

University Hospitals of Leicester NHS Trust
Renal Services & Urology Directorate

Report on Urology Emergency Admissions Project

Written by Clair Riddell
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Brief description of scheme and its aims

The Allan Brooking Fellowship grant funded the travel expenses for two nurses to visit other units that specialise in urology emergency admissions. The aim of the project was to review and streamline the urology emergency admissions process offered within the University Hospitals of Leicester NHS Trust.

Working closely with the Leicester PCT's, we aimed to reduce the number of inappropriate emergency admissions by education of community nurses and by implementing admission protocols for the admitting doctor/nurse. We already had provisional agreement with the Charnwood and North West Leicester PCT to undertake a trial of managing patients with acute retention in the community, rather than sending them into hospital.

By visiting other centres of excellence, we hoped to share good practice and gain new ideas of innovative ways of working and maximise the efficacy of the department and review the documentation utilised.

This project was aimed at improving the patient experience, enabling the unit to receive appropriate referrals, therefore providing a more efficient service and improving throughput and quality.

Method

In order to get a baseline of activity and understand the issues faced with the current area, the initial task was to undertake a 3 month audit of admissions; looking closely at types of referrals, source of referral and overall numbers. I was then able to look at the patient groups, which made up the largest numbers and start to target the 2 main conditions, which contributed to the large number of referrals received. This was acute retention of urine and renal colic.

Audit Results

Reason for admission

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Loin Pain	288	35.2	35.2	35.2
Urine Retention	142	17.3	17.3	52.5
Testicular Pain	77	9.4	9.4	61.9
Haematuria	93	11.4	11.4	73.3
Block catheter	46	5.6	5.6	78.9
Catheter changed	30	3.7	3.7	82.5
Readmission	7	.9	.9	83.4
>1 reason	18	2.2	2.2	85.6
Not documented	118	14.4	14.4	100.0
Total	819	100.0	100.0	

- Acute urinary retention = 17.3% of emergency admissions
- Loin pain = 35.2% of admissions (67% of this group were renal colic)
- Therefore renal colic = 23.5% of emergency admissions
- Total % of emergency admissions targeted = **52.5%**
- Total % of emergency admissions targeted = **52.5%** (renal colic & AUR)
- 77% of these emergency admissions are admitted to the ward =
- **40% of admitted emergency patients**

(Audit carried out over a 3-month period)

In order to ensure that the project had the backing of the directorate and the relevant expertise in change management, a project group was set up. The Project was called EURICA.

Emergency Uro-Radiology Innovative Change Agents

- Mr Paul Butterworth, Consultant Urological Surgeon
- Clair Riddell, Ward Sister, Ward 29
- Paula Vaughan, Assistant Service Manager
- Claire Maxim, Superintendent Radiographer

Project Objectives

- To reduce admissions to (Urology Emergency Admissions Unit) UEAU for patients presenting with renal colic.
- To reduce admissions to UEAU for patients presenting with acute urinary retention.
- Establish close working relationships with PCT's

Rational for project

The 2003/04 National Adult Inpatient Satisfaction Survey reported that only 69% of our patients were happy with the length of time they waited for a bed on admission to the Urology wards.

We planned to;

- revisit and modernise the emergency admission process for these patients.
- reduce the need for admission to UEAU and consequently urology wards (elective beds).
- reduce elective cancellations due to bed shortages, assisting in meeting cancer and waiting list targets

We also found that the project supported many other areas of the directorate's future plans;

The Directorate Business Plan stated that we aimed to;

- To work with PCT's to decreased admissions to UHL
- To decrease the new: follow-up ratio in outpatient clinics
- To reduce the number of follow-ups in outpatient clinics
- To reduce the number of queues for diagnostic procedures
- To reduce waiting times for diagnostic procedures
- To reduce MRSA rates by reducing the number of admissions to hospital

Supporting the 10 High Impact Changes:

- High Impact Change No 2 (improve access to diagnostics)
- High Impact Change No 4 (managing admission process to avoid elective cancellations).

Supporting the UHL 8 Pillars of Strategy:

- Delivering the fundamentals
- Playing a fuller role in the local community
- Playing our full part in Leicester, Leicestershire and Rutland Health Economy

All of which we felt that the project would assist the directorate in achieving.

How we went about changing our management of these patients.

By utilising the Modernisation Agencies work, Action on Urology, and the money received from the fellowship, we were able to look at other centres across the UK and the work that had been done on our 2 chosen conditions. We then contacted many centres and arranged to visit those, which appeared beneficial to our project aims. The most beneficial visit that we did was to Birmingham Heartlands Hospital who had implemented a Renal colic pathway, which was up and running successfully. The pathway ensured that only patients with proven stones causing symptoms were admitted to hospital as in patients, consequently reducing numbers of inappropriate admissions to urology beds and providing an effective service for patients who could be managed as an outpatient. The Eurica group worked hard on adapting the idea from Birmingham into a workable project for UHL.

We also visited Bristol and south Tee's to look at Acute retention of urine and adapted ideas from both to formulate a patient pathway for the management of this both in the community and in hospital.

From the South Tee's visit, it was evident that one of our ideas (outreach urology nurse to catheterise in community) had been piloted and abandoned due to not being cost effective, and so we did not pursue that plan.

The management of Acute retention in the community by District nurses and GP's however, appeared to be most effective, and in conjunction with our Continence Nurse specialist, Modernisation Service Manager, and the PCT's of Leicestershire, agreement was made to pilot the management of acute retention in the community by 2 out of the 3 PCT's. (APPENDIX 1) A patient information leaflet was also designed and agreed by all.

The management of acute retention in hospital was also re-designed, with agreement from A&E and the Urology emergency admissions area.

Constraints of project.

- The project met with many constraints along the way, many of which were expected and many were overcome;
- Clinical/Directorate agreement – Overcome with successful presentation of ideas.
- Agreement and participation from other UHL departments e.g. A&E, radiology - Overcome with successful presentation of ideas.
- PCT agreement - Overcome with successful presentation of ideas.
- Equipment – a new CT scanner was required at A& E in order to implement the renal colic pathway. NOT OVERCOME
- Out patient capacity in order to implement acute retention pathway. NOT OVERCOME

Disappointingly, as a result of the problems with the CT scanner at our A&E site and the inability to provide additional out patient capacity to see the Retention patients, as

yet, neither project is fully implemented, although all pathways are in place and we have agreement from all stakeholders and hope to be in a position to implement the changes as soon as these issues are resolved.

Another unexpected constraint of the project was that Gavin Crossley, Deputy Charge Nurse, who was appointed into the role of running the emergency admissions area resigned at the start of the project, leaving the area under staffed, which had an impact on achieving as many visits as we would have liked. Consequently, there is still a small amount of the fellowship monies left, for which future visits to the London Hospitals are planned.

Project Successes

The 2 PCT's have been successfully following the retention pathway in the community and a second 3-month audit has just been completed and we are awaiting results of this. We are hopeful that it will show a reduction in the number of patients admitted to hospital with acute retention of urine since the launch of the new pathway.

We are also hopeful that out patient capacity will be found very soon and the acute retention pathway for the hospital will also be launched, improving the quality for patients and reducing bed days in the acute urology wards.

We also changed the coding system to the emergency area, which will assist us in collecting accurate data in the future, and will make retrospective audits achievable.

Future Plans

- To analyse the recent audit data to prove the success of the project.
- To continue to visit other areas to look at the patient flow through the emergency area, and implement a more efficient system.
- To utilise the data collected to place a bid for adequate staffing for the area.
- To fully implement both the acute retention pathway and the renal colic pathway as soon as possible.
- To review the documentation of short stay patients.

**APPENDIX 1
COMMUNITY MANAGEMENT OF FIRST CATHETERISATION IN
ADULTS**

