

SECTION 7
AUDIT OF BEST PRACTICE FOR
URINARY CATHETERISATION AND
CATHETER CARE

8. AUDIT OF BEST PRACTICE FOR URINARY CATHETERISATION AND CATHETER CARE

7.1. Best Practice for Urinary Catheterisation and Catheter Care

In addition to CAUTI surveillance, the HAI Task Force in Scotland proposed the development of a Best Practice Statement (BPS) for Urinary Catheterisation and Catheter Care. The BPS has been prepared and released by NHS Quality Improvement Scotland. A copy of the BPS is enclosed within this resource pack.

7.2. Audit of Best Practice for Urinary Catheterisation and Catheter Care

Under guidance from an expert working group a set of audit tools to measure current practice and policies for urinary catheterisation and catheter care against the standards set out in the BPS have been developed. The current set of audit tools focuses on indwelling catheters, audit tools for supra pubic and intermittent catheters will be developed in the future.

Audit of urinary catheterisation and catheter care practices will act as the basis to implementation of the best practices and improvements in patient care, including CAUTI. The audit tool can be used in conjunction with surveillance or it may be used independently to measure the quality of urinary catheter care.

7.3. The Audit Tools

A series of audit tools have been developed to facilitate audit of policy and practice; observational audit; knowledge and self-reported audit; audit of catheter materials management and audit of patient care documentation.

Each of the tools can be used alone or in conjunction with one another. The set of tools will facilitate audit in priority areas at local level.

Auditors could include ICNs, surveillance nurses, ward nurses, theatre nurses, community nurses or another suitable member of the multidisciplinary team. This would be agreed at local level.

7.3a The Audit Materials

Audit Tool 1- Audit of Policies and Practice:

Audit of policies and practices at ward or unit level for:

- a. Catheter Insertion
- b. Catheter Care (including general catheter maintenance, emptying catheter bags and taking catheter specimens of urine)

Purpose: To identify procedures and policies in place for catheter insertion and catheter care.

Format: A structured interview based around the Best Practice Statement for Urinary Catheterisation, for completion by the auditor.

Instructions for Use:

It is intended that this would take the form of an interview with a clinical leader (e.g. senior nurse managers or ward managers) in the ward or unit where the audit is taking place.

Materials for Audit:

Policies and Practice Questionnaire Catheter Insertion (Appendix VIII)

Policies and Practice for Catheter Care (Appendix VIII)

Audit Tool 2- Observational Audit:

Observational audit of:

- a. Catheter Insertion
- b. Catheter Care (including general catheter maintenance, emptying catheter bags and taking catheter specimens of urine)

Purpose: To measure actual behaviour and practice through observational audit.

Format: A questionnaire based around the Best Practice Statement for Urinary Catheterisation for completion by the auditor.

Instructions for use: Using this questionnaire the auditor will observe the healthcare worker carrying out the procedure under audit. The auditor should complete the questionnaire while observing the HCW carrying out the procedure being audited.

Materials for Audit:

Observational Questionnaire - Catheter Insertion (Appendix VIII)

Observational Questionnaire - Catheter Care/Meatal cleansing (Appendix VIII)

Observational Questionnaire - Catheter Care/Emptying catheter bags (Appendix VIII)

Observational Questionnaire - Catheter Care/Sampling (Appendix VIII)

Audit Tool 3-Knowledge and Self-Reported Practice Audit:

Audit of knowledge and self-reported practice for:

- a. Catheter Insertion
- b. Catheter Care (including general catheter maintenance, emptying catheter bags and taking catheter specimens of urine).

Purpose: To assess the existing knowledge of individual healthcare workers related to the key components of indwelling catheter insertion and catheter care. Behaviour and knowledge will be inferred through self-reported practice.

Format: A knowledge questionnaire based around the content of the Best Practice Statement for Urinary Catheterisation for completion for the healthcare worker. This questionnaire would be administered to a healthcare worker in the presence of the person carrying out the audit.

Instructions for use: The auditor would visit a ward/unit and ask healthcare personnel (e.g. ward nurses) to complete the questionnaire. The HCW would be given a period of 10 min to complete the questionnaire during which time the auditor would remain in the same geographical location of those being audited and the questionnaires would be returned to the auditor when completed. All nurses present on the ward at the time should complete the questionnaire.

Materials for Audit:

Knowledge Questionnaire- Catheter Insertion (Appendix VIII)

Knowledge Questionnaire- Catheter Care (Appendix VIII)

Knowledge Questionnaire- Sampling (Appendix VIII)

Audit Tool 4-Audit of Catheter Materials Management

Purpose: Audit of policies and procedures and for maintaining storage and preparation areas and availability of catheter materials will be facilitated by means of an interview with a ward manager.

Format: A structured interview for completion by the auditor and questionnaire for observational audit, to be completed by the auditor.

Instructions for use: It is intended that this would take the form of an interview with a ward managers where the audit is taking place. The auditor would also ask the interviewee to demonstrate the storage and preparation areas, and complete a questionnaire based on his/her observations.

Materials for Audit:

Materials Management Interview Questionnaire (Appendix VIII)

Materials Management Observation Questionnaire (Appendix VIII)

Audit Tool 5- Audit of Patient Care Documentation

Purpose: To assess the documentation and recording of catheter management.

Format: A questionnaire for completion by the auditor

Instructions for use: Using this questionnaire the auditor will review patient case notes to determine if catheter care is properly documented.

Materials for Audit:

Patient Care Documentation Questionnaire (Appendix VIII)

7.4 POINTS TO CONSIDER WHEN SETTING UP AUDIT

Using the audit tools

Each of the tools can be used alone or in conjunction with one another. The set of audit tools will facilitate audit in priority areas at local level.

Auditors could include ICNs, surveillance nurses, ward nurses, theatre nurses, community nurses or another suitable member of the multidisciplinary team. This would be agreed at local level.

Setting up audit

a. Identify Key stakeholders

e.g. Consultant Urologists, Nurse Specialists, Ward Nurses, Surgeons, Clinical Effectiveness Teams, Clinical Audit Staff, Infection control Teams, Nurse Managers and Clinical Director.

b. Decide on an appropriate specialty for surveillance

If you are carrying out CAUTI surveillance, this could be the same specialty. Otherwise it may be another specialty of your choice

c. Discuss key areas for audit with stakeholders and agree a start date

d. Ensure that all auditors have received appropriate training

e. Carry out the Audit

Data collection and Data Management process

The flow chart in Figure 7.1 shows the data collection process and data management for urinary catheterisation audit

8.5 REPORTING MECHANISMS

Data collection forms can be returned to SCIEH following the audit. The data will then be fed into a database from which audit reports can be generated at a local level.

Figure 7.1 The data collection process and data management for urinary catheterisation audit

