WELCOME TO THIS SIGN UP TO SAFETY WEBINAR

Catheter Urinary Tract Infections – The Journey to reduce the number of Catheters at Salford Royal

All participants lines are muted to reduce background noise
Where are you?
Catheter Urinary Tract Infections – The Journey to reduce the number of Catheters at Salford Royal.

John Bellerby – Senior Quality Improvement Lead
Daniel Rowbotham – Quality Improvement Lead
Aims

• Context for Project
  • What we have done
  • Results
• Future Plans
Why Did we do it?
We will focus our attention on projects that will reduce harm and mortality, improve patient experience and make the care that we give to our patients reliable and grounded in the foundations of evidence based care.

Maintain position in 10% of NHS organisations with the lowest risk adjusted mortality
** 95% of patients receive harm free care as measured by the following 4 harms: Pressure ulcers, Catheter associated urinary tract infection, Venous thromboembolism, Harm from falls
*** Achieve 95% reliability in the following: Advancing Quality Care bundles, Intentional rounding, Structured ward rounds, Infection bundles
**** Achieve top 20% for patient and staff experience surveys
Phase 2 Projects (2011-14)

SAFE
- Reliable care for high volume conditions
- Harm Free Care Project
- Pressure Ulcers
- Delirium
- Readmissions
- VTE
- Falls
- Medication Safety

CLEAN
- Surgical site infections
- Sepsis
- CA-UTI
- Productive series
- Clostridium difficile
- MRSA
- E-Coli

PERSONAL
- Hospital Empowering Loved-ones & Patients (HELP)
- End of Life Care
- Nutrition
- Intentional Rounding
- 7-day Working
- Patient and Carer Centred Working
This was our reality

- 15-25% pts have a urinary catheter inserted.
  Of that 20%
    - 38% have documentation
    - 24% -41% have a CAUTI
- 60% medical teams unaware of presence of urinary catheter
- How many patients die from Urinary Sepsis at SRFT yearly?
Patient View

50 inpatients

- 26% found it painful
- 24% found it embarrassing
- 26% found it inconvenient
- 18% of patients didn’t know why they were catheterised
- 70% were not given another option
- 30% felt they could have managed without
- 32% had experience of their catheter leaking
- 76% didn’t know or thought that they didn’t have a care plan
Urinary Catheter

Innocuous device?

OR

Convenient device
that can harm & kill?
How Did we do it?
“Here is Edward Bear, coming downstairs now, bump, bump, on the back of his head behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels there is another way, if only he could stop bumping for a moment and think of it.”

A.A. Milne, Winnie the Pooh
Phase 1

The first phase ended in December 2012.

**What:** To reduce catheter associated urinary tract infections

**How Much:** To achieve a 30% reduction from baseline figure in pilot wards

**By When:** December 2012

**Outcome:** 44% reduction in CaUTI, and successful development of flow sheet to facilitate data capture
The Breakthrough Series Collaborative (IHI)

Enroll Participants

Select Topic
Recruit Faculty
Develop Framework and Changes

LS1: Learning Session
AP: Action Period
P-D-S-A: Plan-Do-Study-Act

Prework

LS1 → LS2 → LS3
AP1 → AP2 → AP3

Summative Congresses and Publications

Supports:
Email • Visits • Phone Conferences • Monthly Team Reports • Assessments
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LS1: Learning Session
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People are generally better persuaded by reasons which they themselves discover, than those which have come into their mind by others"

Pascal (1670)
AIM

To reduce Catheter associated Urinary tract infection (CaUTIs) by 30% by 31st December 2012

Source: Associates for Process Improvement
Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?

Aim

Measurement

Changes

Small tests of change
Measurement through the data collected from the flow sheet.

CaUTI and catheter days
These are the changes the teams develop in order to move us to the next phase.
A Fact....

All improvement will require change, but not all change will result in improvement.

Therefore we need to ‘test’ change.
The PDSA Cycle

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Act  Plan
Study  Do
Why catheterise at all?

- Indications for Catheterisation
  - Tissue Viability
  - Retention of Urine
  - Acutely Unwell
  - Patient Preference
  - Post Urological Surgery
Phase 2

The second phase of the project expanded the work and ran through until December 2013:

**What:** To reduce catheter associated urinary tract infections

**How much:** By 20% (across the whole Trust)

**When:** December 2013

**Outcome:** 12% reduction
Phase 3

• 2014 Aim was to identify the inappropriate catheters in the organisation
• Was tied into our Harm Free Care CQUIN for 2014/2015
Challenges

• Developed a tool to collect data
  – Form was explicit in the rationale for catheterisation
  – Agreement on Rationale was a tricky place to get to!

• Aimed to carry out the audit on our senior nurse walkround
  – Two a month
  – Cover the entire hospital
What Happened

6 Audits

- Variation in results
- Review by clinical experts showed inaccuracy of data
- We did not yet have accurate data for inappropriate catheters
PDSA Outcomes

• Held two training sessions
• 16 nurses in total completed that training
• Then audited a small group of wards
• Validated by Urology Team
• 2 audits were undertaken showing that 25.57% were inappropriate
• One of our district Nursing teams are now using the tool on a monthly basis
<table>
<thead>
<tr>
<th>Bed Number</th>
<th>Hospital Number</th>
<th>Patient Consultant</th>
<th>Urinary Catheters</th>
<th>Is this Catheter In-Situ appropriately?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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</tbody>
</table>
What next?

- The audits have highlighted an enormous opportunity in hospital
- Wards have started to use the data collection tool as an intervention tool
- The audits have also been successful in the community
Set 1: UCL = 44.57, Mean = 28.55, LCL = 12.52 (25 - 35)

Data Following introduction of Audit tool
% of patients Catheterised

% Patients Catheterised
p chart
Set 5: UCL = 22.38, CTL = 18.06, LCL = 13.73 (38 - 50)
Inspected Mean = 712.31, Counts Mean = 128.62

1st Audit of Appropriate Catheterisation

Scale up to 100% of the organisation
Community Catheters

145. Community Catheterised Patients

Set 4: UCL = 261.41, Mean = 248.78, LCL = 236.14 (18 - 26) (mR = 2)

Month

Number of Catheterised Patients

01/01/2013 to 01/06/2015

01/01/2014 to 01/06/2015
2015 Aim

In the hospital we will aim for:
• A 10% Reduction in Catheter Days by April 2016 in hospital

In the community we will aim for
• A 5% Reduction in Catheterised patients in the community by April 2016
Currently Testing

- Nurse Led Removal
- Support for Intermittent Catheterisation (Staff and Patients)
- Taking Formal Consent
- Locking Catheters away

“TWOC of the week”
Summary

• The **quality improvement approach** has been the driver for the project, this has been supported by the faculty (with links to Trust board) providing the **senior leadership**

• The Faculty provide direction and the ideas for change are driven by the front line teams