

Long-term effects of a strategy to reduce inappropriate use of catheters

Submission date 07/02/2022	Recruitment status No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 11/02/2022	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 08/11/2024	Condition category Other	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

In the era of increasing healthcare costs, it is crucial to reduce low-value care with the aim of improving the quality and safety of care and lowering costs. One aspect of care that is routinely given but that may be necessary is the use of catheters.

A urinary catheter is a flexible tube used to empty the bladder and collect urine in a drainage bag.

A peripheral venous catheter is a catheter (small, flexible tube) placed into a peripheral vein for venous access to administer intravenous therapy such as medication fluids.

A multifaceted de-implementation strategy has proven to be effective in a trial called 'Reduce Inappropriate use of CATHeters' (RICAT) in the Netherlands. However, knowledge about the sustainability of de-implementation strategies is lacking. The aim of this study is to investigate the long-term sustainability of the de-implementation strategy that was implemented three years ago during the RICAT-trial. Further, we aim to identify general factors that contribute to sustainable de-implementation through use of a qualitative interview study.

Who can participate?

Patients who are admitted to a medical, non-surgical, ward and who have a peripheral venous catheter (PVC) or urinary catheter on the days of data collection.

What does the study involve?

We will perform an observational quantitative study, in which we will prospectively include patients with a PVC or urinary catheter. For these patients, we will assess whether the medical indications for this catheter are appropriate on the days of data collection.

What are the possible benefits and risks of participating?

The results of this study will be used to further improve healthcare pathways regarding the appropriate use of catheters. The measurements do not influence patients' care and treatment plans. Further, the burden on patients is limited. A research physician will screen patients for having a PVC or urinary catheter, after which relevant data regarding the medical indication of the catheter will be collected from the electronic patient record.

Where is the study run from?
Amsterdam UMC, location AMC (the Netherlands)

When is the study starting and how long is it expected to run for?
November 2021 to April 2023

Who is funding the study?
ZonMw (the Netherlands)

Who is the main contact?
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Contact information

Type(s)
Scientific

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Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

Nil known

Study information

Scientific Title

Long-term sustainability of a de-implementation project to Reduce Inappropriate Use of CATHeters

Acronym

RICAT-2

Study objectives

We hypothesized that we will measure a sustained reduction of inappropriate use of peripheral venous catheters (PVC) of 15%, similar to the results of the RICAT-trial.

Ethics approval required

Old ethics approval format

Ethics approval(s)

On 07/01/2022, the Medical Ethics Review Committee of the Academic Medical Center Amsterdam confirmed that the Medical Research Involving Human Subjects Act (WMO) does not apply to this study and that official approval of this study by their committee is not required. Reference number W21_560#22.001

Study design

Mixed-methods design including an observational quantitative part and a qualitative interview study

Primary study design

Observational

Study type(s)

Other

Health condition(s) or problem(s) studied

For the quantitative part, adult patients with a PVC or urinary catheter that are admitted to a medical ward. For the qualitative part, healthcare workers from the medical wards, who participated in executing and maintaining the de-implementation strategy.

Interventions

We will perform a multicenter observational study to measure the percentage of inappropriate use of peripheral intravenous catheters (PVCs) and urinary catheters. In addition, we will perform a qualitative interview study to assess to what extent the de-implementation strategy

is maintained, and what barriers and facilitators apply to maintaining the effect of the de-implementation strategy.

Quantitative part: We will only collect data about the medical indication for the peripheral venous catheter or urinary catheter on the days of data collection.

Qualitative part: We will hold a one-time focus group interview with the healthcare workers in each participating hospital.

Intervention Type

Other

Primary outcome(s)

Percentage of inappropriate use of PVCs on the days of data collection will be collected by a research physician or research student. These data will be collected from medical records in an electronic Good Clinical Practice-compliant database. Based on the information from the medical records, the research physician or research student will assess if the use is inappropriate. The following indications will be considered appropriate:

a. Peripheral intravenous catheter

- Delivery of peripherally compatible infusate (intravenous fluids and medications) at least once in 24 h
- Injection of contrast fluids
- Intravenous access for cardiac dysrhythmia
- Transfusion of blood and blood products

b. Urinary catheter

- Accurate measurements of urinary output in patients who are critically ill when required for treatment
- Acute urinary retention or bladder outlet obstruction (≥ 150 mL)
- Assist in healing of open sacral or perineal wounds in patients with urinary incontinence
- Continuous bladder irrigation for haematuria
- Palliative care for patients who are terminally ill if needed
- Patient requires prolonged immobilisation
- Before or after surgery according to (local) protocol
- Volume measurements of urine output for diagnostics (24 h urine), which cannot be assessed by other collection strategies

Key secondary outcome(s)

1. Number of patients with more than one PVC with an inappropriate indication on the days of data collection measured as above.
2. Barriers and facilitators of the sustainability of the effect of the de-implementation strategy measured using the themes that will emerge from the results of the focus group interviews conducted at a single time point

Completion date

30/04/2023

Eligibility

Key inclusion criteria

1. Adult patients admitted to internal medicine, gastroenterology, geriatric, oncology, and pulmonology wards, and non-surgical acute admission units who have a PVC or urinary catheter on the day of data collection, or

2. Healthcare workers (e.g., nurses, physicians) who are or who were responsible for maintaining the de-implementation strategy to reduce inappropriate use of catheters

Participant type(s)

Mixed

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Total final enrolment

1155

Key exclusion criteria

1. Patients who are admitted for an elective short stay, and patients who are terminally ill
2. Patients with chronic use of catheters, defined as having any type of catheter before hospital admission, and no new inserted catheter of any type

Date of first enrolment

01/05/2022

Date of final enrolment

01/04/2023

Locations

Countries of recruitment

Netherlands

Study participating centre

Amsterdam UMC location AMC

Meibergdreef 9

Amsterdam

Netherlands

1105 AZ

Study participating centre

Amsterdam UMC location Vumc

De Boelelaan 1117

Amsterdam

Netherlands

1081 HV

Study participating centre**BovenIJ ziekenhuis**

Statenjachtstraat 1
Amsterdam
Netherlands
1034 CS

Study participating centre**Dijklander Ziekenhuis locatie Hoorn**

Maelsonstraat 3
Hoorn
Netherlands
1624 NP

Study participating centre**Flevoziekenhuis**

Hospitaalweg 1
Almere
Netherlands
1315 RA

Sponsor information

Organisation

Amsterdam University Medical Centers

ROR

<https://ror.org/05grdyy37>

Organisation

Radboud University Nijmegen Medical Centre

Funder(s)

Funder type

Government

Funder Name

ZonMw

Alternative Name(s)

Netherlands Organisation for Health Research and Development

Funding Body Type

Private sector organisation

Funding Body Subtype

Other non-profit organizations

Location

Netherlands

Results and Publications

Individual participant data (IPD) sharing plan

The data-sharing plans for the current study are unknown and will be made available at a later date.

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		16/08/2024	08/11/2024	Yes	No
Participant information sheet	Participant information sheet	11/11/2025	11/11/2025	No	Yes