ANALYSIS OF UROLOGIC CONSULTS AT A TERTIARY CARE CENTER HELPS OPTIMIZE QUALITY OF PATIENT CARE AND EDUCATIONAL OBJECTIVES

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INTRODUCTION

• UF Health is a tertiary care facility providing comprehensive care across many different medical and surgical fields.

• Urology is a heavily consulted subspecialty with greater than 100 combined adult and pediatric consults per month.

• UF Urology residents spend a total of 4 months on a dedicated consult service as part of the educational curriculum.

• Our objective was to characterize urologic consults to:
  • Aid in the continuous development of the resident educational curriculum
  • Guide resource allocation (staffing, supply stocks, equipment, ancillary services) to maximize efficiency

METHODS

• Inpatient urologic consults were prospectively tracked for 6 consecutive months at UF Health.

• The following information was collected for each consult:
  • consulting service
  • reason for consult
  • final urologic diagnosis
  • urologic procedures performed during admission
  • patient demographics
  • length of stay

• The IRB approved database was kept for departmental quality improvement on a secure server.

RESULTS

• A total of 637 consults were analyzed
  • 7% were pediatric consults
  • Patient male to female ratio was 2:1

• Most common consulting services were
  • Emergency Medicine (40.8%)
  • Internal Medicine (19.5%)
  • Colorectal Surgery (12.1%)

• Most common OR procedure was ureteral stent placement, 105 of 172 OR procedures (61%).

• Most common bedside procedure was difficult catheterization requiring cystoscopy, urethral dilation, or suprapubic tube placement. Only 14 of 42 (32%) difficult catheterization consults required a procedure.

CONCLUSION

• Data from this study has impacted practice patterns at UF Health by:
  • Improving the resident educational curriculum to include allotted time for resident-to-resident teaching at the beginning of each academic year
  • Facilitating the expansion of services to a new 216-bed hospital tower by ensuring adequate supply stocks and equipment
  • Generating protocols for consulting services that address patient acuity and maximize resident and staff effectiveness. An example protocol:

Kidney/Ureteral Stone

- Is the stone in the ureter/renal pelvis? (Yes/No)
  • Yes (Ureteral Stone): Administer analgesia, hydrate, monitor vital signs, obtain imaging. If patient unstable, proceed to OR for stone removal.
  • No: Continue hydration and analgesia. If stone is mobile and causes obstruction, consider follow-up.

- Is the stone in the bladder? (Yes/No)
  • Yes (Bladder Stone): Administer analgesia, hydrate, monitor vital signs, and other measures as needed. Consider follow-up.

- Can the patient tolerate oral fluids? (Yes/No)
  • Yes: Continue hydration and analgesia. If stone is mobile and causes obstruction, consider follow-up.
  • No: Administer IV fluids, antibiotics, and other measures as needed. Consider follow-up.

- Does the patient have a history of stones or stone disease? (Yes/No)
  • Yes: Consider prophylactic measures to prevent recurrence. If patient is asymptomatic, no further action required. If patient symptomatic, consider follow-up.
  • No: Continue hydration and analgesia. If stone is mobile and causes obstruction, consider follow-up.

- Is the patient a candidate for Interventional Radiology? (Yes/No)
  • Yes (Stone in 1-2 cm): Consider stone removal using fluoroscopic guidance. If patient is symptomatic, consider follow-up.
  • No: Continue hydration and analgesia. If stone is mobile and causes obstruction, consider follow-up.

- Is the patient a candidate for SWL? (Yes/No)
  • Yes: Consider SWL for stone up to 2 cm. If patient is asymptomatic, no further action required. If patient symptomatic, consider follow-up.
  • No: Continue hydration and analgesia. If stone is mobile and causes obstruction, consider follow-up.

- Does the patient require surgery? (Yes/No)
  • Yes: Consider surgical options for stone removal. If patient is symptomatic, consider follow-up.
  • No: Continue hydration and analgesia. If stone is mobile and causes obstruction, consider follow-up.

- Is the patient a candidate for ureteral stent placement? (Yes/No)
  • Yes: Consider ureteral stent placement for stricture prevention. If patient is symptomatic, consider follow-up.
  • No: Continue hydration and analgesia. If stone is mobile and causes obstruction, consider follow-up.

- Is the patient a candidate for suprapubic tube placement? (Yes/No)
  • Yes: Consider suprapubic tube placement for drainage. If patient is symptomatic, consider follow-up.
  • No: Continue hydration and analgesia. If stone is mobile and causes obstruction, consider follow-up.