



How to reduce urethral catheter related emergency presentation to the Emergency Department (ED) and Same Day Emergency Care Unit (SDEC)

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Introduction

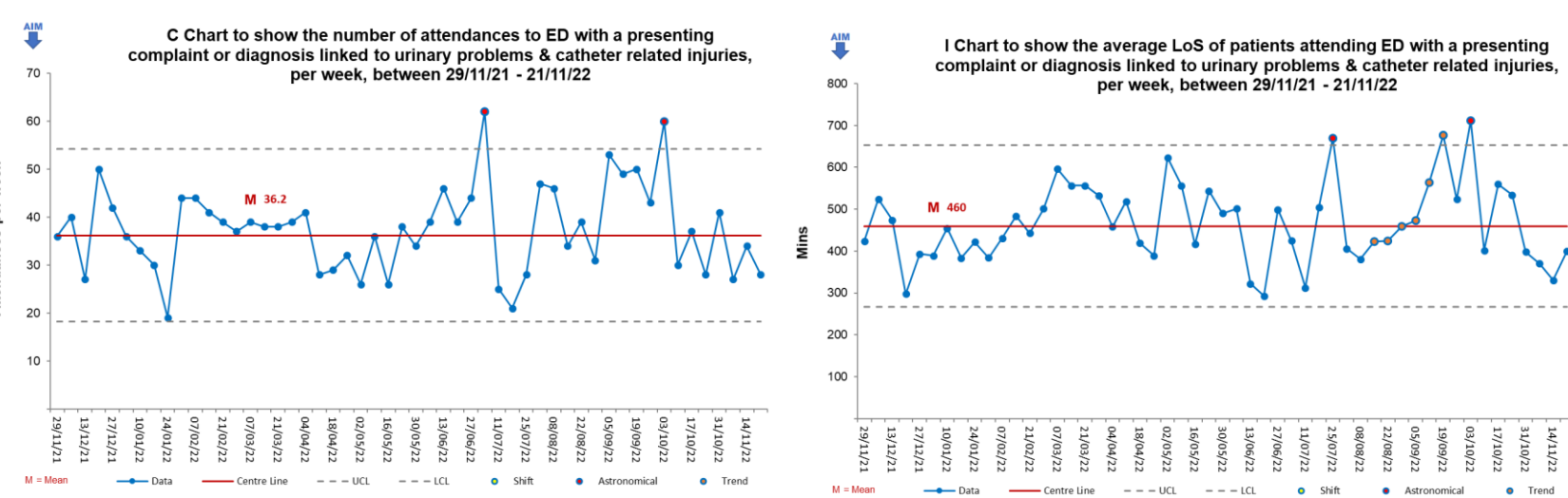
Urethral catheters are required by 9% of over 65 year olds in the community and 12% of care home residents. Any patient going home with a catheter was our target population of this project. 20% of out of hours visits by District Nurses are related to urethral catheter related problems. The biggest advantage to the patients was to get the catheter care right on their doorstep. This enabled the hospital ED and SDEC facilities and staffing to be utilised for more acute patients. We identified our team by combining hospital Urology and Infection Control staff with the Community Nursing leaders so that implementation of our plans could be implemented smoothly.

Aim

Better communication, sharing knowledge, providing care at door steps and avoiding unnecessary visit to the ED or SDEC were the main aims of this project. We strived to achieve between 10-20 % reduction in admissions.

To achieve a reduction in catheter related admissions to ED & SDEC from an average of 36.2 a week to 25 by September 2023

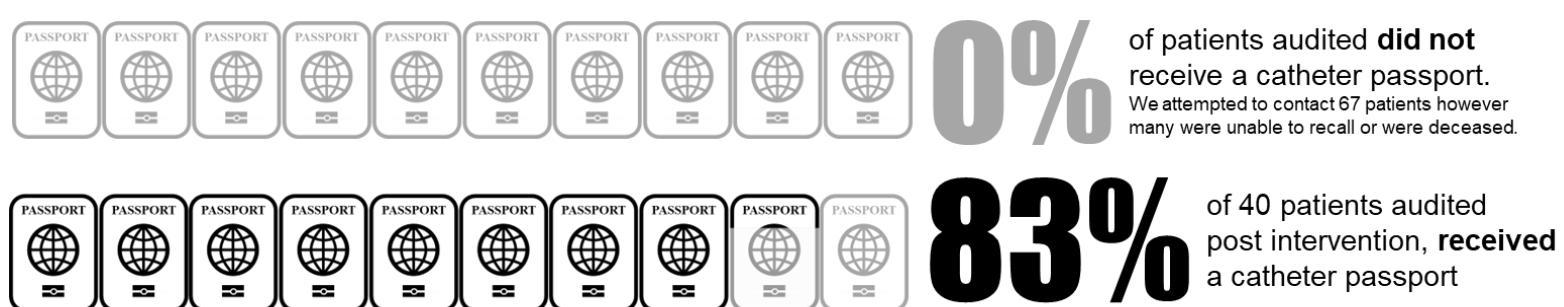
Initial Assessment



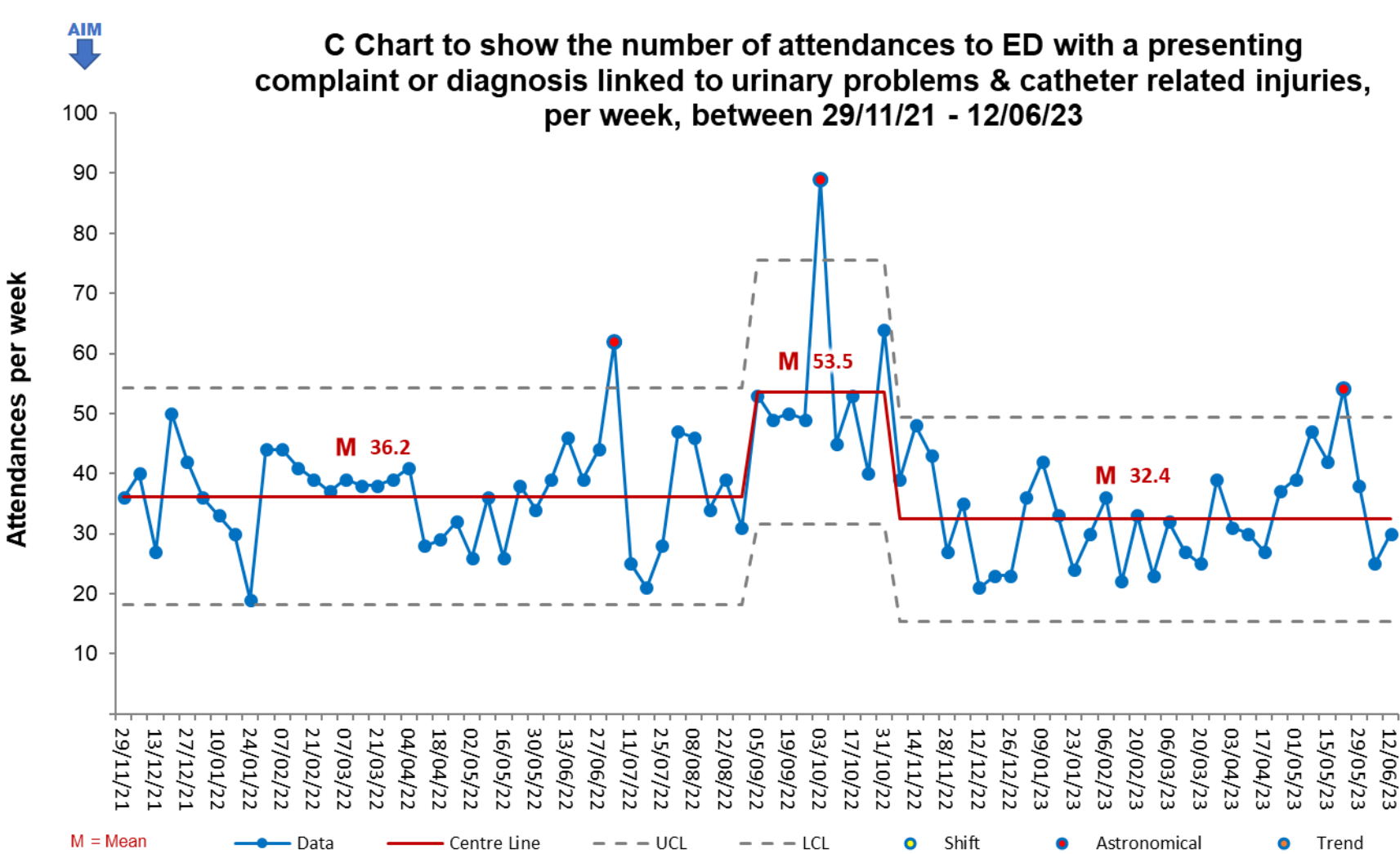
Baseline data showed that on average ED receives 36.2 attendances per week relating to catheter related issues or a diagnosis linked to urinary problems.

Change Ideas

We relaunched a catheter passport system to provide patients with essential information and contact details. Data was collected for 10 days in March 2023 and compared with another 10-day period in June 2023 to guide the next PDSA cycle. Additional change ideas include promoting the catheter passport, standardising care delivery, educating staff and patients, and including District Nurse contact numbers on the intranet for better communication. These initiatives aim to improve catheter management and enhance patient outcomes.

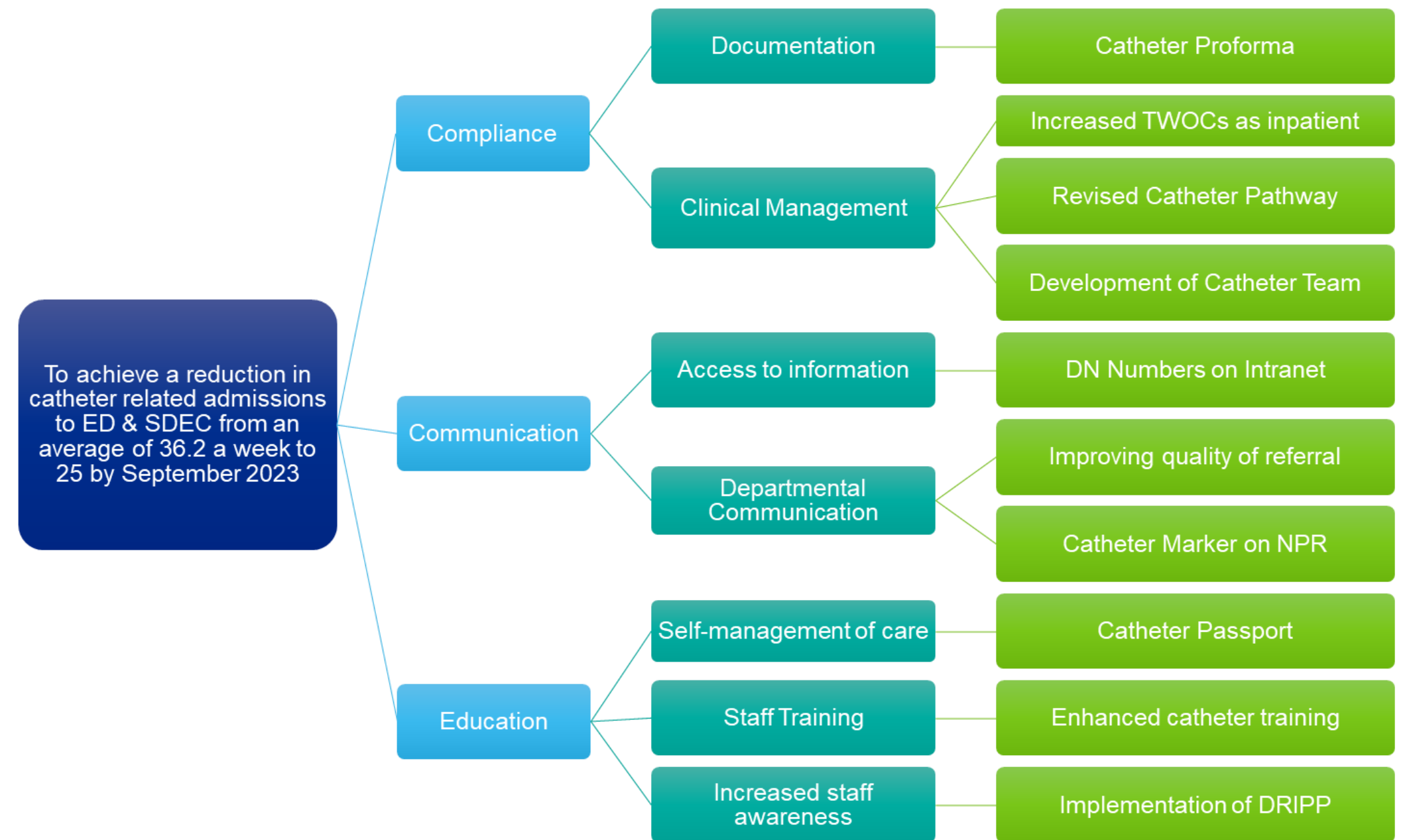


Results



Since our baseline data was collected the average number of attendances increased from 36.2 to 53.5 per week, prior to the project commencement. This has since reduced to 32.4 patients per week.

Driver Diagram



Patient & Service User Feedback



Patient feedback collected during audit.

I have had absolutely outstanding care from start to finish and I can not thank you all for everything you have done for me since coming out of hospital.

We have found that since the initiative started an increased amount of patients have been discharged with a catheter passport. This has really improved the communication between the acute sector, the District Nursing team and the patients and/or carers. Those who have been given the catheter passport have a wider knowledge and feel this has improved the care they have received. We are really looking forward to phase 2 where hopefully more patients will be discharged with the appropriate information and equipment.



Staff Feedback, District Nurse

Lessons Learned

Due to intense operational pressures and the location of team members who were spread across different Divisions within the Trust, it has sometimes proved difficult for all team members to convene as planned to progress actions. Our preference was to meet in person however shorter virtual meetings may have been more effective. Upon retrospective review, it also became clear that we would have benefited from adopting a more robust structured approach to project management from the outset, particularly with regard to action capturing and clear definition of roles and responsibilities within the team.

We spent significant time at the start of the project exploring different ways of gathering data relating to attendance at ED due to catheter related issues. Our ideas changed several times as the project evolved, particularly around methods of measurement, and with hindsight, it would have been beneficial to have a stronger measurement plan in place that we followed consistently. Due to coding complexities, it proved challenging to derive meaning from this data without extensive manual explorative work which included accessing various electronic systems and ultimately, contacting the patient directly. An alternative data collection plan which was more targeted may have reduced the time taken for data to be collected. Whilst contacting individual patients was useful in that we were able to develop a richer picture of the patient experience; it resulted in the collection of a smaller volume of data than would have been ideal to support this improvement project.

Staff engagement when introducing the test of change within the designated areas was problematic at times; namely ensuring that all relevant stakeholders were informed and mobilised to enact the change during the relevant time period. This was due to needing to inform a substantial amount of staff members who work across varying shift patterns. From a stakeholder mapping perspective, it was challenging to know who the key points of contact were due to staff moving between roles. One of our findings was that some members of staff had not been informed of the test of change and therefore did not participate as required. A better communication strategy would have been helpful, with communications being sent out and re-iterated for a longer time period in advance.

Sustainability & Spread

We aim to relaunch the catheter passport project across all hospital areas. Based on its success, we plan to ensure to collect regular data and adapt the PDSA cycle accordingly. Our goal is to achieve a 50% reduction in catheter-related attendance to the ED within the next 5 years. This will require a collaborative approach involving District Nurses, Ward Areas, Urology, and the Emergency Department. Additionally, there will be a focus on fostering a change in staff culture and prioritising patient education to sustain and spread the benefits of this initiative.

References

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