

Can a simple phone call improve post-ureteroscopy outcomes in patients with psychiatric disease?

Kohldon Boydston, Russell Terry, Patrick Whelan,
Evan Carlos, Brent Winship, Glenn Preminger, Michael Lipkin



Background & Methods

- Postop phone calls may reduce unplanned care encounters for all patients undergoing ureteroscopy (URS) (Tackitt 2016)
- **Psychiatric disease (PD) is associated with ED return after URS (Carlos 2019)**
 - 44.3% incidence of PD in a large retrospective cohort of patients undergoing URS (n = 1576)
 - ED return post-operatively was associated with PD (OR 1.57, p = 0.012)
- **Hypothesis:** standardized, postoperative RN phone calls targeted to patients with PD will reduce 30-day ED returns after URS for stone disease
- All patients undergoing stone-related URS at our institution between August 2018 and August 2019 were prospectively screened for PD and were subsequently contacted by phone in the postoperative period
 - Reinforced medication practices, reviewed normal symptomatology, provided opportunity for intervention
- **30-day outcomes: demographics, return to ED, admission rate, and reasons for return**

Results & Conclusions

- **Prospective Cohort:**

- n=374 URS for stones at Duke from August 2018 – August 2019 (vs 1576 in retrospective comparator series)
- PD remains prevalent (42.2%) in patients who undergo URS for stones (44.3% in retrospective series)
- Phone contact success rate: 78%, **action rate: 20%** (outpatient interventions)

- **Did our targeted intervention to patients with PD reduce ED returns?**

- Encouraging trend: 30-day ED return rate showed an absolute reduction of 6% (10.8% vs 16.8%, $p = 0.0608$)
- Reasons for return: similar rates of pain as chief complaint (41% vs 46%), higher rate of fever/infection (53% vs 15%, $p < 0.001$)
- Potentially confounded by a concurrent QI initiative in *all URS patients* which lowered overall ED return rate
 - All-comer ED return rate decreased to 8.8% in this series from 14.5% in retrospective series ($p=0.0411$)

- **Phone calls to those with PD: low-cost intervention that can benefit in multiple ways**

- May decrease ED returns for low acuity issues; may help identify high acuity issues earlier and efficiently triage.

References

- Tackitt HM, Eaton SH, Lentz AC. Nurse-Initiated Telephone Follow Up after Ureteroscopic Stone Surgery. *Urol Nurs.* 2016;36(6):283-8.
- Carlos EC, Peters CE, Wollin DA, et al. Psychiatric Diagnoses and Other Factors Associated with Emergency Department Return within 30 Days of Ureteroscopy. *J Urol.* 2019;201(3):556-562.