

Dr Jim Livingstone
Director of Safety, Quality and Standards



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

AN ROINN
**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O
**Poustie, Resydènter Heisin
an Fowk Siccar**

Rapid Response Report

Subject:

Minimising risks of suprapubic catheter insertion (adults only)

For action by:

Chief Executive, HSC Board
Director of Commissioning, HSC Board
Chief Executives, HSC Trusts for cascade to:

- *Medical Directors*
- *CSCG leads*
- *Junior Doctors*

Chief Executive RQIA for cascade to:

- *Independent hospitals and clinics*

For Information to:

- Chief Executive, Public Health Agency
- Director of Public Health, Public Health Agency
- Director of Nursing, Public Health Agency
- Director of Primary Care, HSC Board
- Director of Performance Management & Service Improvement, HSC Board
- Assistant Director of Performance Management, HSC Board
- Directors of Nursing, HSC Trusts
- Professor David Woolfson, Head of School of Pharmacy, QUB
- Professor Linda Johnston, Head of Nursing & Midwifery, QUB
- Professor Hugh McKenna, Head of Life and Health Sciences, UU
- Dr Owen Barr, Head of School of Nursing, UU
- Professor Paul McCarron, Head of School of Pharmacy, UU
- Staff Tutor of Nursing, Open University
- Director, Safety Forum

Summary of Contents:

The purpose of this Circular is to highlight the risk of harm to patients from suprapubic catheter insertion

Enquiries:

Any enquiries about the content of this Circular should be addressed to:

Safety & Quality Unit
DHSSPS
Room D2.4
Castle Buildings
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BELFAST
BT4 3SQ

Tel: 028 9052 2239

qualityandsafety@dhsspsni.gov.uk

Circular Reference: HSC (SQSD) 55/09

Date of Issue: 13 August 2009

Related documents

<http://www.npsa.nhs.uk/nrls/alerts-and-directives/rapidrr/suprapubic-catheter/>

Superseded documents

N/A

Status of Contents:

For completion of actions and assurance template by 29 April 2010

Implementation:

Ongoing

SQSD material can be accessed on:

<http://www.dhsspsni.gov.uk/index/phealth/sqs.htm>

Working for a Healthier People

Chief Medical Officer Group



INVESTOR IN PEOPLE

Dear colleagues

MINIMISING RISKS OF SUPRAPUBIC CATHETER INSERTION (ADULTS ONLY)

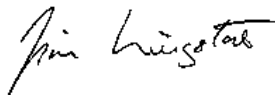
Suprapubic catheterisation is a common procedure and is not always seen as a high-risk procedure, but risks do include injury to the intestine and haemorrhage due to perforation of vascular structures in the pelvis. A number of incidents have been identified by the National Patient Safety Agency highlighting the risk of harm to patients from suprapubic catheter insertion.

The content of the attached circular at Annex A has been reviewed by relevant professional colleagues in the Department and approved for regional dissemination.

I would ask you to bring this to the attention of relevant practitioners and key health and social care staff (including doctors in training who are currently rotating posts) within your organisation. They should consider the best practice for their setting and take appropriate steps to minimise the risk to their patients of a similar incident.

I would draw your attention to the attached 'assurance template' which it has been decided to implement as a means of recording the response from the Trusts and Board in circumstances where SQS Circulars require action to be taken by a given date.

Yours sincerely

A handwritten signature in black ink, appearing to read "Jim Livingstone". The signature is written in a cursive, slightly slanted style.

Dr J F Livingstone
Director, Safety, Quality & Standards

MINIMISING RISKS OF SUPRAPUBIC CATHETER INSERTION (ADULTS ONLY)

Issue

1. Urinary bladder drainage using an indwelling urethral catheter is necessary in a wide range of clinical situations. Suprapubic catheterisation should be used when urethral catheterisation is contraindicated or where it is technically not possible to relieve urinary retention in both acute and chronic conditions. In addition, suprapubic catheterisation may be chosen to improve patient comfort, dignity or convenience, and to prevent complications such as catheter-induced urethral injury, e.g. in patients with neurological disease or diminished genital sensation.
2. Suprapubic catheterisation is a common procedure (in both elective and emergency situations) which may be undertaken by a range of clinicians in a variety of settings. It is not always seen as a high-risk procedure, but risks do include injury to the intestine and haemorrhage due to perforation of vascular structures in the pelvis.

National Context

3. The NPSA Reporting and Learning System has identified three incidents of death and seven causing severe harm from suprapubic catheter placement between September 2005 and June 2009, nine of which involved bowel perforation. There were also 249 other incidents reported relating to suprapubic catheters causing lesser degrees of harm.
4. A survey of British urologists carried out in 2003 by the British Association of Urological Surgeons (BAUS), found that one third of respondents had experienced suprapubic catheter-associated bowel perforation in the past 10 years and some of these had a fatal outcome. A national audit is now underway by BAUS to provide further data on complications associated with this procedure.
5. There are currently no national guidelines on the insertion of suprapubic catheters. However, BAUS is now committed to developing formal guidelines, including training standards and competencies, which can be applied by local organisations. In the meantime, key aspects of safer practice have been identified by experts in the field and are set out in NPSA's supporting information. These include raising awareness among clinical staff of indications and contraindications for this procedure; techniques for safe insertion (using ultrasound where possible); and careful monitoring of patients after the procedure. Organisations also have a responsibility to ensure that staff are trained and competent in insertion of suprapubic catheters; that

facilities are adequate (including access to ultrasound); and that local protocols include issues such as the involvement of, and follow-up by, urology teams.

Local Context

6. In order to minimise the risks of suprapubic catheter insertion medical directors in acute and community hospitals (including independent hospitals and clinics) should ensure that:
 - Information about the risk of this procedure is immediately distributed to all staff who may insert or request the insertion of a suprapubic catheter;
 - A named lead for training is identified and a training plan developed;
 - Local guidelines/policies are reviewed or developed in the light of this report and forthcoming BAUS standards;
 - Ultrasound is used wherever possible to visualise the bladder and guide the insertion of the catheter. There should be ultrasound machines available in the relevant areas and staff trained in their use; and
 - Local incident data relating to suprapubic catheterisation is reviewed, appropriate action is taken and staff are encouraged to report further incidents and to take part in the BAUS national clinical audit.

Action Required

7. You will wish to bring the contents of this document to the attention of staff, particularly those involved in governance and risk management within your organisation. Organisations need to be aware of this best practice circular in order to assist in complying with the Quality Standards for Health and Social Care –
 - Criteria 4.3(i) and 5.3.1(a) (the appropriate management of risk);
 - Criteria 4.3(m) (identify training and development needs)
 - Criteria 5.3.3(f) (implementation of evidence-based practice through guidance), and
 - Criteria 8.3(l) (effective communication and information)
8. HSC Trusts should take immediate action to implement this Rapid Response Report as outlined in paragraph 6 above by **29 April 2010**. Trusts should provide assurance on this action to the HSC Board by completing **Section 2** of the attached template.
9. The HSC Board should complete **Section 1** of the attached assurance template and forward to the Department by **27 May 2010**.

SQS CIRCULARS: ASSURANCE TEMPLATE FOR HSC TRUSTS

Circular number: HSC (SQSD) 55/2009 For Implementation by: 29/04/2010

(Section 2 is to be completed by HSCT and forwarded to HSCB for consideration. Section 1 should then be completed by HSCB and forwarded to DHSSPS)

SECTION 1:

To: Director, Safety, Quality & Standards Directorate, DHSSPS

I note the response from the Trust and –

I can confirm that the HSC Board is content the action(s) taken referred to in Section 2 below, complies with the requirements of the above circular.

I can confirm that the HSC Board is monitoring compliance with the above circular and has requested that further action is taken as follows:

I confirm that the Chief Executive and designated senior manager have been advised of this response and are content that it should be submitted to the Department.

Response submitted by: _____ (Name & contact details of person submitting response) on behalf of HSC Board. Date: _____

SECTION 2:

To: Chief Executive, HSC Board

I can confirm that the required actions set out in the above circular have been implemented in full by the due date.

I can confirm that the actions in the above correspondence have been partially implemented by the due date. Work is ongoing in the following areas:

I can confirm that the organisation has been unable to implement any actions of the above circular for the following reasons:

I confirm that the Chief Executive and designated senior manager have been advised of this response and are content that it should be submitted to the HSC Board.

Response submitted by: _____ (Name & contact details of person submitting response) on behalf of _____ HSC Trust. Date: _____