

678

Tay L J<sup>1</sup>, Karrouze I<sup>2</sup>, Taylor C<sup>3</sup>, Khan A<sup>3</sup>, Thompson P<sup>4</sup>

1. Rotherham General Hospital, South Yorkshire, 2. King's College Hospital NHS Foundation Trust; South Lambeth Integrated Care London, 3. King's College Hospital NHS Foundation Trust, London, 4. King's College Hospital NHS Foundation Trust

## MANAGEMENT OF THE LONG-TERM URINARY CATHETER (LTC)– INTEGRATING TERTIARY CARE WITH COMMUNITY CARE

### Hypothesis / aims of study

Long-term catheter problems are a common presentation to the emergency department and are a significant burden to the services to the National Health Service. We carried out an audit of patients presenting to emergency department with catheter problems to identify the reasons for attendance. We have introduced a urinary catheter passport as an integrated pathway, and discuss potential solutions to managing these patients in the community.

### Study design, materials and methods

Two audits were carried out in 2014 and 2015 of all patients presenting to the emergency department with a urinary catheter problem, specifically auditing reasons for presentation, time of presentation, intervention received and availability of community support.

### Results

In the initial audit (2014), 78 patients presented to the emergency department over 10 weeks, (8/week); with 42% presenting between 9-5pm. In the re-audit (2015), 130 patients presented over 15 weeks (9/week); 62% presenting within 8am-8pm. In both years, the commonest reasons for attendance were blocked catheters (47% and 23%) and catheter-bypass (23% and 17%). Of these, more than two-thirds (69%) only required their catheter to be flushed or changed. In 2014, 15% of patients required a referral to urology compared to 5% in 2015.

### Interpretation of results

The majority of patients self-attended emergency department as there was no access to a district nurse, likely because district nurses only commissioned to provide catheter care to housebound patients. In some patients, district nurses were unable to deal with the catheter problem. To improve communication and information sharing between health and social care professionals on the management of long term catheter, we introduced a urinary catheter passport, as an integrated approach. This also empowers patients to manage their own catheter. In addition, we proposed that the specialist continence team capacity to be increased, to include longer availability hours. Alternatively, district nurses can be commissioned to provide services for both ambulatory and housebound patients from 8am-8pm. Finally, we can consider commissioning '@home' or 'pal@ night' team to provide in-hours and out-of-hours catheter service within the community.

### Concluding message

We need to be aware of significant morbidity of the long term catheter and its economic burden. In our borough, over a period of one year, approximately £829,058 was spent on catheter and catheter products. Over the period of our audit in 2015 (15 weeks), £85,646 spent on catheter related hospital attendance. Patients should ideally be managed in the community with better communication between primary and acute care. This is more cost effective, allows for a better patient experience, and improves quality of care.

### Disclosures

**Funding:** No Disclosures **Clinical Trial:** No **Subjects:** NONE