

Scottish Urinary Tract Infection Network Newsletter September 2017



Hello and welcome to the 3rd SUTIN newsletter.

Over the last three months, SUTIN has been focussing on the launch of the National Catheter Passport (NCP) which will be included as part of the new national catheter contract at no cost to stakeholders.

At the moment, we are working with colleagues in National Procurement

around distribution pathways to ensure that this document is available with the catheter to ensure maximum use. Although there have been some delays with the contract, we are hopeful that the NCP will be out within the next month.

In the fight to prevent urinary tract and blood stream infections, members of SUTIN have also been involved with the preparation of a National Hydration Campaign. This Campaign outlines the benefits of being well hydrated: reducing the risk of falls, of pressure ulcers and of constipation as well as UTI. We will update you on progress with the Campaign in future newsletters.

This quarter, the SUTIN newsletter focuses on the ScRAP UTI Programme which aims to support prescribers around unnecessary antimicrobial prescribing.

It's always good to hear from you and you can contact us at NSS.ScottishUTINetwork@nhs.net.

I look forward to hearing from you.

Lesley Shepherd
Chair, SUTIN Board

A handwritten signature in black ink that reads "Lesley Shepherd".

What is ScRAP?

The Scottish Reduction in Antimicrobial Prescribing Programme is an 'off the shelf' educational toolkit launched in 2013 to support a reduction in unnecessary antibiotic prescribing.

The relaunch in 2017 saw the extension of resource from self-limiting respiratory tract infections to include UTI.

The UTI sessions provide bitesize learning sessions (of approx 30 minutes) under the following three headings:

- Uncomplicated.
- Complicated (Older People, Men, Catheterised).
- Recurrent UTI.

The toolkit also contains audit templates, good practice examples and links to useful clinician and patient resources.

How does ScRAP improve UTI diagnosis and management?

Retrospective auditing of UTI management across a cohort of patients in primary care identified:

1. A need to improve consistency of assessment, recording of signs and symptoms and consideration of differential diagnosis:

- 50% of notes had inadequate symptoms recorded to support UTI diagnosis.
- 40% of cases had no recorded prescriber contact with patient (phone / person).

2. A need to improve understanding of when to use urine testing:

- Up to 30% of patients had unnecessary dipsticks, mainly in the elderly (where diagnosis should be made on clinical assessment due to risk of asymptomatic bacteriuria in up to 50%).
- Up to 40% did not have culture and sensitivities done where guidance recommended they should have if symptomatic.

3. A need to increase use of alternatives to antibiotics eg. self-management / delayed prescribing.

4. A need to support delivery of prevention advice eg. hydration.

ScRAP is focused on improving these four elements across the three sessions.

The sessions start by asking participants to reflect on current practice, either through process mapping or case discussion.

Information is then presented to the participants on the recommended diagnosis and management pathways.

Finally, participants are encouraged to identify improvements they can make and apply quality improvement (QI) methodology to this.

Scottish Urinary Tract Infection Network (SUTIN) Newsletter

Contact NSS.ScottishUTINetwork@nhs.net Find out more at: <http://www.hps.scot.nhs.uk/haic/sutin.aspx>

Who can benefit from using ScRAP?

As the principles of good UTI diagnosis and management apply widely, these sessions can be of use in a number of settings.

Reflections following participation from a GP practice and a care home are included below:

Interview with Sister Christine Stuart, Practice Nurse, Crail Medical Practice, Glasgow

What have you changed as a result of participating in this?

Since undertaking ScRAP, our practice now carries out more appropriate management of reported urinary symptoms. This has involved focusing more on assessing these symptoms rather than dipping urines as the starting point. Urine samples are now only requested from patients if the clinical assessment and diagnostic guidance suggests this is required.



Sister Christine Stuart, Practice Nurse, Crail Medical Practice, Tollcross.

What impact do you think it has had?

This has improved the 'patient journey' and reduced the number of urine samples that are being handed into the practice inappropriately. It has also helped to reduce unnecessary workload as well as avoid unnecessary antibiotic treatment.

Interview with Liz Farnell, Care Development Manager, Oakview Manor Care Home, Pollokshields

What have you changed as a result of participating in this?

Since the UTI session, we have seen a large reduction in UTI antibiotic prescriptions for our residents. Within three days of the session, we had stopped using dipsticks for the diagnosis of UTI. Now, when patients present with dark and smelly urine - symptoms that previously we would have treated as a UTI - we start a fluid balance chart and focus on increasing fluid intake for the first 24 hours. The reason for the fluid balance chart is recorded on the chart by a senior member of staff to ensure all staff understand why it is important to reach or exceed the fluid volume target.

After 24 hours, if the patient is deteriorating, staff will take a mid-stream sample of urine (MSSU) and contact the patient's GP. However, there have been very few occasions that this was required.

What impact do you think it has had?

All of the staff have been supportive of the change in procedures relating to residents with urinary symptoms. As a result, we feel that we have greatly improved the patient care we deliver to our residents. The changes have saved money on the purchase of dipsticks and reduced GP time. Most importantly, early signs of dehydration are acted on quickly and our residents are being exposed to significantly fewer antibiotics. We are confident that this has improved patient care.

What do I need to deliver ScRAP?

1. Get everyone together who is involved in UTI diagnosis and management in your setting.

2. Protect around an hour for each session: although designed to last around 30 minutes, this will vary depending on participants and so leaving time at the end to 'action plan' is recommended.
3. Identify someone to facilitate your discussion: it doesn't matter too much who this is since the materials are provided for you.
4. Access the toolkit on the NES website: [http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/scottish-reduction-in-antimicrobial-prescribing-\(scrap\).aspx](http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/scottish-reduction-in-antimicrobial-prescribing-(scrap).aspx)
5. Read through the 'ScRAP support pack' to familiarise yourself with the aim and layout of the sessions.
6. Access the relevant sessions and print copies of any recommended diagnostic algorithms.
7. Enjoy the learning and discussion!



Staff at Oakview Manor Care Home, Pollokshields.