



Small changes – BIG results

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North Tees & Hartlepool NHS FT

Transforming our services - Putting patients first - Valuing our people - Health and wellbeing



The NTH issues

- Urinary tract was the source of the majority of E coli blood stream infections and numbers were increasing
- Trust is part of Tees collaborative approach to GNBSI with local authority and CCG partners
- Given the opportunity to take part in UTI Collaborative with CCG input and to support the Teeswide improvement plan
- We wanted to tackle GNBSI across different settings so went for 2 projects
- Care home hydration – amazing work by Oxford AHSN inspired us
- Skin cleansing prior to urinary catheter insertion
- Links with other projects



Hydration project

Early July 2018

- Care home identified
- Collection of baseline data – number of urine samples sent each week, positive samples, antibiotic treatment for UTI
- 2 core leaders in each of the 4 units at Charlotte Grange in Hartlepool (40 bedded home)
- Training for all staff on the project

Late July 2018





July onwards

- 3 x contact per week with home
- Advice and support
- Data collection continued
- Drinks round logs
- Use of fluid body document to monitor intake of specific individuals



Residents given choices

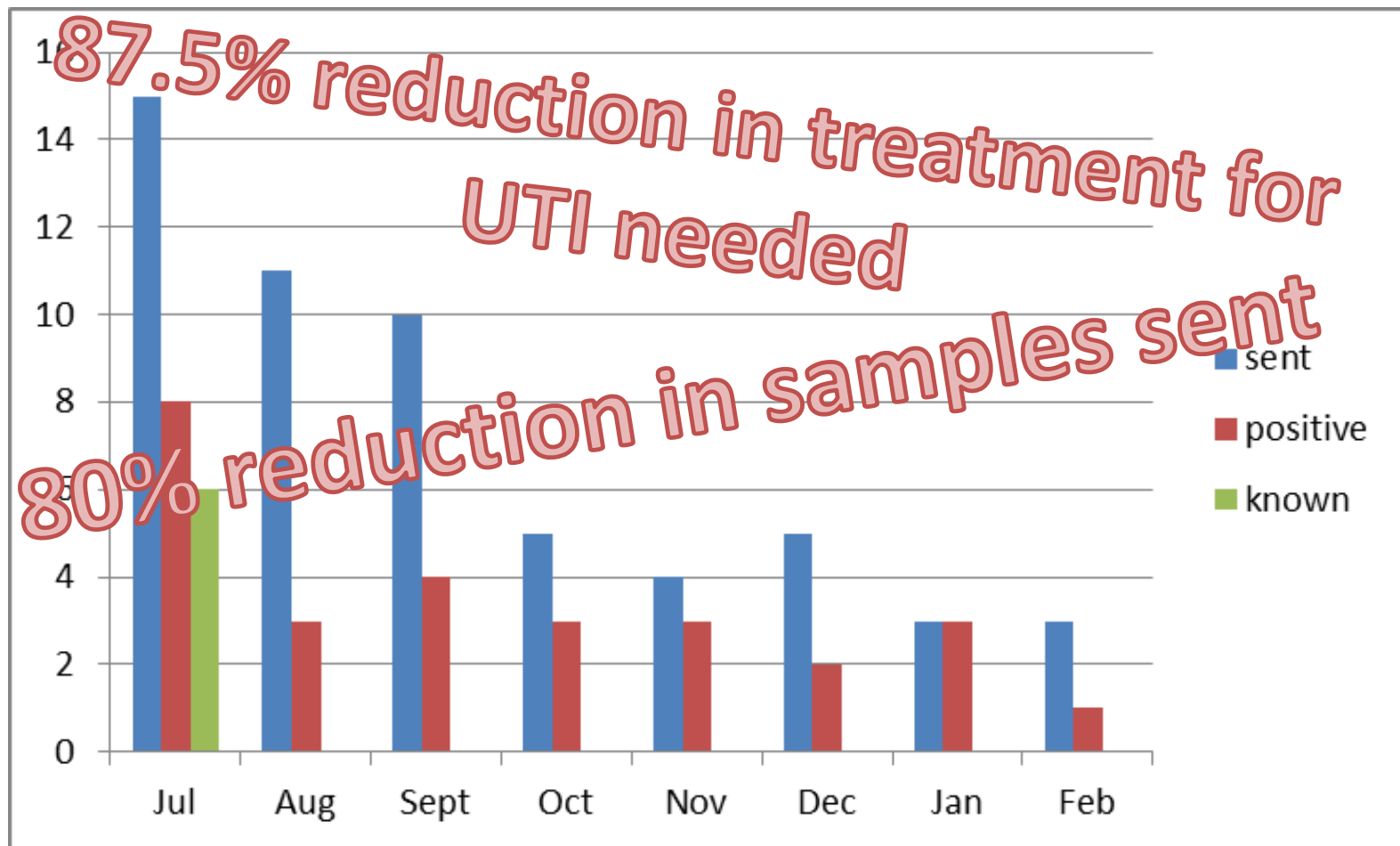


Events

- Afternoon tea
- Shandy afternoons
- Mocktails
- Men's club
- Family afternoons
- Activity sessions



Results



Outcomes and feedback

- Some evidence of a reduction in falls
- Improvement in bowel habits noted
- CQC rating improved to Good and this has been acknowledged as being contributed to by the enthusiasm and results from this project

“ Amazing when you notice the morning urine. Its dark brown and usually you would think UTI!. However the knowledge gained throughout this project means we now encourage fluids then take another look”

“ The project has reduced our use of antibiotics”

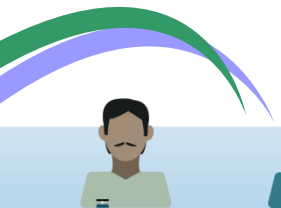
“ The people we support have enjoyed the variety”

“ The project is a valuable tool to have in the home. Im very proud of how staff have participated and the enthusiasm they have had”



Catheter project

- Routine surveillance showed a number of wards had high rate of CAUTI
- Suggestion to change solution used for cleaning skin prior to insertion of catheter
- Octenidine already part of routine decolonisation products in the Trust and used for insertion of catheter in known MRSA patients – was there an argument for extended use?
- One ward with highest CAUTI chosen for pilot



The plan

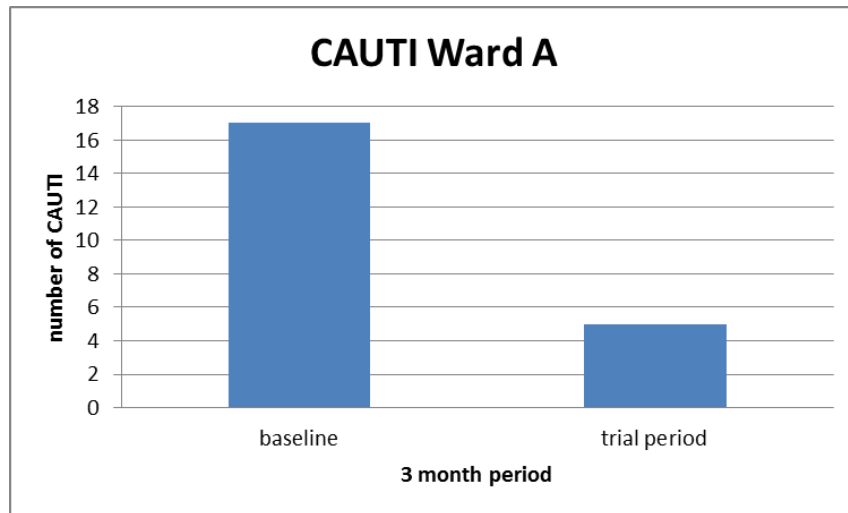
- Baseline data collected
- Education provided by supplier (which revealed some unexpected gaps in knowledge)
- Product provided to ward and theatre
- Data collection continued during trial period

Challenges..

- The ward chosen was an orthopaedic ward therefore many catheters inserted in theatre and therefore more variables introduced into the trial
- A problem with product ordering led to a halt to the trial for a period



Results



- 70% reduction in CAUTI from baseline
- Safety Thermometer data showed some reduction in catheter prevalence approx. 50%
- Second ward (Medicine) commenced trial with addition of daily prompt document. Results being collated



Links to other projects – Nutrition Collaborative

- Focus was on improving nutrition and hydration by a number of measures including improved use of MUST/STAMP tools
- Introduction of different drinking vessels to encourage fluids but in a way that suits the patient



One size does not fit all



The way forward...

- Hydration programme commenced with support from trust teams in a further 2 homes but others have started something independently after hearing about the success
- We think we can implement the learning from this in our elderly medicine wards and as part of an enhanced care social facility being established on a ward
- If further data from CAUTI project supports improvements we will roll out Octenidine to highest risk wards to minimise cost implications
- Further work linking with nutrition collaborative project
- Continue to work collaboratively within Tees GNBSI Improvement plan and wider CNE Community. We can learn from each other

