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**POSTER ABSTRACT****Community Intervention Team Management of Urology patients in the Community**23<sup>rd</sup> International Conference on Integrated Care, Antwerp, Flanders, 22-24 May 2023Magaret Curran<sup>1</sup>, Dorcas Collier-Hannon, Mary Burke, Aideen Byrne<sup>1</sup>: Caredoc, Carlow, Ireland

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**Introduction:** Urinary catheters are a necessary and frequent intervention in the acute clinical setting but can be successfully implemented in a patient's home with the appropriate protocols. Caredoc Community Intervention Teams (CIT) work closely with local hospitals to establish structured, streamlined referral pathways for patients requiring catheterisation to be managed in the community, thus reducing hospital admissions and visits. Caredoc CIT nurses have been equipped with the requisite skills to successfully manage urology patients, many who are post-operative, outside of the hospital setting, ensuring that this cohort can be managed safely at home with the support of family and/or carers.

**Aims, Objectives, Theory Or Methods:** The purpose of the CIT urology pathway is to provide rapid acute nursing care interventions to patients in their own homes. Patients are identified by urology consultants at local hospitals or by their GPs and referred to CIT for a period of continuous care, with home visits carried out by specialist nurses during a defined timeframe. This facilitates both early hospital discharge and admission avoidance as well as reducing waiting lists for outpatient ambulatory and scheduled care. This shared care initiative aims to transition vital urinary catheter care to the community resulting in a person-centred approach that keeps discharged patients comfortable and well in their own environment.

**Highlights Or Results Or Key Findings:** Patients are managed safely in their own homes by the CIT Team for the duration of their ongoing treatment. By providing a spectrum of catheter care and education, such as teaching patients on the colour of their urinary output, how and when to empty their drainage bag and how to use a fluid balance sheet to record volume emptied, patients are given the knowledge to monitor their urinary output and are enabled to recognise potential red flags for infection and any catheter-related issues that may debilitate or affect their quality of life, with a particular emphasis on the prevention of sepsis in older patients. 24-hour catheter care support is offered by way of a telephone line for patients and their carers should they need advice - prior to the instantiation of the CIT service, patients with subrapubic catheters in residential care or who sought care in the out-of-hours were referred to emergency department via ambulance transfer, as the specialism required for management of these patients was not otherwise available.

**Conclusions:** The CIT Team have successfully demonstrated integrated care pathways for managing patients requiring catheterisation in the community, leading to positive patient outcomes and experiences as well as having a significant impact on urology waiting lists and emergency department attendances.

**Implications For Applicability/Transferability, Sustainability And Limitations:** Sustainability of this process is guided by an integrated, systematic approach to proactive care of people who require catheter care at home, with the aim to improve delivery methods, reduce the burden on acute hospitals and achieve better patient outcomes.