



Introduction

Reducing the usage of urinary catheters is the leading prevention approach to decreasing hospital acquired urinary infections. Without a catheter some females may have urinary incontinence leading to sequelae of problems such as infection, skin injury, pain/discomfort, loss of dignity. Therefore prudent alternatives are needed for female urinary incontinence management. The purpose of this evaluation was two-fold: 1) to determine device functionality and to solicit ideas for device improvement 2) to explore workflow impact on nursing practice with use of a urine management system in acute and critically ill women.



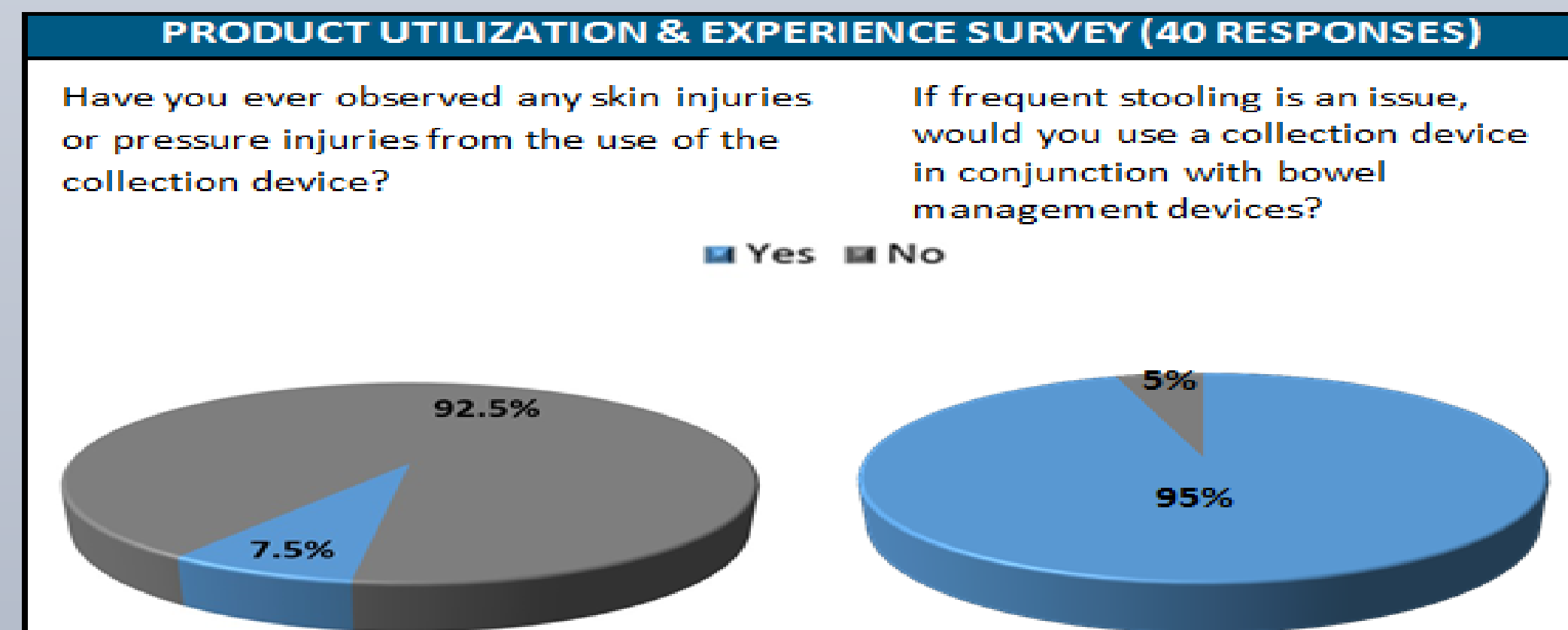
Methods

Data collection surveys were developed by content experts and distributed to nursing staff who utilized the device in one of four designated units in a tertiary academic medical center. The first survey was a five item Likert scale evaluation with a narrative section for comments on how to enhance the device wear and utilization. The second survey was a device utilization and experience survey created to examine nursing practice. This included 10 multiple choice items targeting initiation and management of device usage.

PRODUCT EVALUATION (13 RESPONSES)			
Questions	Agree	N/A	Disagree
1. This product helped to manage female urinary incontinence.	100%	0%	0%
2. This product was easy to place on a female patient.	100%	0%	0%
3. This product stayed in place.	100%	0%	0%
4. This product had minimal leakage.	92%	0%	8%

Results

In the first survey, 100% of 13 nurses surveyed agreed that “This product helped to manage female urinary incontinence.” Other nursing staff reported that the device was effective in maintaining skin integrity. There were a total of 40 responses for the second survey, utilization and experience. 100% of the nurses documented appropriate urine collection and overall appropriate management of the device.



Conclusions

These findings suggest use of a urine management system as a viable alternative for female urinary incontinence in a broad range of patient sizes and body habitus; thus reducing the need for an urinary catheter. Increased nursing and patient satisfaction resulted as the urine management system was often requested from patients.

References

Prevention. CDC. Urinary Tract Infection (Catheter-Associated Urinary Tract Infection [CAUTI] and Non-Catheter Associated Urinary Tract Infection [UTI] and Other Urinary System Infection [USI] Events: Centers for Disease Control and Prevention, 2017

Gray M. Reducing catheter-associated urinary tract infection in the critical care unit. AACN Adv Crit Care 2010;21(3):247-57 doi: 10.1097/NCI.0b013e3181db53cb[published Online First: Epub Date].

Gray M, Beeckman D, Bliss DZ, et al. Incontinence-associated dermatitis: a comprehensive review and update. J Wound Ostomy Continence Nurs 2012;39(1):61-74 doi: 10.1097/WON.0b013e31823fe246[published Online First: Epub Date].

Junkin J, Selekof JL. Prevalence of incontinence and associated skin injury in the acute care inpatient. J Wound Ostomy Continence Nurs 2007;34(3):260-9 doi: 10.1097/01.WON.0000270820.91694.1f[published Online First: Epub Date].

Bliss DZ, Mathiason MA, Gurvich O, et al. Incidence and Predictors of Incontinence-Associated Skin Damage in Nursing Home Residents With New-Onset Incontinence. J Wound Ostomy Continence Nurs 2017;44(2):165-71 doi: 10.1097/WON.0000000000000313[published Online First: Epub Date].

Acknowledgements

Indiana University Health, University Hospital, SICU, SPCU, MICU, & MPCU staff
The preparation of this poster was supported in part by funding provided by Sage Products, LLC.