

Health technology assessment of shared care when patients with long-term urinary catheter need catheterization

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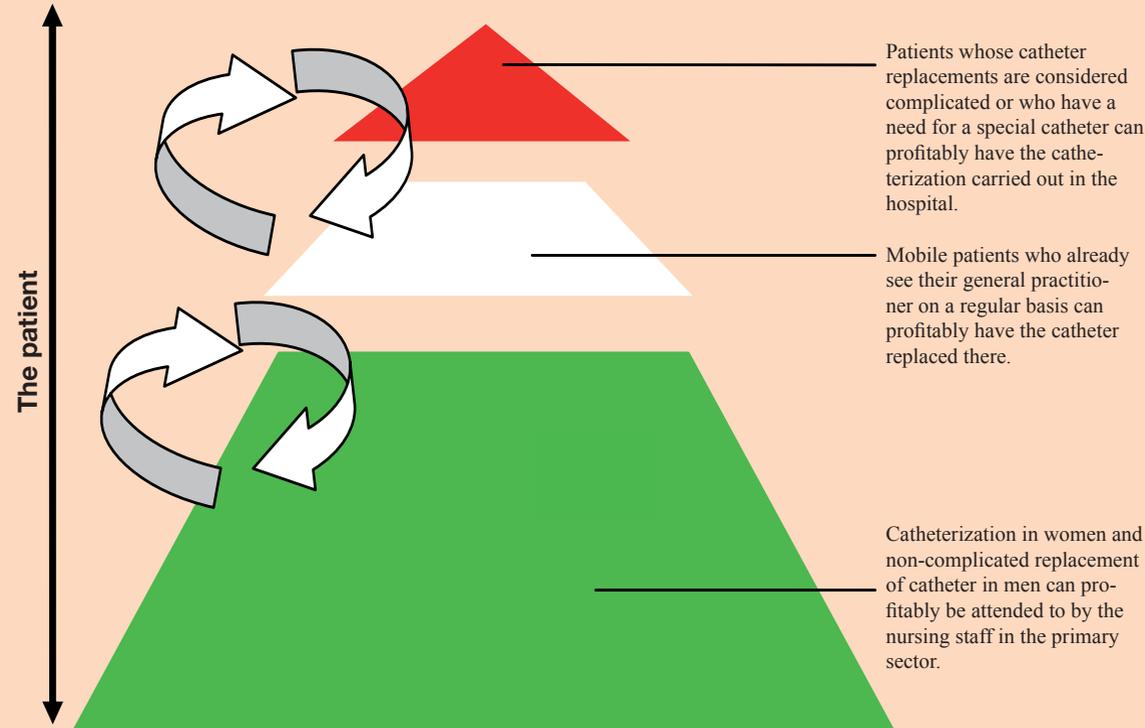


Introduction & Objectives

Patients with long-term urinary catheter need regular catheterization. Where the catheterization takes place is random and even though already many are in contact with their general practitioner or the local home care the catheterization often takes place on a highly specialized urological ward. This is inappropriate in view of

- a health economic perspective, where the lowest efficient cost level is aimed at
- a qualitative perspective, as lack of co-operation between hospital, the general practitioners and the local home care results in a treatment with a difference in quality.

Therefore a shared care model is wanted, developed across the secondary sector (hospital) and the primary sector (general practitioners and the local home care) for patients with long-term urinary catheter.



Material & Methods

The study was carried out as a Health Technology Assessment (HTA) with a view to having a systematic and comprehensive evaluation of the conditions for the development and the implementation of a shared care model to ensure a uniform quality and the most appropriate use of resources for treatment with an indwelling catheter.

The study is based on an international literature review as well as Danish empirical data.

In the HTA four perspectives are examined:

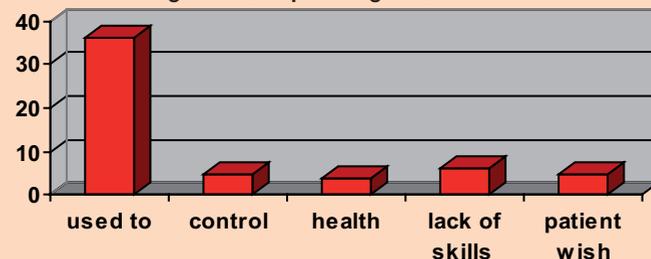
- Technology: Danish Standard's recommendations for catheterization were compared to three other national guidelines and the guideline on male catheterization from EAUN.
- Patient's aspect: Qualitative interviews with eight patients with long-term (more than one year duration) urinary catheter.
- Organization: Focus group interview with members of staff from the primary and secondary sector.
- Economy: Estimated costs of catheterization in the local home care, at the general practitioner's or on a hospital ward.

Conclusions

By means of this HTA it has been illustrated what measures must be taken for the implementation of a shared care model

- To reach a consensus about the indication of catheterization, how to catheterize and what must be documented, a local evidence based guideline has been worked out on transurethral catheterization, to be used by the staff in the primary as well as the secondary sector.
- Recommendations have been worked out for patient information in writing.
- Recommendations have been worked out concerning where the catheterization should take place in each individual case.
- Recommendations have been worked out concerning a co-operative agreement to ensure that relevant knowledge about the treatment of the individual patient as well as relevant catheter data are available and updated.
- Recommendations have been worked out concerning a structured instructions programme in catheterization and management for doctors as well as the nursing staff from the primary care, so that a uniform quality is ensured.

Reasons for catheterreplacement on the urological ward april - august 2005



202 primary nurses wish for education

