AUA Quality Improvement Summit: Reducing Prostate Needle Biopsy Complications

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@tdave
• Inaugural event
• Thank each of you
• Why are we here?
  – Time for QI is upon us
  – National motivations
  – AUA direction in QI
• Why this topic?
  – Topical
    • Lay press after Nam article J Urol 2010
    • Rise in 30 day admission rate to 4.1%
  – Literature and systems in place to support
Combating Infections After Prostate Biopsy: A Wiser Way to Win

Dr. Richard A. Watson
Hackensack, New Jersey

Urosepsis is the most frequent cause of hospitalization following transrectal prostate biopsy. Fatalities have been reported. An analysis of SEER (Surveillance, Epidemiology and End Results) data showed that men older than 65 years who underwent prostate biopsy were at 6.9% overall risk of hospitalization within 30 days after biopsy. Headlines in the lay press have warned, “Prostate Biopsy Complications Soar, Causing Hospitalizations and Death.”

The incidence of these infections has increased threefold in the last decade. The increasing prevalence of fluoroquinolone-resistant resistant bacteria always originate at a large center and spread to smaller hospitals in the region or do small hospitals sometimes serve as the first nidus of a highly resistant pathogen? Do biopsies performed at outpatient surgical centers or in private offices carry less or greater risk?

As a reviewer of abstracts submitted to the AUA on the topic of infection in urology, I received last year, and for several years before, multiple submissions on this particular complication. Almost every report has been nearly identical in its findings and conclusions. To date, this perennial parade of presentations only seems to add endlessly more pieces to the puzzle without ever bringing us closer to a big picture solution. If insanity is defined as the act of expecting a radically new outcome from repeatedly performing the same process, it would take no Einstein to realize that a new approach to problem solving is much needed.

When accepting abstracts on prostate screening and biopsy initiatives. In addition, men contemplating this biopsy designed to detect a disease that they are told they will most likely die “with, not of” will take little comfort in the news that the procedure carries only a 1/38 risk of hospitalization with life threatening urosepsis, not to mention E. coli induced prostatitis, epididymitis, orchitis and other urinary tract infections.

It is time for the AUA to take a leadership role in fostering innovative approaches to a problem that is rapidly advancing despite all methodologies applied to date. Otherwise, the increasing risk from highly resistant E. coli may succeed where recommendations from the U.S. Preventive Services Task Force report have thus far failed to bring to an unfortunate halt the nationwide campaign to screen and biopsy for the early detection of potentially fatal prostate cancer.
Quotes from Dr. Watson

- “a new approach to problem solving is much needed”
- “We should welcome participation not only by large institutions, but also smaller practices”
- “Incorporate…findings…into a single symposium with ample time for open ended discussion”
- “work toward a consensus”
Purpose

- Bring like minds together
  - Experts
  - Experience
  - Quality
- Share literature & practice & ideas
  - All levels and all areas of practice
- Merge/blend/meld/mix
- Gather data
- Integrate into a formidable plan of action
Goals

• Create protocols
  – Practical nature
  – MUSIC model
• Create a White Paper
  – Consensus
• Create measures
• Ultimately improve the quality of the care we deliver
  – EVERYWHERE!
Outline

• Literature review
  – Dr Chris Gonzalez

• Rectal Swab
  – Dr Gonzalez
  – Dr Michael Liss

• Antibiotic Choices
  – Dr Richard Watson
  – Dr J Stuart Wolf
Outline

• Protocol Review
  – Dr James Montie
  – Dr Deke Kapoor
  – Dr Stephen Jones
  – Dr Michael Franks

• Keynote Speaker
  – Dr Kate Goodrich

• Quality Measure Discussion
  – Dr Chris Tessier

• Next Steps
Housekeeping

- Informal

- Working Lunch
- Restrooms
- Transportation back to the Airport
- THANKS TO AUA STAFF!