

QUALITY ASSURANCE IN URODYNAMICS- DOES RE-ENFORCEMENT HELP?

Hypothesis / aims of study

To assess whether the adherence of standard operating procedures for urodynamics (UDS) based on the Good Urodynamic Practice (GUP) guidelines improves with re-education.

Study design, materials and methods

An initial audit on 64 urodynamic traces was conducted as part of the multicentre Bladder Ultrasound Study (BUS Study); this was carried out between May 2011-2012. Two qualified members of staff who both perform UDS studies assessed the traces independently and recorded the following: Position of filling, filling cystometry rate, the presence of a cough per minute, presence of cough pre and post void, the reliability of the diagnosis given and also whether there was adequate zeroing of the pressure transducers prior to commencing urodynamics.

The results of this audit, reminder about the SOP and GUP recommendations were shared with the collaborators via the news letters and by emails to individual centres. Re-audit was performed on 60 UDS traces within the last six months (June-Dec 2012) assessing the same points as before.

Results

Comparison between audit and re-audit compliance in UDS with SOP and GUP guidelines.

Recommended actions in SOP	Audit (May 2011-May 2012) (n=64)	Re-audit (June 2012-December 2012) (n=60)
Filling in sitting position	76.5% (49)	63.3% (38)
Cystometry Filling rate (100mls/min)	48.4% (31)	71.6% (43)
Cough per minute	70.3% (49)	96.6% (58)
Cough pre-void	70.3% (49)	100% (60)
Cough post-void	35.9% (23)	75% (45)
Confirmed urodynamic diagnosis	85.9% (55)	95% (57)
Adequate Baseline zeroing pressures	93.7% (60)	95% (57)

Interpretation of results

Improvement in the compliance with SOP and the GUP guidelines as a result of dissemination of the audit findings were identified in the following areas: filling cystometry rate, cough per minute, cough pre and post void, confirmed urodynamic diagnosis and adequate baseline zeroing pressures prior to commencing urodynamics.

Concluding message

On re-audit there have been improvements in adherence with most of the GUP recommendations. If we are to maintain consistently high standards of practice, all clinicians should have regular update on GUP.

References

1. Schafer W et al (2002) Good Urodynamic Practices: Uroflowmetry, Filling cystometry, and pressure flow studies. *Neurology and Urodynamics*, 21: 261-274.

Disclosures

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