Innovation NHS South Central

The Innovation Challenge – Identify your Top 2

This form is to be used to capture the details of innovations that have provided the biggest impact on Quality and Productivity in your Trust. It is intended that this information will be shared across NHS South Central in a ‘library of innovations’.

<table>
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<th>Project Title</th>
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<tr>
<td>Urinary Catheter Assessment and Monitoring (UCAM) Form</td>
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What did you do?
The UCAM form was introduced following a Trust-wide audit of urinary catheterisations and ongoing care. The UCAM is a form used to document details of the insertion of the urinary catheter and provide a place where ongoing care can also be recorded. It ensures there is a prompt for carrying out of best practice, as advised by EPIC2, because the form reminds staff what they should be doing. All the documentation is in one place. The form was promoted as part of a teaching package which delivered update sessions for staff on catheterisation and ongoing care of patients with urinary catheters.

Why did you do it?
The result of a Trust-wide Saving Lives audit on urinary catheterisation and ongoing care of patients showed inconsistencies and non-compliance with evidence-based practice - there was no documented proof that staff had carried out catheter care, checked the bag was off the floor etc. It also highlighted inconsistencies in documentation and the need for further staff training/education on catheter care. There was also confusion over who was responsible for making the decision to remove the catheter, doctors and nurses both felt the other would be making the decisions. There was no obvious prompt to remove the catheter.

The Trust also had MRSA bacteramias linked to urinary catheters, although care was carried out correctly the RCAs highlighted the issue around availability of documentation.

What did you learn?
Catheter-associated UTI (CAUTI) is associated with the length of time that catheters are left in place. Urinary catheters which are inserted because the patient’s condition deteriorated e.g. due to their MEWs score, are more likely to be left in for longer than when the catheter is inserted as part of the patient’s pre or post operative care. Catheters inserted during the pre or post operative period tend to have their catheters removed promptly as they follow an expected care pathway. MEWs scores prompt staff to insert the catheter but when the patient’s condition improves there is no prompt to remove the catheter. Daily review of patients is necessary to ensure prompt removal and prevention of CAUTI.

What benefits were achieved?
1. Prevent unnecessary catheterisation - make staff question why they are inserting it.
2. Prompt daily review of patients with urinary catheters - all grades of staff felt empowered to ask whether the catheter was still required or could be removed.
4. Standardised documentation and practice of urinary catheterisation and ongoing care of patients with urinary catheters - all data in one place.
5. Provide evidence of quality of daily patient care as per High Impact Intervention No.6 catheter care bundle. Easily auditable.

What measurable quality, productivity and efficiency savings have been captured?

1. Reduction in the number of patients catheterised & increased confidence that those patients that are catheterised need to be.
2. Reduced ward based use of specialist urology nurses as practice improves in the ward enabling them to concentrate on patients with complex urinary issues.
3. Re-audit of compliance with High Impact Intervention No.6 Urinary catheterisation showed a 12% Trust-wide improvement from 2009; quality of ongoing care improved by 33% and 90% of patients with urinary catheters had UCAM forms which provides evidence of daily catheter care and details of the catheterisation procedure.
4. Staff feedback - removing catheters more promptly because they question whether they are required at least daily. Lower grades of staff felt empowered to ask others.
5. Extra time taken initially to use the form - sticker with patients details used as more reliable and quicker than handwriting the patients details. Sticker from catheter placed here, rather than in medical notes. On the plus side, often had to search for medical notes to place sticker in, UCAM form kept by catheters so all in one place. When removing catheter or documenting daily care, all on a form at the end of the patient's bed. Often completed when doing the observations round at 2pm.
6. When investigating incidents or positive blood cultures all information about the catheter is in one place. Quicker, more reliable and good evidence base.
7. Early removal reduces the risk of patients having bladder problems after removal of catheter.
8. When patients moved to another ward the form means all information about the catheter is in one place, photocopied when the patient is discharged so community staff or nursing home staff are aware of the insertion and ongoing details.

This is a national initiative under the NHS Institute's High Impact Actions for Nursing and Midwifery. A full case study can be seen on their website: http://www.institute.nhs.uk/building_capability/hia_supporting_info/protection_from_infection.html

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<td>Title</td>
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<td>Role in relation to this project</td>
<td>One of the leads</td>
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Are you happy for this innovation to be shared in a public arena? Yes ☑ No ☐
Are you happy for your contact details to be shared in a public arena, in association with this innovation? Yes ☑ No ☐