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 1-3. 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 expense, discomfort and small potential risk. In fact, this gap in the evidence has been highlighted in a multidisciplinary exercise as one of the top 10 research priorities for uncertainty in urinary incontinence 1.

The aim of our study is to audit the referrals to urodynamic services before GPs and clinicians’ training on care pathway for UI and to re-audit after.

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 (13 months). Referrals were deemed appropriate if conservative management was offered in the first instance before referral. Assessment for appropriateness of referral was done according to clinical diagnosis, reason for referral and grade of referring clinician.

Re-audit was conducted after implementing a locally-developed referral care pathway, in the period from July 2009 to July 2010.

Results

In our audit before the care pathway, fifty one case-notes/referral letters 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 and were referred for urodynamics at the same time.

Table 1: Appropriate referrals before and after implementing the pathway in relation to source of referrals

<table>
<thead>
<tr>
<th>Source of Referral</th>
<th>Before implementing the pathway</th>
<th>After implementing the pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of referrals</td>
<td>Appropriate referrals</td>
</tr>
<tr>
<td>Consultant O&amp;G</td>
<td>19</td>
<td>11 (58%)</td>
</tr>
<tr>
<td>Trainee O&amp;G</td>
<td>28</td>
<td>11 (39%)</td>
</tr>
<tr>
<td>GP</td>
<td>4</td>
<td>2 (50%)</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>24 (47.1%)</td>
</tr>
</tbody>
</table>

After implementing a locally-developed referral care pathway, re-audit was conducted on 40 case-notes/referral letters. Results showed that the majority of the referrals were deemed appropriate (Table 1). This has resulted in a significant drop in the waiting time for urodynamic service from 12 month to only 7 weeks.

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 (Table 1). 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 of inappropriate referrals by GPs and trainees has decreased significantly and this was because they followed the care pathway and referred patients to conservative management first before considering urodynamics.

Concluding message

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

References