“Passionate teams are needed to monitor data on catheter care”

Indwelling catheters is justified for some patients. But they come with the risk of a urinary tract infection, which extends length of stay and imposes an extra burden of care and cost on the NHS. Yet evidence suggests that, in many cases, catheterisation is not needed.

Improving catheter-related care for these patients depends on good education, implementation of best practice, adequate resources, and effective devices and treatments. There are many reasons why patients would need urinary catheterisation, and a long-standing debate continues about best practice in managing urinary catheters (Getliffe and Dolman, 2003).

Energising for Excellence (E4E) is a framework that supports nurses to deliver care in a safe, effective and efficient way; it brings together tools, techniques and policies in one place on the Department of Health (DH) website. E4E’s metric 3, on the care of patients with an indwelling urinary catheter, includes the Protection from Infection high impact action.

Healthcare organisations have set goals for increasing the proportion of patients who complete episodes of care without experiencing a catheter-associated urinary tract infection (CAUTI). These will allow comparison between organisations.

E4E metric 3 says that organisations should demonstrate a dramatic reduction in the rate of CAUTIs and that, each month, all trusts should submit age-related data on the number of patients with urinary catheters to their strategic health authority. This excludes children aged under one, patients with suprapubic urinary catheters and those who are performing clean intermittent self-catheterisation.

The Safety Express Quality, Innovation, Productivity and Prevention (QIPP) programme is a call to action for NHS staff who want a safer, more reliable service, with better outcomes at a lower cost. It aims to see at least a 50% reduction in the proportion of patients with an indwelling urinary catheter being treated for a CAUTI.

The urinary catheter Commissioning for Quality and Innovation (CQUIN) payment framework recommends organisations undertake ongoing assessment of urinary catheter use to make sure they are using them as little as possible; it advocates catheter removal at the earliest opportunity (DH, 2010). Each organisation will set realistic targets for hitting CQUIN targets.

Trusts can adopt strategies to ensure compliance and monitor progress. Dynamic leadership and a safety culture are needed, along with reliable care and supporting infrastructure. Education and training are indispensable, as are active risk management and appropriate equipment.

The collaborative approach of using E4E and Safety Express to achieve CQUIN targets is attainable, but requires a passionate implementation team to monitor and collate the data on a monthly basis. WT

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References