

Reducing Catheter Associated UTI admissions to hospital from care homes



Project Team

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Affiliations:

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Countywide UTI Reduction Group

About the Project

In Gloucestershire we have a multidisciplinary UTI reduction group led by a microbiologist. In 2022 there were 223 admissions from care homes to our acute trust with a UTI. 2 phases of this project have been completed and will be described.

Aims & Objectives

To reduce the number of UTI admissions, by focussing on catheter care, UTI prevention and uptake of catheter passport use.

Measures Used

Baselining data for comparison

We developed a catheter review tool and contacted all 114 homes in our county to ascertain how many residents residing in a nursing bed had a catheter. We went to each care home to review the catheterised residents to identify if they were eligible for a TWOC. If this was the case, the TWOC was planned on the date of the next catheter change. We also reviewed the use of catheter passports, daily catheter care, whether urology referrals had been completed and whether the continence team was aware of the residents with a catheter to name a few.

Quality Service Improvement and Redesign (QSIR) Tools: Methodologies used and contribution to your project

Improvement informed by data:

- Of 1540 Nursing beds, 134 (8.7%) nursing residents had catheters – 79 (59%) Male & 55 (41%) Female.
 - Reason for insertion: 45% Chronic retention, 20% Neurological impairment, 13% enlarged prostate, 9% last resort for skin integrity, 5% accurate fluid management, 3% End of Life Care and 3 % prolonged immobility – remaining 2% unknown.
- Out of 134 nursing residents – 18 (13.43%) eligible for a TWOC – 5 (4%) TWOC's successfully facilitated.
 - 51% of catheterised residents had an up-to-date catheter passport (7% higher than phase 1).
 - 20.1% of all catheters inserted in hospital, and no plan of TWOC on discharge
 - 14% of catheterised residents have had a urology/continence team referral since catheterisation.
 - 7% of residents given prophylactic antibiotics for routine catheter changes
 - 49 of 134 (36.5%) residents requiring frequent irrigation
- Review of hydration rounds demonstrated < 10% of care homes and elderly care wards evidencing 7 structured drinks rounds.

Nuggets

- Care Home engagement
- Training provided free of charge throughout the county
- Care Homes aware of the need to review catheters regularly.
- Countywide UTI reduction group lead by a microbiologist and including specialist nurse practitioners.
- Improvement of catheter passport use noted in phase 2
- Provided training to Care Homes surrounding the need for 7 structured drinks rounds and intake/output monitoring.
- Signposted care homes to the free catheter care training opportunities offered by the NHS.

Nice Ifs

- Every patient discharged from hospital with a catheter to a care home should be followed up – system needs to be developed countywide.
- More focus on TWOC in hospital to prevent speedy discharges without TWOC consideration.
- More face-to-face training availability for care homes surrounding CAUTI and prevention.
- TWOC procedure to be developed for countywide use.

- Lack of a plan for a TWOC including TWOC procedure/training.
- Acceptance that a resident with an enlarged prostate will have catheter for life rather than being referred for urological input.
- Care homes not encouraging fluids/not recording this – every resident with a catheter should have intake/output monitoring.
- Care plans should be tailored to each individual resident rather than generic care plan.
- Care homes feel they need a more direct and responsive referral system for urological problems.
- Catheter passport not being completed in hospital so no documentation to support care homes
- No catheter passport given on discharge from hospital.

Niggles

No Nos

- Lack of clarity (reason and date) of catheter insertion
- No handheld bladder scanner availability for care home nurse use leading to increased admissions, less TWOC's in the community while being a patient safety issue.
- Avoid catheters for comfort – some residents remain with a catheter through choice to prevent getting up in the night.
- Inappropriate irrigation use

Project Outcomes, Progress and Impact

Phase 1:

7.1% of care home residents in England have a catheter passport. Compliance in Gloucestershire is at 43%. Every resident with a catheter in a care home was supplied with a catheter passport.

Phase 2:

The key findings are all listed above and the CHIP team able to take forward the IPC issues and the other recommendations will be taken to the UTI group to get partner support for the way forward.

Recommendations to the countywide UTI group:

Review - deep dive of care home residents in a nursing bed hospitalised with a UTI/CAUTI.

Develop - plans and action cards for the following; TWOC (including provision of bladder scanners), irrigation, management of urinary retention, catheter care (focus on a tailored catheter care plan) and discharge communication.

Training - promote hydration and catheter related training (including management of common catheter related problems, e.g. blocked catheter and retention) offered by partners.

Audit – Focussed audits to widen understanding and drive improvements.

Learning for the Improvement Community

- Baseline data is key to improvement work
- Engagement with care homes and their staff is a fundamental factor in success

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