Catheterisation and competency

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Definition of competency

The knowledge, skills, abilities and behaviours that a practitioner needs to practice safely and effectively to a professional standard

Storey, Howarth & Gillies
2002
Or slightly simpler!!

Competencies are about performance. How it is
  • defined
  • Acquired
  • Assessed
  • developed
Continence is one of the fundamentals of basic nursing care
RCN guidance for nurses catheter care 2012
History of catheterisation

• Documented back in the 3000 B.C

• Egyptians used metal pipes
• Foley catheter came into existence in the 1930s
  Frederick Foley

• Male catheterisation was originally deemed to be a procedure carried out by a Doctor
Urinary catheterisation

NMC (1992) published ‘the scope of professional Practice’.

This was a major step to enable nurses to extend the parameters of professional practice.
Using competencies in practice

- Can be used as a checklist to ensure that training of catheterisation covers discharge, practices, policy and pathway
Why

Whether short term or long term, catheterisation must be based on a balanced decision with more benefits than risks and patient is central to the decision making.
Influencing documents

RCN
NMC

Skills for health 2008
Knowledge skills framework

The healthcare Quality strategy for NHSScotland 2012

EAUN 2012 catheterisation indwelling catheters in adults
Health Care Strategy 2010

Triple aims

- Patient centred – partnership with the patient
- Safe – no avoidable injury or harm
- Effective – appropriate treatments, interventions at the right time
NMC standards for competence
4 domains
• Professional values
• Communication and interpersonal skills
• Nursing practice and decision making
• Leadership, management and team working
Catheterisation and competency

Competency must include
- Planning
- Delivering
- Reviewing
- maintaining
In house training

Post reg
• Clinical skills pack
• Local policy

Issue
Challenge is variability in training and practice. Focus of training is on knowledge and skills required to catheterise
Clinical governance

Adherence to good practice could prevent 15-30% of HCAIs

Competence of staff is critical
• To reduce risks
• Ensure appropriateness
• support
• Cost effective
Developing a competency

• Detailed analysis is required to identify required competency and appropriate people

• Training is critical to develop staff competence

• Training is also important to maintain competence
National operational standards

• Written to measure performance outcomes

• Describe how a function should be carried out

• Competencies do not apply to diseases or conditions
Catheterisation and competency

- National operational Standards have been developed between RCN and skills for health (2008)

- Statements of competence describing good practice in bowel and bladder care
What are National Occupational Standards?

- Provide managers with a tool for workforce management and quality control
- Improve quality of service
- Provide clear goals for structured learning and define learning outcomes
How National Occupational Standards can be used in Practice?

• Individual development and appraisal
• Team development
• Service design
• Evidence gathering for KSF outlines
• Measurement and evaluation of care
<table>
<thead>
<tr>
<th>CC01</th>
<th>assess bladder and bowel function</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCO2</td>
<td>Insert and secure urethral catheter</td>
</tr>
<tr>
<td>CC03</td>
<td>care for individuals with urethral catheters</td>
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<tr>
<td>CC04</td>
<td>manage suprapubic catheters</td>
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<tr>
<td>CC05</td>
<td>undertake a trial without catheter</td>
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<tr>
<td>CC06</td>
<td>enable individuals to carry out intermittent catheterisation</td>
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<tr>
<td>CC07</td>
<td>review catheter care</td>
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<tr>
<td>CC08</td>
<td>care of individuals using containment products</td>
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<tr>
<td>CC09</td>
<td>enable individuals to effectively evacuate their bowels</td>
</tr>
<tr>
<td>CC10</td>
<td>assess residual urine by use of portable ultrasound</td>
</tr>
<tr>
<td>CC11</td>
<td>implement toileting programmes for individuals</td>
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</tbody>
</table>
Skills for health

- Gives an overview of standard
- Knowledge and understanding required
- Performance criteria
National Occupational standards

Mapped against and linked to NHS KSF Dimensions.
Assessing Competency

Clinton et al 2005 conclude that no gold standard exists for measurement of clinical competence

• Mentors require training to ensure that they are competent assessors

• There are issues of subjectivity leading to bias
How do we measure effectiveness?

• A training needs analysis tool can measure the nurses level of knowledge before and after the training (course)

• A competency framework allows individuals to gather evidence to demonstrate competency
Novice to expert model
Benner 1984

- Identify performance levels
- Write performance criteria
- Declaration of competency
- Record of learning
Patient with a long term catheter

- Education of patients, carers, healthcare workers
- Assessing the need for catheterisation
- Catheter drainage options
- Catheter maintenance
Analysis of surgical nurses knowledge of catheter management – NHS Tayside

Asked 12 questions

• How do nurses update their knowledge
• Do they consider other options prior to catheterisation
• Information given to patient and carer
• Information to community staff on patient discharge
• Is ongoing care documented/follow up?
Results so far – data collection not complete

• 41 nurses carry out urinary catheterisation only 19 have attended a clinical skills training

• 32 out of the 41 nurses report no formal review of practice to assess competence level
• 13/41 nurses reported that they did not consider other options prior to catheterisation

• Trust information leaflet is not used available in all wards
What next

- Once analysis complete, results will inform the team of the requirements for the redesign of the catheter skills training programme

- This new programme will be for pre and post registered nurses

- It will bridge the gap between education, practical skills and competence
‘proper standards of care lie at the heart of protecting patients’

Frances inquiry final report 2013

Patient experience must be central to how we respond to the quality assurance mechanisms in the systems that track the delivery of targets