

IMPROVING PATIENT COMPLIANCE WITH URODYNAMICS TESTING: THE ROLE OF NURSE TEACHING AND INTERVAL BETWEEN SCHEDULING AND TESTING

Hypothesis / aims of study

Urodynamic testing is a complex procedure that can provoke significant anxiety in patients [1]. It is also a resource intensive procedure requiring specialized equipment, staff, and space. As such, it is important to utilize urodynamics suites in an efficient manner. At our institution, three different forms of nurse teaching have been used and there have been significant variations in time interval between scheduling and performing urodynamics. Our aim was to evaluate the effect of nurse teaching and time interval between scheduling and testing on patient compliance as measured by completion of urodynamics testing at the scheduled date.

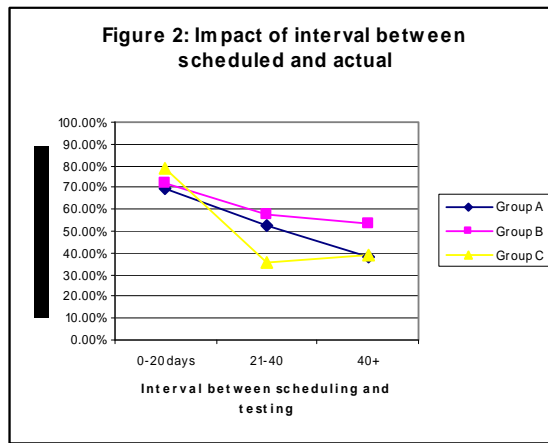
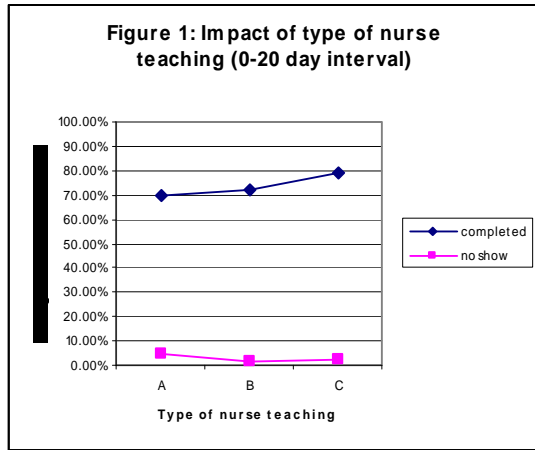
Study design, materials and methods

The appointment history of all patients scheduled for urodynamics testing at our institution was analyzed and labelled by status: cancelled, rescheduled, completed or did not present for testing. The patients were divided into three groups: Group A – scheduled between June 2003 to November 2004, was taught about the procedure on the day of procedure; Group B, scheduled between August 2005 and March 2006, was taught over the phone 1-2 weeks prior to procedure; and Group C, scheduled between April 2006 and February 2007, was taught on the day of scheduling using Society of Urological Nurses and Associates (SUNA) guidelines. The time between scheduling and action was recorded and patients were further divided by this interval into three groups: those that cancelled, rescheduled, did not present, or underwent a procedure within 20 days of scheduling, between 21-40 days, and greater than 40 days.

Results

The tables and figures below show our results.

Group A	0-20 days	21-40 days	40+ days	Total
No show	4.70%	5.09%	3.77%	4.67%
Cancel	14.77%	21.30%	29.25%	21.02%
Rescheduled	10.74%	20.83%	29.25%	19.53%
Completed	69.80%	52.78%	37.74%	54.78%
Total	149	216	106	471
Group B	0-20 days	21-40 days	40+ days	Total
No show	1.91%	0.88%	2.90%	1.76%
Cancel	19.11%	27.19%	27.54%	23.53%
Rescheduled	7.01%	14.04%	15.94%	11.18%
Completed	71.97%	57.89%	53.62%	63.53%
Total	157	114	69	340
Group C	0-20 days	21-40 days	40+ days	Total
No show	2.13%	7.69%	3.10%	3.40%
Cancel	8.51%	27.69%	24.46%	20.60%
Rescheduled	10.64%	29.23%	33.75%	27.03%
Completed	78.72%	35.38%	38.70%	48.96%
Total	141	65	323	529



Interpretation of results

Changing nurse teaching methods has an effect on patient compliance with urodynamics testing. This was evident in the cohort of patients that had urodynamics performed within a short time of scheduling (Fig 1). Within this cohort, patients that underwent more extensive teaching (Group C, followed by Group B, followed by Group A) had higher rates of completion (79% v/s 72% v/s 70%). In all 3 groups, extending interval between scheduling and completion, led to decreased compliance with original testing date (Fig 2).

Concluding message

Patient compliance with urodynamic testing can be improved by shortening the interval between scheduling and performing the procedure. It can also be improved by instituting a comprehensive, standardized nursing program that involves teaching patients about the test at the time of scheduling.

References

[1] J Adv Nurs (2000) 32;1356-1363.

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