

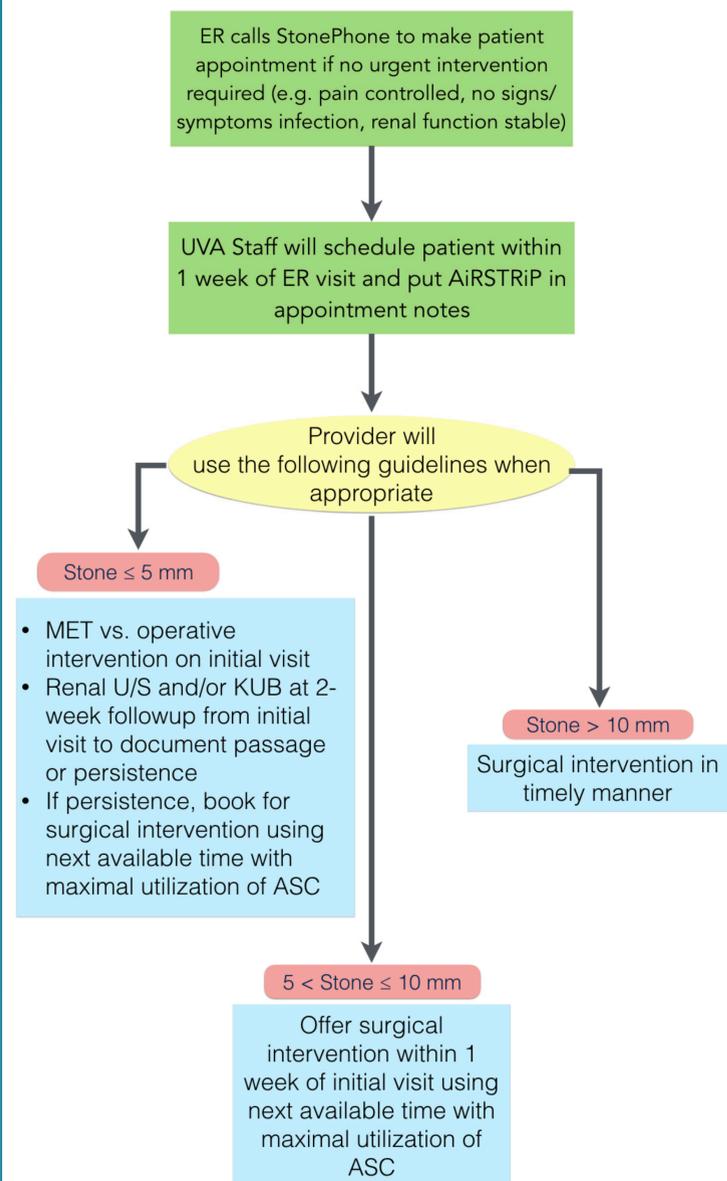
Introduction

Emergency Department (ED) visits are common for patients with acute renal colic. These patients may have lengthy wait-times prior to being seen by a urologist, further delaying definitive treatment. Return visits for pain are inconvenient and costly; therefore, we have developed an acute management pathway, entitled, Acute Rapid Stone Treatment Pathway or AiRSTRiP, by taking advantage of an ambulatory surgery center (ASC) to address these delays within a large urology group practice.

Methods

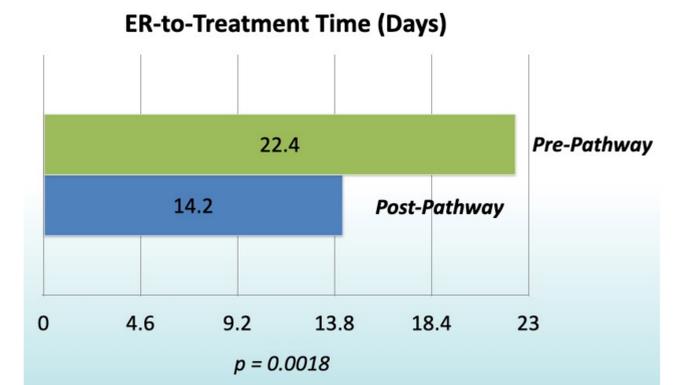
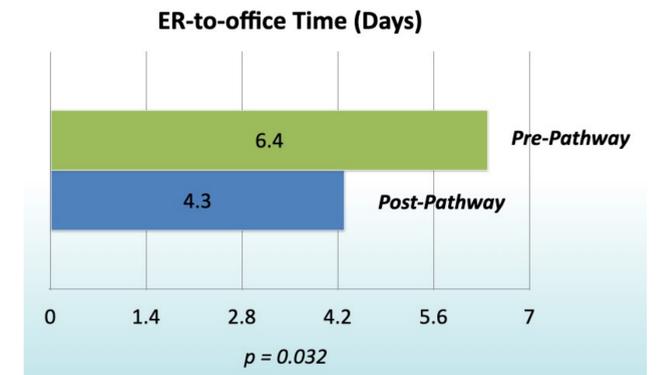
We reviewed our database of patients who presented to the ED with renal colic due to a unilateral stone and subsequently underwent lithotripsy or endoscopic procedures during an 8-month period after we gained access to an ASC from July 2016 to February 2017 using CPT codes. Midway through commencement of the study, we instituted AiRSTRiP to examine its efficacy in reducing time from initial emergency room presentation to office follow-up as well as to definitive stone treatment. Average times were compared using student t-test

Protocol



Results

- Out of 2075 procedures performed on 1485 patients, 228 patients qualified for our study, including 79 in our pre-pathway cohort and 149 in our post-pathway cohort
- The average stone sizes for each cohort were 7.2 and 7.0 mm, respectively.
- Utilization of the ASC increased from 31.5% to 48% following implementation of the pathway.
- Wait-times from initial ED visits to office follow-up were reduced significantly from 6.4 to 4.3 days ($p = 0.032$)
- ED to treatment time decreased significantly from 22.4 to 14.2 days ($p = 0.0018$).



Conclusions

We have demonstrated for the first time that implementation of a stone management pathway, combined with access to an ASC, can significantly reduce wait-time for follow-up visits and for definitive treatments for stone disease.