

Preventing Infections in Neurological Conditions (PrINCe Project)

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AIM

To reduce preventable hospital admissions and long bed stays for patients with neurological conditions experiencing UTIs and to empower patients to self-manage symptoms by developing a new model of care for early management of UTI's.

BACKGROUND

UTIs are the most common cause for emergency attendance and hospital admissions for patients with Multiple Sclerosis and Parkinson's Disease in SWL.

Models to self-manage UTIs have been implemented elsewhere in the UK and have been shown to be successful in reducing admissions, bed stays and pressure elsewhere in the service.

METHODS

The Model for Improvement framework has been used to structure this project and the first phase of this model has been implemented. Several QI tools have been used including Process Maps to define our problem statement and what we want to achieve.

We have looked at ideas that might make a difference to improve the current service delivery and have conducted a Stakeholder Analysis and subsequent engagement activities (including engaging with microbiology; pathology; the MS network; MS Nurses and patients & carers).

Data has been included to ensure we know the current situation and this data will be examined after implementing the pilot model of care to review what changes occur.

RESULTS

Data shows between 2017-2022, 595 patients were admitted with UTI's/sepsis resulting in 5,135 bed days, costing £2,233,244.

We have reviewed existing pathways/models of practice and to inform the development of a new pathway/model of delivery. Patient engagement is now underway and the results of this will inform the final model of care to be piloted.

CONCLUSIONS/RECOMMENDATIONS

On completion of the patient engagement, the next stage will be to pilot this new model of care using a PDSA cycle as outlined in the Model of Improvement framework.

Reference: *(Be bladder aware in MS: Bladder Management Pathway and Resources* [View website](#)