Poster Session: Service Provision & Prostate Imaging

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Poster 1 Improving Quality of Operative Notes in Urology

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Background: Accurate documentation in medicine is essential for quality in healthcare. Operative notes contain vital information regarding patient care and are important should a medico-legal issue arise. The Royal College of Surgeons (RCS) has published clear guidelines on the criteria to be included in operative notes. The aim of this study is to assess the quality of urological operative notes and to evaluate if using electronic records leads to improved quality.
Methods: A prospective database was maintained at our institution over a 3-week period. Analysis of 100 consecutive operative notes was performed. Quality was assessed by adherence to the 18 criteria recommended in the RCS guidelines.
Results: Operative notes were completed by consultants (26%), year-1 registrar (27%), year-3 registrar (31%), year-4 registrar (7%) and year-6 registrar (9%). Consultants scored significantly higher than non-consultants (72% vs 53%; P = 0.0001; 95% confidence interval [CI]: 4.4179 to 2.7621). Electronic operative notes were of significantly higher quality (72% vs 57%; P = 0.026; 95% CI: 5.12245 to 0.33755) but were only used in 4% of cases. Sixteen percent of procedures were emergency surgeries and there was no difference in quality between emergency and elective notes. Inclusion of information such as date (98%), surgeon (100%), assistant (98%) and postoperative instructions (100%) was satisfactory but surgeons performed poorly in the following areas; time of procedure (7%), anaesthetist (50%), estimated blood loss (2%) and DVT prophylaxis (25%).
Conclusions: Electronic operative notes are associated with improved quality, but they are underutilised by surgeons. This study identifies poor adherence to operative note guidelines particularly among junior surgeons.

Poster 2 Use of booking pro forma to improve Nurse-Led TWOC clinic

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Introduction: Belfast City Hospital is the tertiary urology unit in Northern Ireland. A weekly nurse-led TWOC (Trial without catheter) clinic is run.
The clinic was found to experience high cancellation rate, and heavy reliance on additional staff.
Methods: Audit standards were devised based on NICE standards (QS90) and local antimicrobial guidelines.
54 consecutive patient pathways were audited in Autumn 2017.
Results: A number of issues were identified:

- Every patient was being prescribed intravenous antibiotics prior to the TWOC.

- All patient's were having a urine dipstick prior to TWOC with 25% being nitrite +ve. 94% of these were cancelled and rebooked despite being asymptomatic. Only 43% of those who were nitrite +ve had urine cultures performed.
- The clinic was set up and funded as "nurse-led" However the on-call medical staff attended 50% of the patients.
- No plans were set by the referring consultant. The on-call medical team was required to make follow-up decisions.

After presentation of results and departmental meeting we designed a set proforma that would have to be filled out prior to the patient being booked onto the clinic

This was re-audited in Feb/March 2018 with 32 patients.

- 9% of patients had urinalysis carried out.
- Only one patient was cancelled because nitrite +ve (symptomatic UTI).
- The on-call team was not contacted regarding a single patient.
- The on the day cancellation rate fell from 22% to 9%.

Conclusion: Cancellation rates decreased, antibiotic stewardship improved and reliance on-call staff for decision making was eliminated.

Poster 3 The future of urology in Ireland – are we planning ahead appropriately?

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Introduction: The aim of this study is to establish the career intentions of current urology Specialist Registrars and fellows. Urology is the fourth busiest surgical specialty in the Republic of Ireland. The country has one of the lowest ratios of urologists per capita in Europe at 1:127,027 – nearly twice that of the United Kingdom 1:64,376 and over six times the urologist:population ratio seen in Spain 1:19,890[1].

Methods: An online, anonymous survey was distributed to all Specialist Registrars (SpRs) in Ireland and Irish fellows abroad questioning their career plans, subspecialisation and plans to return to Ireland.

Results: The overall response rate was 22/26 (84.6%). 19/22 (86.4%) of specialist trainees, 3/4 (75%) of fellows.

All SpRs plan to go on fellowship with Endourology (n = 10,52.6%) and Oncology (n = 7,36.8%) being the most popular subspecialties. Four (21.1%) expressed an interest in female urology, two (10.5%) in paediatrics,and two (10.5%) in andrology.

All SpRs and fellows would like to return to Ireland to practice. However, only 3 (15.8%) would like to work outside of Dublin.

None of the fellows had a formal job offer prior to leaving Ireland.

Conclusion: Current SpRs and fellows all have a desire to practice in Ireland. All trainees intend on undertaking subspecialty fellowship training. With one of the lowest urologist per population ratios in Europe, we need to retain these trainees.

Reference

1. Palmer M, Taylor C. *British Association of Urological Surgeons and The Specialist Advisory Committee in Urology Workforce Report*; 2017. https://www.baus.org.uk/_userfiles/pages/files/About/Governance/2017_Workforce Report.pdf. Accessed March 31, 2019.

Poster 4 Referral patterns for urethral reconstruction surgery in Ireland – implications for service planning and provision

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Introduction: Urethral reconstruction is a complex sub-specialty procedure, performed in a limited number of units in Ireland. The additional caseload comprised by provision of a national sub-specialty service places significant pressures on delivery of normal day-to-day services. We report the referral patterns of patients to the urethral reconstruction service in the Mater Misericordiae University Hospital (MMUH) over a 14 year period.

Methodology: All patients undergoing urethroplasty in MMUH between 2005 and 2019 were identified from the hospital electronic operative record system. Medical records were reviewed and patient home address and referral source recorded. Referral origins were then grouped by Community Healthcare Organisation (CHO) and HSE Hospital Group.

Results: 279 patients underwent urethroplasty at MMUH under the care of a single surgeon between 2005 and 2018. Referrals were received from patients living 25 counties in Ireland. 15.4% of patients' home address at time of referral was within the local CHO (CHO 9 – Dublin North). Where patients were referred from other hospitals, 14.96% came from the primary hospital grouping (Ireland East), with 78.14% from other hospital groups and 6.9% from private hospitals. The overall workload relating to these patients is in fact significantly larger, as many also undergo preliminary investigations and procedures such as urethrography and urethral dilation/urethrotomy.

Conclusion: Provision of sub-specialty care places a significant demand on a service, with the majority of patients being referred from alternative catchment areas. We advocate the need for national frameworks and networks to facilitate provision of these services, without placing undue burden on day to day working.

Poster 5 Does clinical validation and the implementation of new models of outpatient service delivery have the potential to reduce waiting lists? A pilot study in Letterkenny University Hospital

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Introduction: Between 2013 and 2016 there was a 30% increase in urology referrals to Letterkenny University Hospital. The traditional outpatient paradigm of seeing patients prior to ordering diagnostic tests and instituting treatment is unsustainable. New models of outpatient service delivery such as "see & treat," "one-stop clinics," standardised referral pathways and Advanced Nurse Practitioner (ANP) led clinics have the potential to improve the efficiency of existing services.

Methods: Existing patient referral letters waiting >15 months were validated by a consultant urologist and triaged into (1) clinic appointment, (2) ANP led clinic, (3) ultrasound scan (USS) prior to clinic appointment, (4) day-case cystoscopy (±USS) or (5) refer back to GP/alternate service. The impact of this validation process was