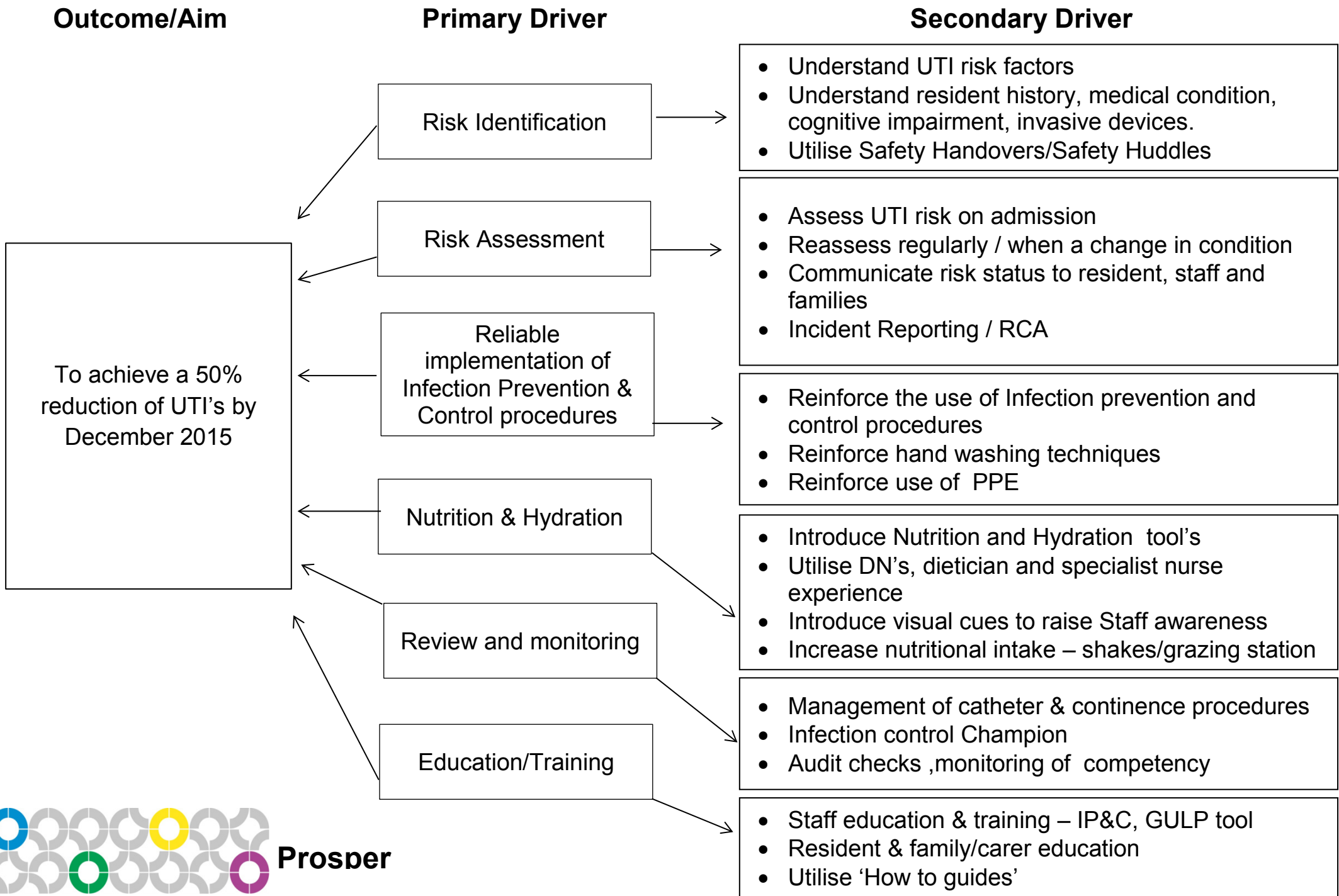


Prosper: UTI- Driver Diagram



Prosper: UTI– Driver Diagram

Primary Driver	Secondary Driver	Key ideas for change (PDSA)
Risk Identification	<ul style="list-style-type: none"> • Understand UTI risk factors • Understand resident history, medical condition, cognitive impairment, invasive devices. • Utilise Safety Handovers/Safety Huddles 	<ul style="list-style-type: none"> • Educate staff, residents and families on UTI factors • Utilise resident and carer information leaflets • Engage with multidisciplinary teams to identify those at high risk • Look at the residents medical condition, do they have a cognitive impairment, continence issues, Neurological conditions such as Parkinson s or Alzheimer’s, Diabetes. • Set a clear aim for reducing UTI’s • Utilise safety handovers / SBAR approach/ Safety Huddles • Review documentation – Nutritional and fluid intake tools, weight recording • Is there an invasive device i.e. Catheter
Risk Assessment	<ul style="list-style-type: none"> • Assess UTI risk on admission • Reassess regularly / when a change in condition • Communicate risk status to resident, staff and families • Incident Reporting / RCA 	<ul style="list-style-type: none"> • Incorporate into pre admission assessment • Use a nutritional screening tool i.e. MUST • Monitor compliance with completion of risk assessments & nutritional screening tool, aim for 100% compliance • Consider feasibility of visual communication processes to identify residents at risk: red tray in room, coloured placemats, pictures on resident door • Verbal communication – incorporate residents at risk in safety handovers • Develop monitoring/feedback and learning loop • Develop weekly reporting process to identify resident harms, including those at risk of UTI • Develop Rout cause analysis process following a UTI to identify links/causes

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Primary Driver	Secondary Driver	Key ideas for change (PDSA)
<p>Reliable implementation of Infection Prevention & Control procedures</p>	<ul style="list-style-type: none"> • Reinforce the use of Infection prevention and control procedures • Reinforce hand washing techniques • Reinforce use of PPE 	<ul style="list-style-type: none"> • Identify Infection Prevention and Control champions • Identify Nutrition and Hydration champions • Reinforce the use of infection prevention and control procedures • reinforce hand hygiene procedures • utilise visual hand hygiene posters • Make sure the appropriate people are aware of any changes in residents i.e staff, seniors, nurses, district nurses • Utilise staff handovers/ safety huddles • Work in partnership with residents, families to reinforce the importance of infection prevention <p>Incontinence</p> <ul style="list-style-type: none"> • Use Skin and Safety Walk around to encourage use of toilet, catheter care, check to meet resident’s hygiene needs. • Manage continence care effectively • Manager Catheter care effectively • Make sure samples from Catheters are taken from the correct outlet and not the bag. • Make sure PPE is used and protocol correctly followed
<p>Nutrition & Hydration</p>	<ul style="list-style-type: none"> • Introduce Nutrition and Hydration tool’s • Utilise DN’s, dietician and specialist nurse experience • Introduce visual cues to raise 	<ul style="list-style-type: none"> • Introduce nutrition and hydration tools (Gulp , MUST tool) to monitor nutritional and fluid balance. • Use prompts that alert staff to support residents with fluid intake, at risk of malnutrition, require assistance at meal times i.e red tray in room, coloured placemats, picture on

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Primary Driver	Secondary Driver	Key ideas for change (PDSA)
	<p>Staff awareness</p> <ul style="list-style-type: none"> • Increase nutritional intake – shakes/grazing station 	<p>door.</p> <ul style="list-style-type: none"> • Introduce grazing stations/snack boxes for residents • Make sure drinks are readily available and assessable • Develop monitoring, feedback and learning loop. • Refer residents to dietician where appropriate according to risk assessment. • Utilise Safety Walk around to introduce prompts such as ‘would you like a drink? Can you reach your drink?’ • Make sure residents on fortified supplements receive their drinks. • Make sure oral hygiene needs of residents are met. • Make sure staff know understand the importance of Nutritional and Hydration screening tools and assist with their education/competency • Make sure staff know the importance of weight recording and action to be taken. • Work in partnership with residents, families to reinforce the importance of fluid/nutritional intake • Know how to contact the specialist services such as dieticians if required • Make sure the skills, knowledge and competency of your team are up to date.
<p>Review and monitoring</p>	<ul style="list-style-type: none"> • Management of catheter & continence procedures • Infection control Champion • Audit checks ,monitoring of competency 	<ul style="list-style-type: none"> • Make sure the skills, knowledge and competency of your team are up to date. • Review risk assessments monthly or more frequently if residents condition changes i.e. prescribed antibiotics, has an indwelling device, catheter • Develop clarity about frequency of UTI’s and explore any

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Primary Driver	Secondary Driver	Key ideas for change (PDSA)
		<p>themes, links, Other residents in adjoining rooms with UTI's, reduction in fluid intake etc.</p> <ul style="list-style-type: none"> • Introduce an infection control champion on the floor to check compliance with procedures
Education/Training	<ul style="list-style-type: none"> • Staff education & training – IP&C, GULP tool • Resident & family/carer education • Utilise 'How to guides' 	<ul style="list-style-type: none"> • Utilise formal and informal learning opportunities to educate your staff • Consider 10 min power training sessions for care staff on duty – nutritional intake, IP&C • Utilise E-learning • Educate families and staff to recognise the early signs of possible UTI's and what to do next i.e encourage more fluids than usual, call the community matron following the UTI guide poster • Use resident stories to educate, motivate and inspire staff. • Provide residents and families with information about UTI risk, nutritional/fluid advice on admission or change in their condition • Educate residents and families on how they can help prompt residents with fluids. • Work with residents and families as co-partners in care • Review and update IP&C and Nutrition and hydration guidance • Introduce incident reporting and RCA process for all UTI's, use for knowledge and learning loops.

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Resources

<http://www.mhlec.org/support/resources/prosper/urinary-tract-infection-resources> Urinary Tract Infection guidance issued by North Essex CCG's