
South of England Improving Safety in Mental Health Collaborative

Catheter Associated Urinary Tract Infection Prevention

Driver Diagram and Change Package

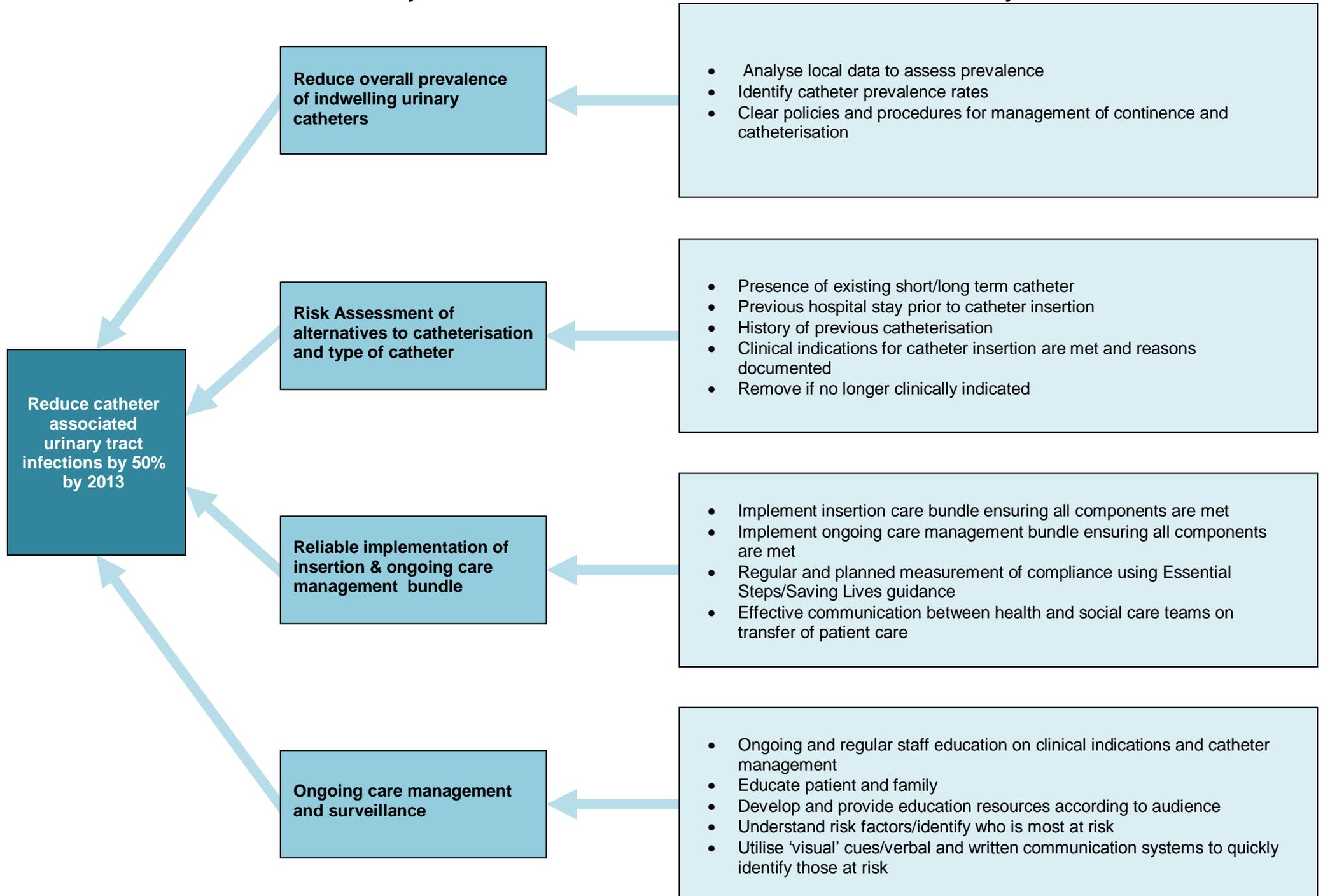
A driver diagram is used to conceptualize an issue and to determine its system components which will then create a pathway to achieve the goal. Primary drivers are system components which will contribute to moving the primary outcome. Secondary drivers are elements of the associated primary driver. They contain change concepts that can be used to create projects that will affect the primary driver.

Adapted from the South West Quality and Patient Safety Improvement Programme.

Outcome

Primary Drivers

Secondary Drivers



Secondary Drivers	Key change concepts and change ideas for PDSA testing
<ul style="list-style-type: none"> Analyse local data to assess prevalence Clear policies and procedures for management of continence and catheterisation 	<ul style="list-style-type: none"> Educate staff, patient/residents on catheter risk factors to ensure understanding of the risks of catheterisation.
	<ul style="list-style-type: none"> Utilise patient/resident and carer information leaflet.
	<ul style="list-style-type: none"> Engage with the MDT and develop a shared vision.
	<ul style="list-style-type: none"> Set a clear local aim for reducing catheter associated urinary tract infections.
	<ul style="list-style-type: none"> Engage with staff to learn about the barriers to risk assessment being done
	<ul style="list-style-type: none"> Develop clear policies and procedures for the management of continence and the minimization of catheter use. Include alternatives to catheterization.
<ul style="list-style-type: none"> Presence of existing short/long term catheter Length of hospital stay prior to catheter insertion History of previous catheterisation Clinical indications for catheter insertion are met and reasons documented Remove if no longer clinically indicated 	<ul style="list-style-type: none"> Build reliable risk assessment into bundle/rounding process (first steps – see above)
	<ul style="list-style-type: none"> Monitor compliance with on admission/transfer risk assessment and aim for >95% compliance by developing a monitoring/feedback and learning loop to improve this process.
	<ul style="list-style-type: none"> Monitor compliance with re-assessment of risks, need for catheter, management review and increase compliance to >95% by developing a monitoring/feedback and learning loop (incorporate this reassessment into bundle /rounding process).
	<ul style="list-style-type: none"> Clinical indications for insertion of catheter must be met and recorded: <ul style="list-style-type: none"> peri-operatively for selected procedures urine output monitoring in critically ill patients management of acute urinary retention assistance in pressure ulcer healing to improve comfort (e.g. as part of end of life care)
<ul style="list-style-type: none"> Implement insertion care bundle ensuring all components are met Implement ongoing care management bundle ensuring all components are met Regular and planned measurement of compliance using Essential Steps/Saving Lives standards for measurement Effective communication between health and social care teams on transfer of patient care 	<ul style="list-style-type: none"> Reliably implement all elements of the insertion bundle
	<ul style="list-style-type: none"> All elements of the bundle must be evident and effectively carried out or it will not be counted as compliance <ul style="list-style-type: none"> Ensure patient meets criteria for catheter insertion Inform patient of need for catheterisation Fully explain procedure Provide information leaflet Consider antibiotic prophylaxis (in accordance with local guidance) Identify allergies (specifically latex, lidocaine) Use sterile saline for metal cleaning Use sterile lubricant prior to insertion Ensure aseptic technique for insertion Choose smallest size of catheter appropriate for patient.
	<ul style="list-style-type: none"> Reliably implement all elements of the ongoing care management bundle. Measurement of compliance may differ for patients with independent management of a catheter and where healthcare staff are required for catheter change only.
	<ul style="list-style-type: none"> All elements of the bundle must be evident and effectively carried out or it will not be counted as compliance

Secondary Drivers	Key change concepts and change ideas for PDSA testing
	<ul style="list-style-type: none"> - Nursing assessments, with requirement to contact physician if criteria for insertion no longer evident - Nursing protocols for removal of urinary catheters - Automatic stop orders/review date for expected removal recorded at insertion, continuation only when indication is documented - Maintain a sterile, continuously closed drainage system - Keep catheter properly secured to prevent movement and urethral traction - Keep collection bag below the level of the bladder at all times - Maintain unobstructed urine flow - Empty collection bag regularly, using a separate collecting container for each patient, and avoid allowing the draining spigot to touch the collecting container - Meatal care with routine hygiene (bathing)
<ul style="list-style-type: none"> • Ongoing and regular staff education on clinical indications and catheter management • Educate patient and family • Develop and provide education resources according to audience <ul style="list-style-type: none"> • Understand risk factors and identify who is most at risk • Utilise visual, verbal and written communication tools to identify those at risk 	<ul style="list-style-type: none"> • Utilise formal and informal learning opportunities to educate staff about catheter risk • Use patient/resident stories to motivate and inspire staff, to learn from and educate. • Provide patients/residents and relatives with information on the risks of catheter associated urinary tract infections on admission or when there is a change in their condition that puts them at risk. • Educate patients/residents and families as to how they help to minimize risk whilst in hospital/care home, at home where • Work with patients/residents and families as co-partners in their care • Use the guides for various tools to educate staff on how they could be used in their care. • Understand the local issues, (who is 'at risk' on this unit/home) • Work with staff to develop a system where at risk patients/residents can be identified easily. <ul style="list-style-type: none"> - Visually – use of visual cues above the beds/doors of at risk patients/residents to alert staff to patients risk - Verbally - incorporate patients/residents at risk into safety briefings/handover processes. - Safety Briefings/SBAR approach. - Documentation - communication tool.