

A RETROSPECTIVE REVIEW OF SPECIALTY SPECIFIC AFTER-HOURS WARD CALLS USING TASK MANAGEMENT SOFTWARE

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BACKGROUND

After-hours Junior Medical Officers (JMOs) care for patients of all backgrounds and acute conditions whilst the treating teams are not present, responding to a variety of requests from healthcare providers, known as ward calls. A recent technological advance in this space is the use of task management software to log tasks for after-hours JMOs, replacing calls and pagers – offering an opportunity to record, review and characterise ward calls.

Urology presentations account for an important proportion of after-hours, general practice and emergency consults.^{1,2}

Despite this, the Urology curriculum in many medical schools is limited³ with a proportion of students having not placed an indwelling urinary catheter or performed a digital rectal or scrotal examination.³ This has been further exacerbated by COVID restrictions. Further, teaching for JMOs is scarce and usually focussed on difficult catheter insertion, as is the case in this institution.

Little research exists that characterises the common and important Urology related ward calls for after-hours JMOs.

Targeted education courses, such as crash courses and out-of-hours urology handbooks have been shown to improve skills and confidence,^{1,4} emphasising the importance of practical, relevant teaching.

AIMS

We aim to characterise the after-hours JMOs' ward calls relevant to the specialty field of Urology.

OBJECTIVES

- To describe the Urology related ward-calls by sub-category, and
- Determine the proportion of each.

METHODS

A retrospective, descriptive review of Urology-specific ward calls allocated to after-hours JMOs was conducted. Approval was obtained from the Joondalup Health Campus Quality Department prior to commencement.

Ward calls requested using the task management system 'CARPS' over a one-year period from 01 May 2023 until 30 April 2024 at a 700-bed hospital were reviewed.

Ward calls were screened for key words related to Urology including urology, urologist, urine, catheter, IDC, retention, haematuria, haematuric, penis, penile, scrotum, scrotal, testis, testicular, void, tov, pvr, bladder scan, bs, phimosis, and paraphimosis.

Ward calls were then manually reviewed with duplicates (defined as request for same indication for same patient within 24 hours) and non-urology requests excluded.

Relevant ward jobs were then coded into subgroups of IDC insertion, IDC troubleshooting (blocked, bypassing, or painful catheters), haematuria, bladder management advice (e.g. trial-of-void, post-void-residual review or urinary retention requests), scrotal concerns (swelling, pain, rash), penile concerns (swelling, pain, phimosis/paraphimosis) and other.

Proportions were calculated using simple statistics.

RESULTS

59,057 jobs were requested of which 47,786 were directed towards JMOs. 1,953 contained key words, of which 1,316 were excluded as not related to Urology and 68 excluded as duplicate requests. 637 ward calls were included for analysis. The most common call was regarding bladder management (46%) followed by haematuria (25%), IDC troubleshooting (16%), IDC insertion (6%), penile issues (4%), scrotal issues (3%) and other (Figure 1).

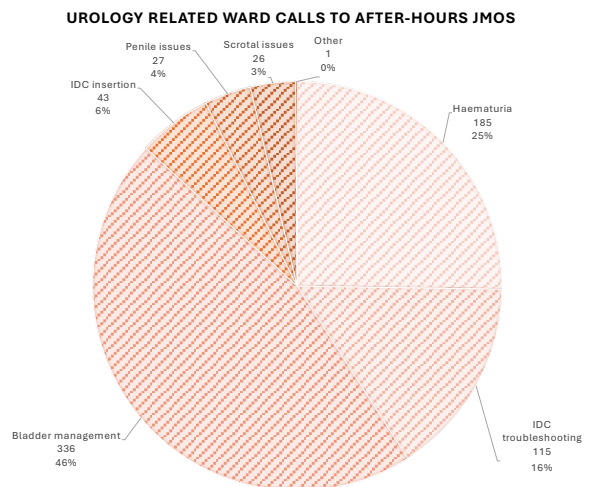


Figure 1: distribution of urology related ward calls to after-hours JMOs.

CONCLUSIONS

These findings, using the technology of task management software, describe the distribution of Urology-specific ward calls allocated to after-hours JMOs.

We noted a larger proportion of requests relating to bladder management, haematuria or IDC troubleshooting than IDC insertions or other peno-scrotal issues.

DISCUSSION

This descriptive data could be utilised to:

- Guide education for ward staff and after-hours JMOs;
- Inform the need for policies and guidelines; and/or
- Suggest areas amenable to task shifting to other healthcare professionals to enhance education and efficiency within our medical workforce.

Further, this has been shown to be an effective way to utilising advances in technology for descriptive studies.

References

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