

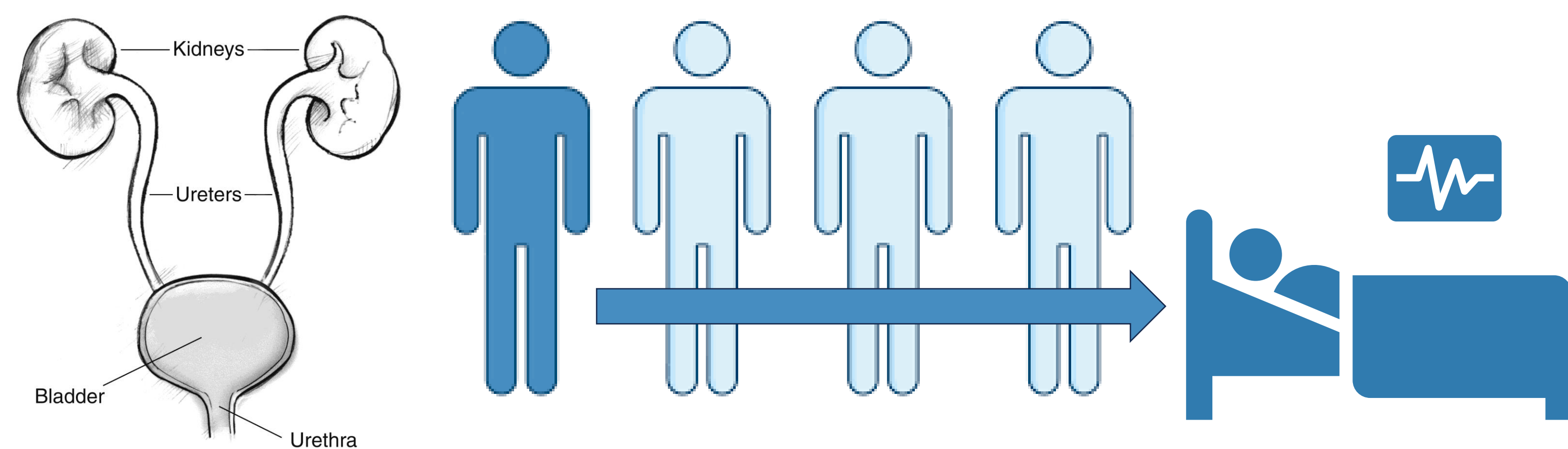
Identifying Opportunities to Improve Endourologic Postoperative Care Within the Veterans Health Administration: A Qualitative Study

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BACKGROUND

- Each year, approximately **20,000 Veterans** undergo common endourologic procedures including **ureteroscopy**, transurethral resection of the prostate (**TURP**) and transurethral resection of bladder tumor (**TURBT**) within the Veterans Health Administration (VA).
- **One out of every four** of these Veterans has an Emergency Department visit and/or a hospital re-admission within 30 days after the procedure.
- Such a high frequency of unplanned visits suggests there may be **opportunities to improve** postoperative care.



It's one thing to say "go to the ER if you see blood in your catheter" and it's quite another to say "little bit of blood is okay, here's some reassurance, these specific reasons are when to seek care"... [we need] clearer and more specific guidelines versus generic. (Physician Assistant)

I really do think if we invest on the front end, we can decrease these readmissions. (Nurse Practitioner)

If [the Veterans] have questions, we have a call center. But most of the time, we don't like the call center because there's a gap... If it's after hours we don't have anybody taking calls here, then they're just encouraged if they have any issues they should come into the emergency room. (Urologist)

We mostly treat a fairly frail comorbid, older population. (Urologist)

CONCLUSIONS

Interviews with 20 participants from 6 VA facilities identified:

- Patient- and system-level **factors that contribute to high rates of unplanned visits** after endoscopic procedures:
 - Older age and comorbidities in the VA population
 - Long driving distance to VA urology clinics
 - Absence of caregiver
- Potential **strategies to improve postoperative care** delivery and **reduce avoidable unplanned visits** include:
 - Surgical best practices
 - Recommendations on educating patient about expected post-op symptoms
 - Access to standardized education materials
 - Increasing post-op communication with members of urology team

GOALS AND OBJECTIVES

This quality improvement project seeks to understand **why Veterans are so frequently seeking Emergency Department care after common endourologic surgeries** and evaluate **strategies for preventing these unplanned visits**.

METHODS

- Conducted **qualitative semi-structured interviews** with healthcare staff involved in postoperative care for common urologic procedures.
- Recruited from VAs that serve high population of rural Veterans.
- Interviews examined:
 - Surgeon-specific practices
 - Factors that contribute to unplanned post-op visits
 - Potential strategies to reduce these visits
- Analyzed transcripts using consensus-based thematic and template analysis.

IMPACT ON RURAL VETERANS

Rural Veterans receive one third of these endourologic procedures within the VA. The need for unplanned postoperative care presents an access issue for rural Veterans, who need to drive 62% further than urban Veterans to reach a VA medical center.

NEXT STEPS

- Participant insights can inform the development of Veteran-centered, system-level interventions aimed at reducing avoidable unplanned care following urologic procedures.
- **Potential actions** include:
 - Development and national distribution of standardized patient-centered education materials
 - Review and optimization of after-hours triage disposition protocols

20 interviews representing 6 VAs

Role	Number
Urologist	7
Clinic staff (RN, NP, PA)	11
Emergency Physician	2



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Rural Health

This work was funded by the Department of Veterans Affairs (VA), Veterans Health Administration (VHA), Office of Rural Health (ORH), FY2025 PROJ-04246

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Urinary tract image credit: National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health