Poster

Title: Developing clinical standards for patients discharged home with urinary catheters from a hospital accident and emergency department: A feasibility audit

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Introduction:

Introduction: There are currently no standards of care for patients discharged from A&E Departments in the UK on which to base an audit following Catheterisations

Aims: Audit Questions

1) What is the current care of patients admitted in the A&E Department of one hospital in Devon and subsequently discharged

2) Is there a need for standards to be developed

Methods: This prospective audit was carried out over the month of October, 2011, with the backing of the Director of A&E and the Audit Com-mittee and had the support of the Audit Team. Prior to this a questionnaire was developed by the auditor, the ma-tron of the A&E department and a Mid Grade Doctor with sub-speciality training in Urology. The questions asked can be found in the "Case Note Review" of this poster. Questionnaires were left of the catheterisation trolley for nursing staff to fill in over the month and staff were informed of the audit by the Matron. The Audit team then checked the coding of patients who had gone through the A&E department for the month and where specific coding had been documented linked to catheterisation. Finding of numbers and names were then triangulated by the Audi-tor and the Audit team. The Auditor and the Matron of the A&E then met to Audit the questionnaires and patients notes.

Results:

Patients admitted to A&E in October 2011, indentified through A&E coding and local audit

Number of patients identified from A&E Coding (Code 98/Urinary Catheterisation, Code 68/Urinary Retention	Number of patients identified through one month Prospective Audit	Number of patients existing on both lists
Number of patients40	Number of patients16	8
Number of patients admitted 28	Number of patients admitted 14	7
Number Discharged 12	Number of patients discharged 2	1

TOTAL DISCHARGED PATIENTS = 14 However due to wrong coding on 2 of the patients only 12 were identified as true catheterised patients TOTAL NUMBER OF PATIENTS AUDITED = 12

Case Note Review

Time Period	October 2011
No of records	12
Record of Catheter Type	2
Reason for Catheter	12
Training given to patient on catheter care	2
Home Pack given	0
Communication with community nurses	0
Letter to General Practitioner	2
Documentation in notes by A& E Doctors	12
Documentation in notes by A&E Nurses	0
Appointment booked for further hospital appointment	1

Conclusions: This audit has shown poor standards in post discharge catheter management in terms of:
1)Although Matron thought that staff were giving patients Hospital to Home packs there were none to be found and apparently none had been available for quite some time 2) Nurses were not training patients on catheter care 3) Nursing staff do not appear to be aware of the need for patient education/leaflets for those patients newly catheterised and they are sent home with no knowledge of how to deal with the catheter 4) There is a lack of consistency in data entry of the patients data system 5) There is no formal processes of informing GP's or Community Nurses and it can take up to 4 days for a letter to get to a GP even if the A&E department want the patient to be followed up the next day 6) The A&E staff do not appear to acknowledge the need to phone or fax general practitioners or community nurses. 7) There is a lack of documentation especially by nursing staff

Recommendations:
1) Catheter manufacturer to be contacted to deliver on going top up of free hospital to home packs
2) Information leaflets to be given to all catheterised patients on discharge
3) Urgent need for locally agreed standards and re-audit
4) Urgent need for improvement in nursing documentation
5) All staff to have access to GP and Community Nurses telephone numbers and faxes.
6) The British Association of Urological Surgeons to be asked to draw up National Standards and an audit programme

References

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2. Johnson A, Sandford and Tyndall J (2008), Written and verbal information versus verbal information only for patients being discharged from acute hospital settings to home, Cochrane Review