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Junior Doctors Quality Improvement Journey

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My improvement journey

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Interdisciplinary communication around catheterisation on a surgical ward

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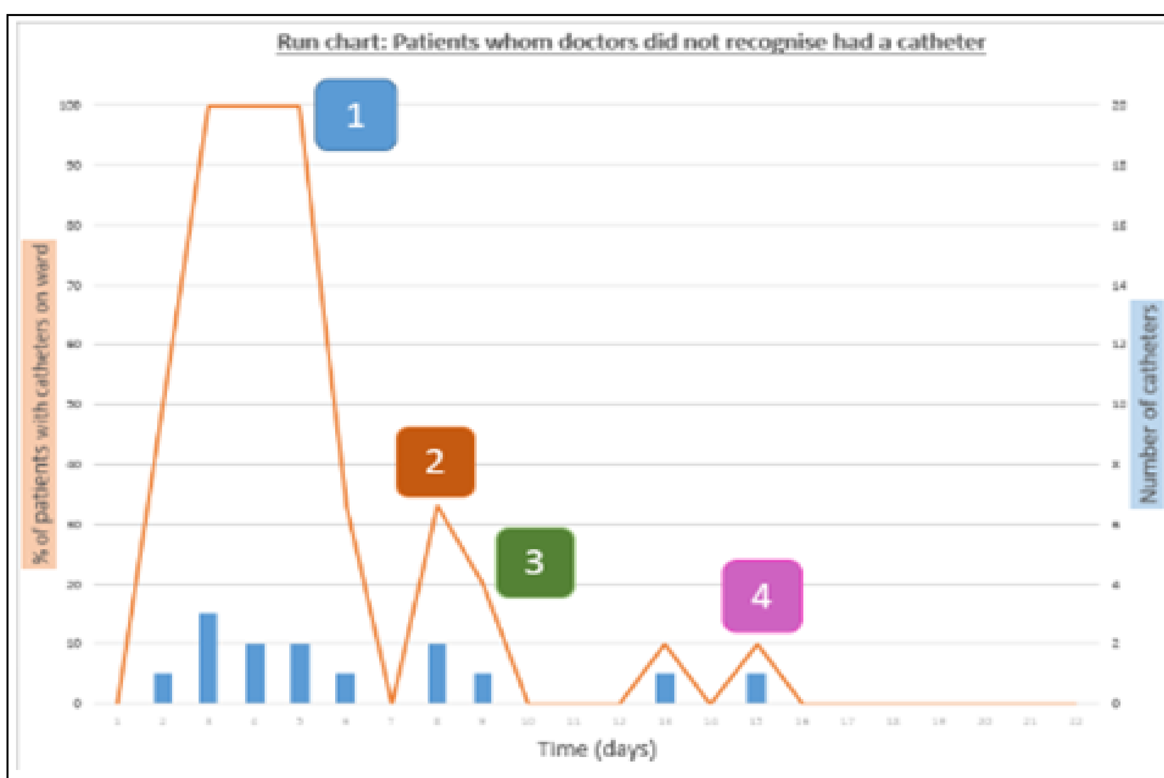
Improvement aim

To reduce the number of patients who have a catheter in situ that their doctor is unaware of to none.

If this is achieved, one part of the process map will become more efficient; this should hopefully assist in reducing the overall duration of catheterisation.



Initial problem:

Doctors are failing to recognise which of their patients have catheters in place. This means catheters are left in too long, resulting in preventable infection, morbidity and mortality.

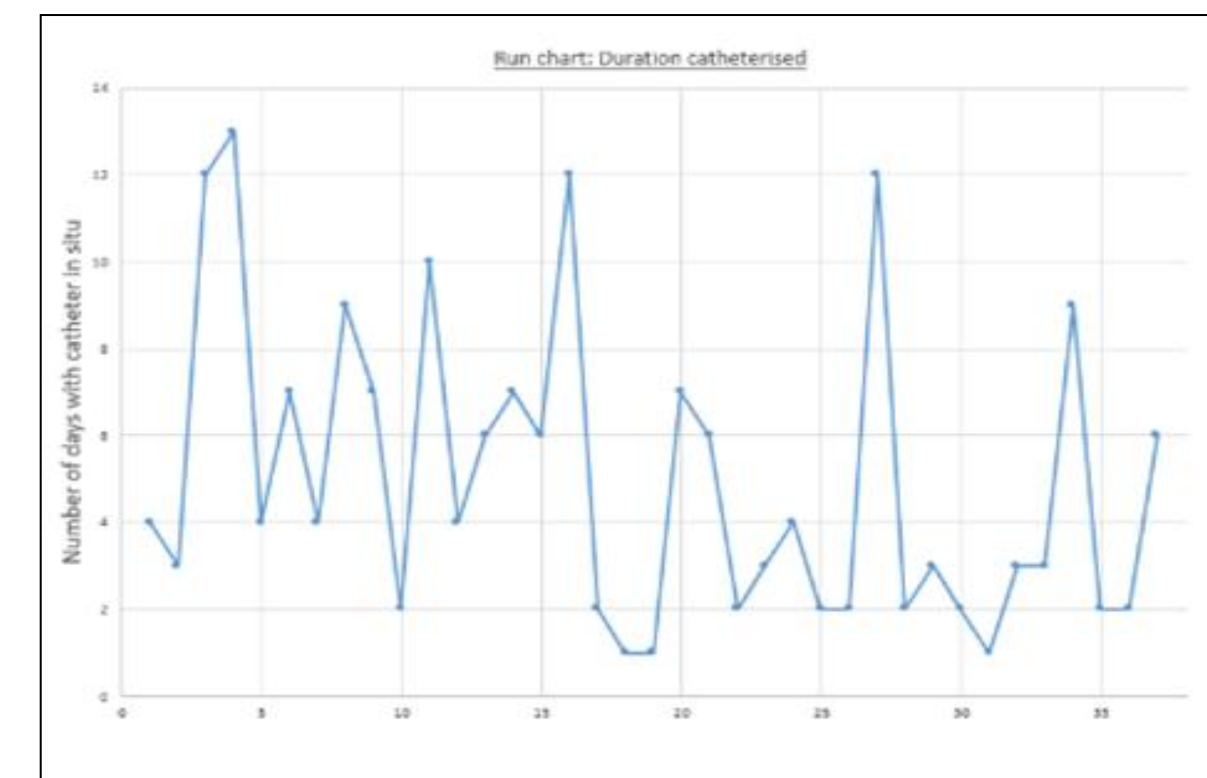
Evidence base

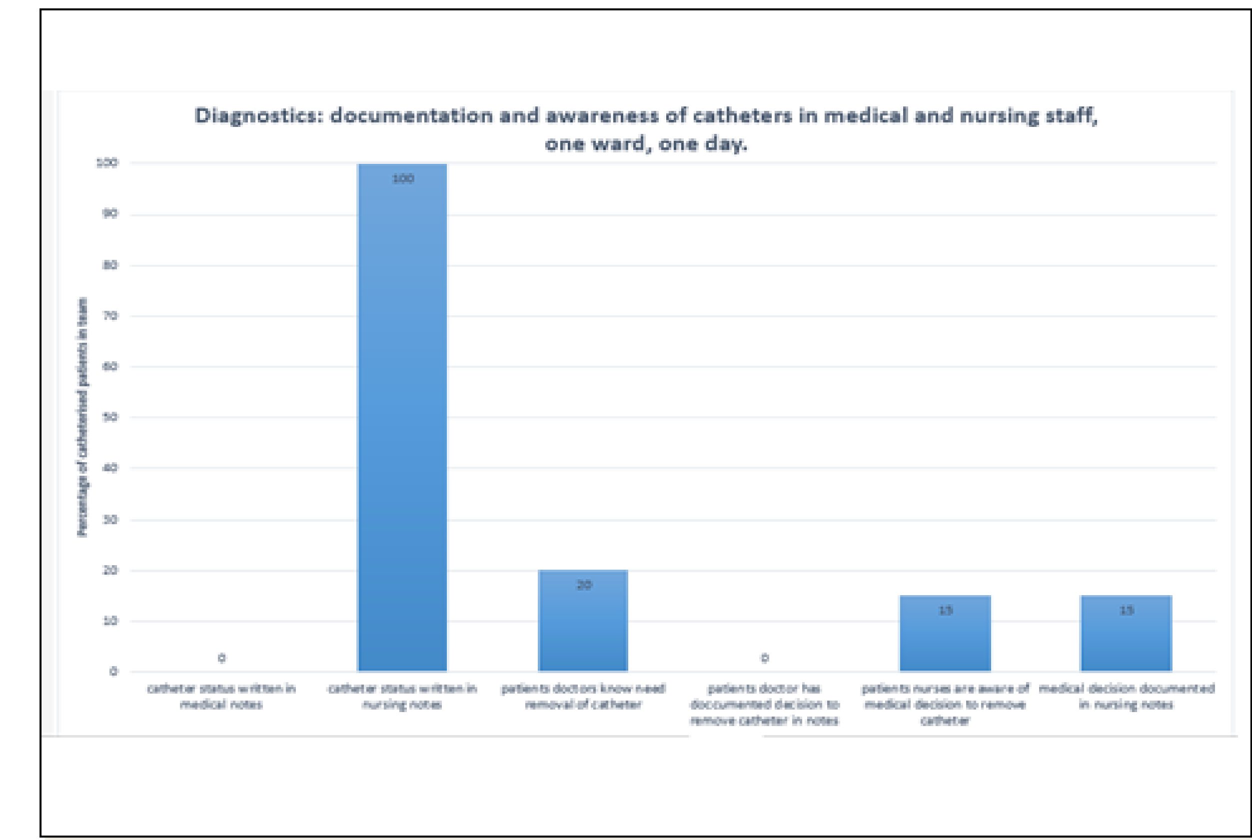
- **No local evidence** relating to catheters in the surgical directorate at all.
- **Qualitatively** a big 'gripe' amongst surgeons that catheters are left in for too long.
- **Some published evidence internationally** relating to this problem: *A Reminder Reduces Urinary Catheterization in Hospitalized Patients' Saint et. al.,* Joint Commission Journal on Quality and Patient Safety, Volume 31, Number 8, August 2005, pp. 455-462(8)

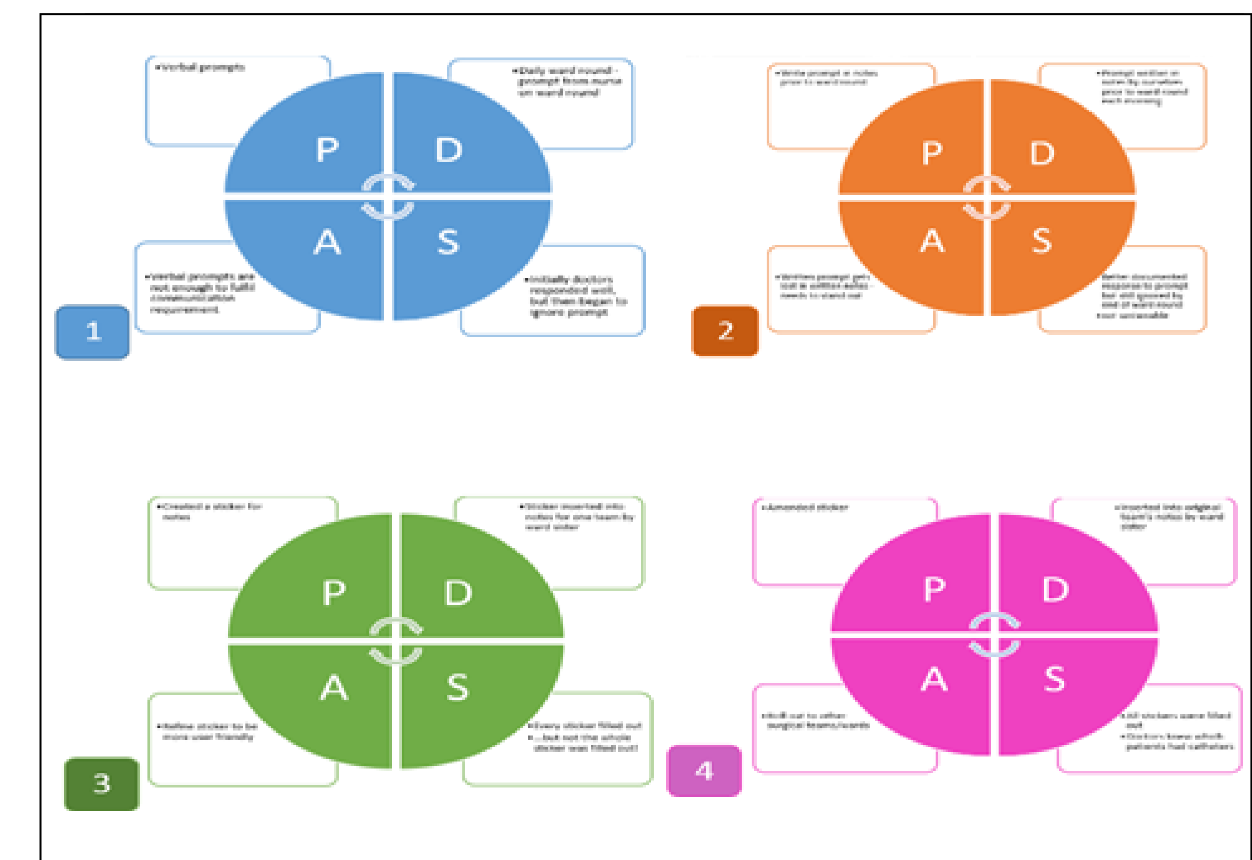
Baseline measure

Short term **process measure:** Ask doctors "Which of your patients have a catheter in today?" at 4pm each day and measure the accuracy of their response. Record mentions of catheter status in medical notes.

Longer term **outcome measure:** record the total duration catheters are in situ.







Reflections/learning

Qualitatively, all staff feel **communication is improved.**
Process measure (doctor awareness) showed improvement, but outcome measure (duration of catheterisation) is currently unaffected by intervention.

Likely that most important factor is within the second step of the process map – but making steps later in the map more efficient hopefully will make subsequent adjustments on earlier steps more effective.

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