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

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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
