Commissioning for Quality and Innovation (CQINN) project

Reducing Catheter Associated Urinary Tract Infections (CAUTI’s) at a District General Hospital

Can change be sustained?

“The Trust invested in a 12-month full-time band 6 post to implement this project. This, along with commitment and determination, helped the project succeed.”

Diane Holland, Deputy Director of Infection Prevention and Control

The issue

In 2012/13 data from the monthly national ‘Safety Thermometer’ revealed catheter-associated urinary tract infection (CAUTI) rates were consistently double the national average. In March 2013, using a baseline point prevalence audit, we set out to improve this position.

The result

There has been a significant decrease in patient harm, shortened lengths of stay for this group of patients - and therefore patient flow has improved within the organisation.

A massive step-change...

<table>
<thead>
<tr>
<th>Mar 13 n (%)</th>
<th>Jan 15 n (%)</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of patients reviewed</td>
<td>502</td>
<td>526</td>
</tr>
<tr>
<td>Patients with catheter</td>
<td>113 (23%)</td>
<td>84 (16%)</td>
</tr>
<tr>
<td>Patients available for further data collection</td>
<td>108**</td>
<td>82*</td>
</tr>
<tr>
<td>Catheter inserted pre-admission</td>
<td>16/108 (15%)</td>
<td>14/82 (17%)</td>
</tr>
<tr>
<td>Catheter inserted post-admission</td>
<td>92/108 (85%)</td>
<td>68/82 (83%)</td>
</tr>
<tr>
<td>Patients developed a UTI</td>
<td>18/108 (17%)</td>
<td>4/82 (5%)</td>
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In our view: ‘Commissioners and providers working in partnership can utilise CQINNS to support and promote best practice, reduce harm and sustain change.’

Our strategy for improvement – six steps over two years

1. Introduce a urinary catheter pathway – incorporate standards required for catheter insertion and the on-going care and maintenance of the system.
2. Use a nurse led Urinary Catheter removal protocol (HOUDINI) - lists clinical indications when it is appropriate for the continued use of a catheter (see chart).
3. Make a resource file available - All adult in-patient wards were provided with a resource file that utilised visual aids to support learning.
4. Train and educate - registered nurses and health care assistants focussing on specific elements of catheter management including insertion, removal and ongoing care.
5. Review and standardise products - working in partnership with Derbyshire Community Health Services to review and standardise continence products used in both primary and secondary care.
6. Continence promotion - Ward based training with education sessions and a follow-up review of skills and knowledge.

And then re-audit to compare against March 2013 baseline point.

The HOUDINI Protocol

Haematuria (only requires catheter if in clot retention)
Obstruction/Retention
Urology surgery
Damaged skin (open sacral or perineal wound in an incontinent patient)
Input/output, fluid monitoring
Nursing care end of life/comfort care
Immobility, due to physical constraint eg unstable fracture and unable to use bottles / bedpans

In July 2016...

Catheters & New UTIs

The national average for CAUTI’s was 0.3%. At Chesterfield Royal we had ZERO new CAUTI’s.

Acknowledgements

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To request a copy of the full paper: Commissioning for Quality and Innovation (CQINN) Project - Reducing Catheter Associated Urinary Tract Infections (CAUTI) at a District General Hospital Can change be sustained? Email diane.holland@nhs.net © Chesterfield Royal Hospital NHS Foundation Trust. All rights reserved. No part of this publication may be reproduced or transmitted in any form, or by any means including photocopying, recording or any information or retrieval system, without permission in writing from the publisher.