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THE IMPACT OF TRAINING GPS AND HOSPITAL CLINICIANS TO USE A REFERRAL PATHWAY ON THE CARE OF PATIENTS WITH URINARY INCONTINENCE. RE-AUDIT OF REFERRALS TO URODYNAMIC SERVICES

Hypothesis / aims of study

It has been proposed that guiding and training GPs on appropriate care pathway could improve care of urinary incontinence (UI) service [1, 2]. Urodynamic testing is commonly used in the care pathway for urinary incontinence, but it is not clear whether in all circumstances its effectiveness in informing treatment decisions justifies the discomfort, small potential risk and expense. In fact, this has been highlighted in a multidisciplinary exercise as one of the top 10 research uncertainties in urinary incontinence [3].

The aim of our study is to audit the referrals to urodynamic services before GPs and hospital clinicians' training on an International Consultation on Incontinence (ICI) based care pathway for UI and to re-audit after implementation.

Study design, materials and methods

A retrospective review of the case-notes and referral letters of patients referred to urodynamic studies was conducted in the period from December 2006 to January 2008. Referrals were deemed appropriate if conservative management was offered prior to referral. Assessment for appropriateness of referral was done according to clinical diagnosis, reason for referral and the referring clinician.
Re-audit was conducted after implementing a locally-developed referral care pathway, in the period from July 2009 to July 2010.

Results

Before implementing the pathway, fifty one case-notes were available and reviewed. Twenty-seven referrals (52.9%) were deemed inappropriate where 17 were not offered conservative options, and 10 were offered conservative management but were referred for urodynamics at the same time.

Table 1: Appropriateness of referral in relation to source of referral in the 1st audit cycle:

Source of Referral	**No**	**Appropriate**	**Inappropriate**
Consultant O&G	19	11 (58%)	8 (42%)
Trainee O&G	28	11 (39%)	17 (61%)
GP	4	2 (50%)	2 (50%)
Total	**51**	**24 (47.1%)**	**27 (52.9%)**

Table 2: Appropriateness of referral in relation to clinical diagnosis:

Indication for Referral	**No of patients**	**Referred for Conservative management**
Stress Urinary Incontinence	33	32 (97%)
Urge incontinence	17	8 (47%)
Mixed	23	13 (56%)
OAB	18	13 (72%)
Prolapse	21	13 (62%)

After implementing a locally-developed referral care pathway, re-audit was conducted on 40 case-notes. Results showed that the majority of the referrals were deemed appropriate (Table 3), and the reason for referral was for preoperative assessment before considering continence surgery. This has resulted in a significant drop in the waiting time for urodynamic service from 12 month to only 7 weeks.

Table 3: Results of the re-audit

Source of Referral	**No**	**Appropriate**	**Inappropriate**
Consultant OBS & GYN	30	30	0
Trainee	8	7	1
Primary care	2	2	0

Total	**40**	**39**	**1**

Interpretation of results

In the first audit cycle, more than half of the referrals to urodynamic studies were deemed inappropriate and could have been avoided. Trainees were more likely to refer inappropriately. The majority of patients with stress incontinence (97%) were referred to physiotherapy services, but most of them were also referred contemporaneously for urodynamic studies. The average patient waiting time from referral to undergoing urodynamics was almost 12 months.

In the re-audit, following the implementation of the locally-developed care pathway, many patients avoided unnecessary invasive testing. The conducted re-audit has confirmed significant improvement of the pattern of referral. The number inappropriate referrals by trainees have decreased dramatically and this was because they followed the care pathway and referred patients to conservative management first before considering urodynamics.

Concluding message

Our locally-developed ICI-based care pathway for urinary incontinence has certainly guided GPs and hospital clinicians for the appropriate referral criteria to urodynamic service and has helped in reducing the waiting time to urodynamic services.

References

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2. Shaw C et al (2006) The extent and severity of urinary incontinence amongst women in UK GP waiting rooms. Family Practice; 23: 5, 497-506.
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