

Using DRIPP resources in practice: Kings College London January 2024

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Background

King's College Hospital NHS Foundation Trust is a large London teaching Trust with a unique profile of local services and focused tertiary specialties. We have an international reputation for our work in liver disease and transplantation, neurosciences, foetal medicine, cardiac and blood cell cancer, attracting patients from the UK and overseas. The Trust provides a wide range of specialist acute and elective inpatient and outpatient services across a number of hospital and community sites throughout the South East, including Princess Royal University Hospital, Orpington Hospital, Beckenham Beacon, and Queen Mary's Hospital, Sidcup.

Problem/goal

The Infection Prevention & Control (IPC) team carry out continuous surveillance on intravenous (IV) line and urinary catheter-related blood stream infections, and complete after-action reviews in collaboration with the clinical teams. Standards of care in relation to the insertion and care of IV lines and urinary catheters was identified as an opportunity for improvement. We also completed a Point prevalence survey of catheter-associated Urinary Tract Infection (CAUTI) in March 2023, which provided a baseline measurement for our catheterisation and UTI rates.

Solution/method

In 2023 the team implemented a 'Device Out' campaign, with locally produced educational materials and supplemented by the resources from the DRIPP project. The DRIPP Urinary Catheter Quick Reference Guide was shared across our sites and displayed on the ward IPC boards.

Results or benefits

The DRIPP resources have helped to raise the profile of IV and catheter care, as we continue to work with senior nursing teams to empower them with the skills to deliver good standards of care for intravenous and urinary catheter devices. The information is presented in a succinct and attractive way and summarises practice points to help prevent infection in our patients.

Next steps

The team continue to work with senior nursing teams to empower them with the skills to deliver good standards of insertion and care of intravenous devices. The CAUTI Point Prevalence Survey will be repeated in the coming year. In order to reduce catheterisation rates, achieve a reduction in catheter-related urinary tract infection, and improve the care of catheters, the priority areas for quality improvement are:

- Reduce unnecessary catheterisation by raising awareness as regards for alternatives to urinary catheterisation i.e. use of convenes, intermittent self-catheterisation.
- Improve catheter documentation, especially in relation to clinical indication.
- Continue to embed the Trust TWOC Pathway.
- Implement strategies for MDT review of urinary catheters on a daily basis i.e. ward rounds in high-risk areas, with a view to earlier removal.
- Earlier removal of intravenous lines with daily review.