The Christie NHS
NHS Foundation Trust

Christie Clinical Outcomes
Nursing Data: Catheter Assessments

Electronic nursing assessments

As part of the Trust's Paper-less Working Project, more than 60 electronic assessment forms have been introduced to the wards at The Christie to transform the way nurses are able to monitor their patients' progress at the bed side. Building on the same innovative methods that have been introduced for clinicians to use in clinic, nurses are now able to record data on their patients electronically rather than on paper. They now undertake multiple assessments with minimum repetition of data entry and have access in real-time to an individual 'patient dashboard' that focuses on patient need, captures changes in condition and supports communication and continuity at shift changes. This approach is producing a rich dataset and reduces the amount of time nurses need to spend on audit tasks. It is expected to improve patient care by providing instant access to patient information at the bedside as well as providing valuable data for monitoring patient outcomes over time.

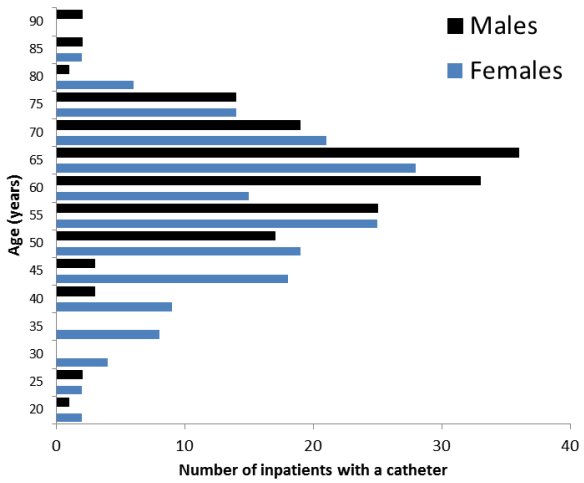

Fig 1. Age distribution of inpatients with a catheter

Catheter Patients

The average age of inpatients admitted to a ward in November and December 2014 was 59 years. The average age of a patient requiring a catheter assessment was 60 years for males and 63 years for females (Fig 1). The majority of patients requiring catheters are admitted to the BMR and Surgical Oncology Units (Fig 3.). The majority of patients admitted to the CCU also required a catheter assessment (4 out of 5 patients)

Catheter Assessments

Data presented here are based on the new catheter assessment forms introduced. These data may be transitional for some patients who were initially assessed using the previous system and as wards transition to the new system. These analyses should therefore be considered purely provisional as a demonstration of the type of analyses possible using this new data system.

Between November and December last year, 2,400 patients were admitted as inpatients to The Christie. 331 of these patients (158 males, 173 females) had a catheter and required a catheter assessment. 3,400 electronic catheter assessments were completed over this period for these patients.

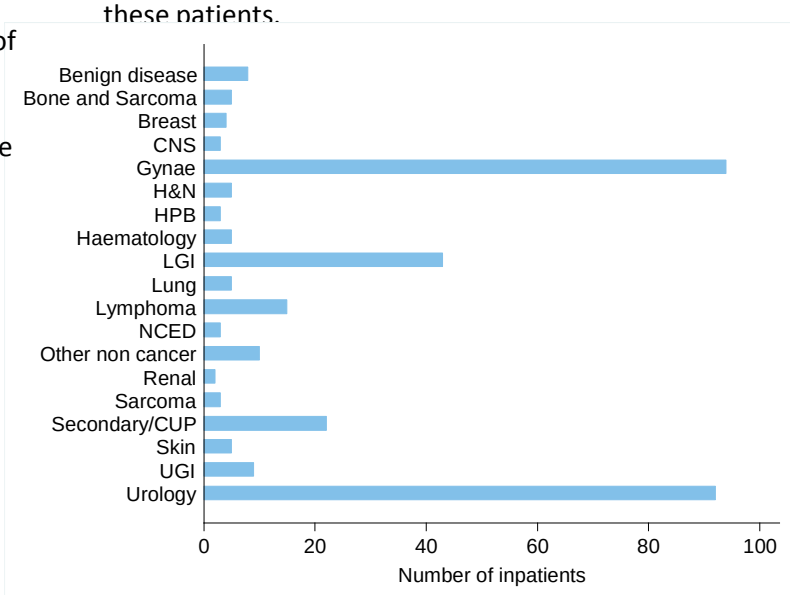

Fig 2. Number of inpatients with a catheter by diagnosis

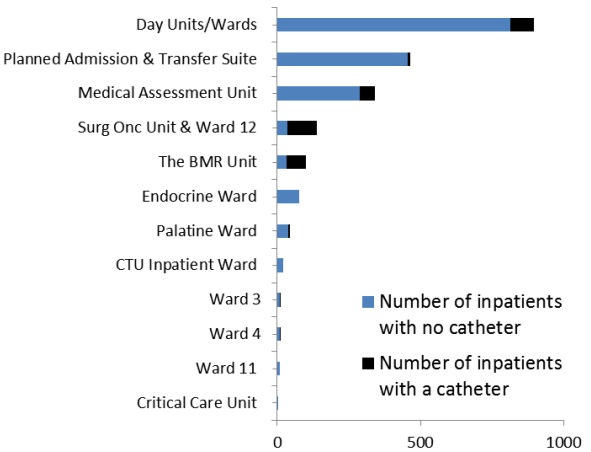

Fig 3. Number of inpatients with a catheter by ward. NB patients have been counted only once, therefore patients with more than one admission during this period have been included under the first ward admitted to.

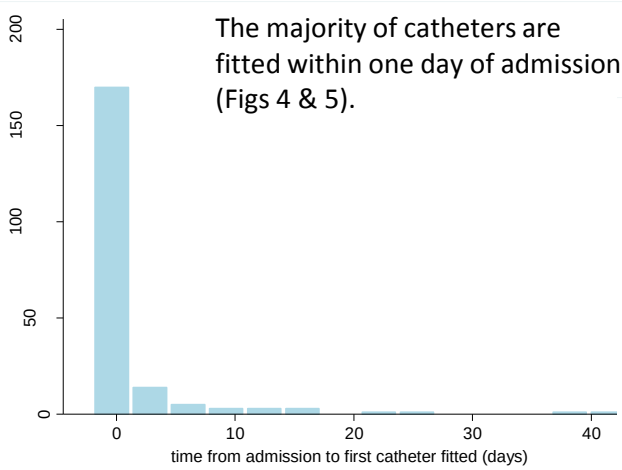

Fig 4. Time from admission to first catheter fitted (excludes patients admitted to ward with catheter already in situ, patients admitted to Day Units/Wards and other day case patients)

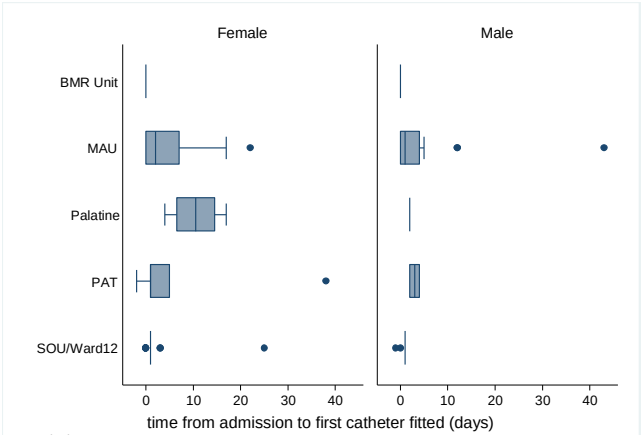

Fig 5. Time from admission to first catheter fitted by ward and gender (excludes patients admitted to ward with catheter already in situ, patients admitted to Day Units/Wards and other day case patients) PAT = Planned admission and transfer unit, MAU = Medical assessment unit, SOU = surgical oncology unit, BMR = Brachytherapy and Molecular therapy unit

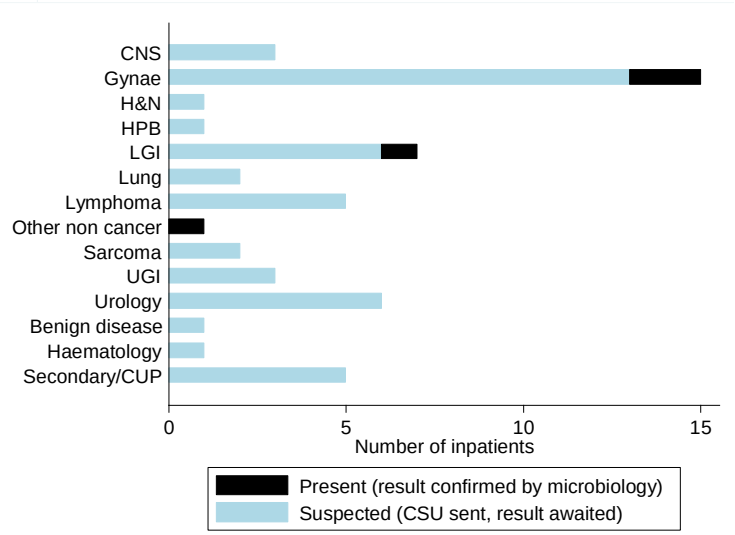

Fig 6. Number of patients with a suspected or confirmed urine infection by disease group and gender

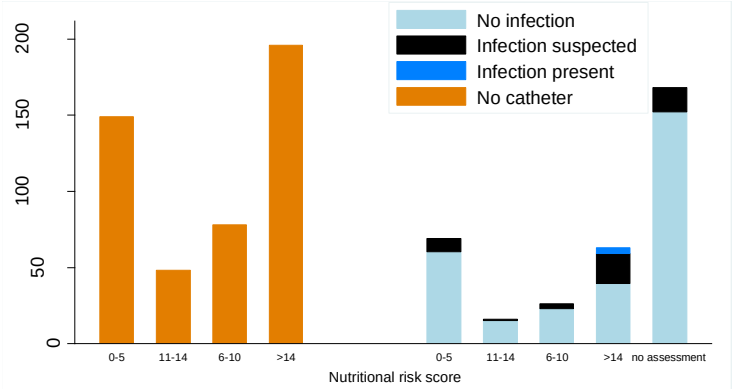

Fig 7. Nutrition scores for patients with and without a catheter. Nutrition risk scores are categorised. Patients with a nutrition risk score > 14 are referred to a dietician.

Urine infections

53 (16%) patients assessed during this period were suspected to have a urine infection and tested (Fig 6). Four patients have been confirmed to have a urine infection. There was no clear relationship between risk of urine infection and age or diagnosis but gender may be a factor that should be assessed further.

Nutrition risk scores

New electronic forms for carrying out nutritional risk assessments were introduced in December 2014. Nutrition risk scores were compared for patients with and without catheter assessments in December. There was no clear relationship between having a catheter and nutrition risk score (Fig 7) but there may be some association between risk of a urine infection and nutritional risk scores for patients with a catheter that also requires further investigation.

Diagnosis has been taken from the catheter assessment form where a cancer diagnosis has been recorded or if no cancer is currently present. Where not recorded we have used the CWP diagnosis and stage (DS) forms which are completed for patients seen in outpatient clinics.. Where clinician entered DS forms are not available COU abstraction forms are generated by the COU which provide limited disease and stage data.

For more information please contact the Clinical Outcomes Unit at clinicaloutcomesunit@christie.nhs.uk