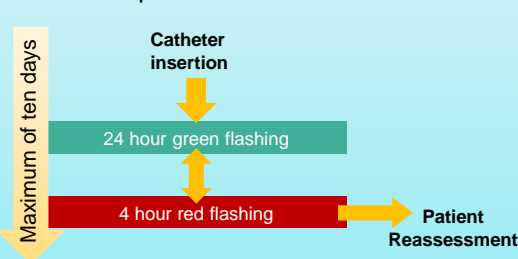


Figure 2. CATH TAG flashing cycle



Figure 3 CATH TAG device

Data Collection



Figure 4 CATH TAG attached to catheter bag

Anonymous Online Survey (10-15 minutes)

Online survey tool

Focus Group for nurses

Group discussion to receive feedback on CATH TAG 1-1.5hr

Contact

brett.mitchell@avondale.edu.au Chief Investigator, Avondale College @1healthau
victoria.gregory@avondale.edu.au Research Project Manager, Avondale College
hannah.rosebrock@avondale.edu.au Research Project Officer, Avondale College

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Study Design

Ward	1 month	2 month	3 month	4 month	5 month	6 months	Post Study - 2Mths
A+B	White	Red	Red	Red	Red	Red	Survey Focus Group
C+D	White	White	Red	Red	Red	Red	
E+F	White	White	White	Red	Red	Red	
G+H	White	White	White	White	Red	Red	
I+J	White	White	White	White	White	Red	

Figure 1. Study Design Overview. White= control; Red = intervention

Stepped wedge randomised controlled trial over 24 week period

→ Objective 1

All wards included will receive the intervention and act as their own control. They will be randomly assigned to intervention, allocation concealed and no blinding of wards.