Identified Issue: Retrospective chart review revealed lack of attention to urinary status or bladder health.

Corrective Action: Instituted Guidelines for addressing bladder health at time of PMT evaluation.

- No assessment of bladder in patients who reported taking medication for urinary retention or bladder health.
- Patients with BPH discharged without postoperative void or measured void.
- Postop follow-up calls did not address bladder health.
- No patient/nurse education regarding need for bladder assessment prior to discharge.
- Lack of awareness by physicians and nursing staff regarding statistics of patients reporting to ED with POUR.
- Need for education regarding effect of anesthesia and analgesia on the autonomic nervous system and bladder function.

Element 5: Data Analysis

All results were conveyed to the clinical staff, committee, and governing body. Immediate action was recommended and implemented for areas of concern. The data collected revealed opportunity for improvement in conduction focused on identification and communication of patients with BPH. Awareness and focus on bladder assessment and intervention as vital in the specific patient population.


Element 6: Current Performance Compared to Performance Goal

Our goal to reduce postoperative ED visits for POUR decreased in the initial five months of the study, ED visits spiked during the next three months and decreased thereafter following re-education, including reiteration of policy and guidelines to clinical staff.

Element 7: Corrective Action

- Need for education regarding effect of anesthetics and analgesics on the autonomic nervous system and bladder function.
- Enhanced interdepartmental communication and teamwork to optimize patient care.
- Need for education regarding Overflow Incontinence for clinical staff and patients.
- No Bladder Scanner available to assess bladder volume or post-void residual.

Element 8: Re-measurement

- Remeasurement occurred immediately after termination of the initial study, January 1st – March 18th, 2021.
- Remeasurement occurred over the course of 2 1/2 months revealing 100% success.
- Performance goal of 75% reduction of ED admission postoperatively was exceeded. 100% of patients with BPH required no urological intervention in 5 1/2 consecutive months.

Element 9: Additional Corrective Action

- Additional corrective actions include review of guidelines, policies and procedures by clinical staff.
- Review – Performance goal of 75% reduction of ED admissions of patients with BPH postoperatively for POUR was exceeded by the end of the study. 100% of patients with BPH required no urological interventions post discharge in five consecutive months during and following the end of the study.
- The policy and guidelines have been permanently adopted and will be utilized annually and intermittently for clinical staff education.

Element 10: Communication of Findings

- Potential Cost Savings to Medical Industry and Patients
- Average ED visit cost $2,200 before treatment or medication
- Average PCC visit cost $167
- Cost to treat POUR in ASC prior to discharge is minimal relation to cost of supplies.
- “Many ED visits are non-emergency; potential savings to the medical industry 18 of 27 million annually if treated” in ASC or by PCC. Additional benefit of decrease is non-critical ED patient congestion.
- Source: United Health Care Group (2019) and Compare.com/healthcare/resource/howmuchdoesanvisitcost

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