DATAWATCH

Heterogeneity in Physician Test Ordering Practices: Batched vs. Sequentially Ordering Diagnostic Tests

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Present Address

Harvard Kennedy School, Mailbox 37, 79 JFK Street, Cambridge, MA 02138 An analysis of data from over 41,000 patient visits to the Emergency Department (ED) at the Mayo Clinic, Phoenix, AZ, reveal high variance in physician tendency to batch-order versus sequentially-order diagnostic tests within the same hospital. Among the reasons for a patient's visit to the ED, [insert chief complaint] had the greatest variability in test ordering practices and made up approximately [insert percent] of all ED visits during the study period. Test ordering strategies may play an important role in optimizing ED workflows, improving patient care, and reducing unnecessary costs in healthcare.

KEYWORDS:

Diagnostic Testing; Emergency Department; Operational Efficiency;

1 | INTRODUCTION

Emergency Departments (EDs) remain at the forefront of healthcare delivery, often grappling with inefficiencies that impact patient outcomes and the broader health system. One potential determinant of these inefficiencies lies in the diagnostic test-ordering practices of physicians. Drawing from data from over 41,000 ED visits at the Mayo Clinic of Arizona, we observed a pronounced variability in physicians' tendencies to batch-order or sequentially-order diagnostic tests. Interestingly, these variations persisted even among physicians practicing under the same guidelines within an identical hospital setting.

This variation was most palpable among prevalent chief complaints in the ED, such as abdominal issues and back pain. The data indicated that differences in test-ordering practices were not mere anomalies but were rooted in individual clinical judgment and preference (as depicted in Exhibit 1). Our preliminary findings underscore a potential imperative: crafting or refining guidelines that target test-ordering strategies, thereby optimizing ED operations, curbing unnecessary expenditures, and enhancing patient outcomes.

2 | STUDY DATA AND METHODS

Setting and Sample: Our analytical lens is focused on the Emergency Department at the Mayo Clinic of Arizona, a distinguished tertiary care establishment. During our study's timeframe, the ED recorded an annual visitation of approximately 41,000 patients. The department is singularly staffed by board-eligible or board-certified emergency physicians, abstaining from the services of nurse practitioners or physician assistants. A notable observation was that residents in rotation oversaw a low fraction, roughly 10%, of the patient volume.

Data Compilation: Comprehensive patient data, encompassing demographics, chief complaints, vital signs, emergency severity, length of stay, and resource utilization metrics, were meticulously logged during the study period.

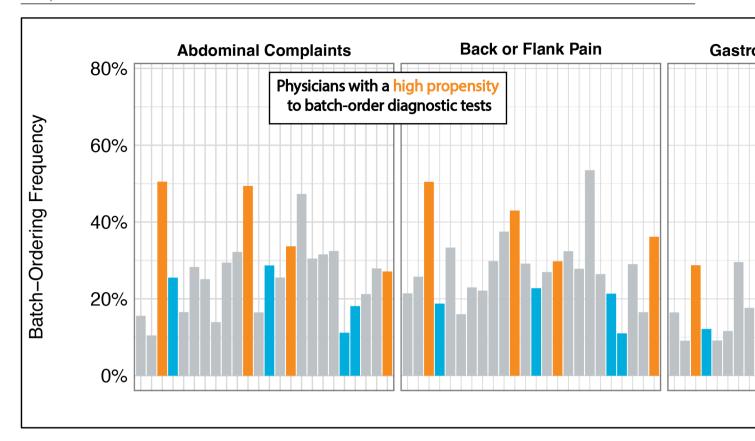


FIGURE 1 picture

Physician Assignment Process: Contrary to most healthcare settings where patients exhibit choice, in the ED, they are predominantly passive in their physician assignment. In most EDs, however, physicians have discretion in picking their patients. In contrast, patients arriving at the Mayo Clinic ED are randomly assigned to physicians via a rotational patient assignment algorithm (Traub et al., 2016), which removes potential selection bias concerns for our analyses. In essence, barring arrival time and shift-level variation, the physician-to-patient matching can be deemed random. Table 1 displays that patient encounters (in terms of chief complaints and emergency severity) are equitably distributed across physicians within our study's cohort.

3 | STUDY RESULTS

We identified three distinct forms of test batching:

- Lab/Image Batch: The first test ordered for a patient was either an imaging or lab test (CT scan, X-ray, Ultrasound, Lab), followed by an additional imaging or lab test order within 5 minutes.
- Image/Image Batch: The first test ordered for a patient was an imaging test (CT scan, X-ray, Ultrasound), followed by an additional imaging test order within 5 minutes.
- Any Batch: This refers to instances where either a Lab/Image Batch or an Image/Image Batch occurred.

Table 1 provides a comprehensive breakdown of the patient encounters involving diagnostic tests ordered either individually (Sequential) or as part of a group (Batch) during an ED encounter from our baseline sample. Around 43% of patient encounters involved diagnostic tests ordered as part of a batch, the majority of which (60%) included two tests.

Differences were noted between the two cohorts. Patients who had batched tests ordered tended to have a longer ED length of stay, a lower Emergency Severity Index (ESI), and were generally older than those who had their tests ordered individually. Patients in the batch order group were also more likely to present with symptoms at triage, including tachycardia, tachypnea,

TABLE 1 Balance of Chief Complaints Across ED Providers: Results of Wald Test

| Chief Complaints | F-Statistic | Pr(>F) |
|--|-------------|-------------------------|
| Abdominal Complaints | 1.37 | 0.106 |
| Back or Flank Pain | 1.00 | 0.451 |
| Chest Pain | 0.98 | 0.476 |
| Extremity.Complaints | 0.97 | 0.495 |
| Falls, Motor Vehicle Crashes, Assaults, and Trauma | 0.73 | 0.812 |
| Gastrointestinal Issues | 0.98 | 0.480 |
| Neurological Issue | 0.75 | 0.793 |
| Shortness of Breath | 1.23 | 0.199 |
| Skin Complaints | 1.05 | 0.388 |
| Upper Respiratory Symptoms | 1.21 | 0.218 |
| Chief Complaints | F-Statistic | <i>Pr</i> (> <i>F</i>) |
| ESI 1 or 2 | 1.09 | 0.346 |
| ESI 3, 4, or 5 | 1.247 | 0.195 |

Notes: The Wald test was conducted to assess the balance of chief complaints across providers in our dataset. A balanced distribution implies that complaints are evenly distributed across providers, which we expect to be the case due to randomization. The Wald F-statistic and p-value are reported. Robust standard errors (type HC1) were used to account for potential heteroscedasticity in the data.

fever, and hypotension. A deeper dive into the ESI data reveals a higher proportion of patients with more urgent conditions (ESI 1 and 2) in the batched group than in the sequential group. This finding might be indicative of the complexity and severity of the conditions of patients who necessitate batch testing.

Age distributions between the two groups demonstrate a greater proportion of patients aged 65 and above in the batch group, suggesting that older patients are more likely to have multiple tests ordered at once, possibly due to the presence of multiple comorbidities. The batched group showed a longer average ED length of stay compared to the sequential group. This extended stay may be reflective of the additional time required to conduct and evaluate the results of multiple tests. Symptoms presentation at triage also differed between the two groups, with the batched group being more likely to present with tachypnea, fever, and hypotension. However, tachycardia was found to be similar across both groups.

TABLE 2 Summary Statistics for Sequential vs. Batched Test Groups

| Variable | Overall Visits, N = 41,197 ¹ | Tests were Sequentially-Ordered, N = 23,4331 | Tests were Batch-Ordered, N = 17,7641 | p-value ² |
|-----------------|---|--|---------------------------------------|----------------------|
| ESI | | | | < 0.001 |
| 1 | 474 (1.2%) | 130 (0.6%) | 344 (1.9%) | |
| 2 | 13,911 (34%) | 6,502 (28%) | 7,409 (42%) | |
| 3 | 23,655 (57%) | 14,350 (61%) | 9,305 (52%) | |
| 4 | 3,123 (7.6%) | 2,422 (10%) | 701 (3.9%) | |
| 5 | 34 (<0.1%) | 29 (0.1%) | 5 (<0.1%) | |
| Age | | | | < 0.001 |
| <20 | 790 (1.9%) | 605 (2.6%) | 185 (1.0%) | |
| 20-45 | 9,412 (23%) | 6,242 (27%) | 3,170 (18%) | |
| 45-65 | 12,826 (31%) | 7,393 (32%) | 5,433 (31%) | |
| 65+ | 18,169 (44%) | 9,193 (39%) | 8,976 (51%) | |
| ED LOS | | | | < 0.001 |
| Mean (SD) | 270 (382) | 258 (177) | 286 (545) | |
| 72hr Return | 1,482 (3.6%) | 957 (4.1%) | 525 (3.0%) | < 0.001 |
| Number of Tests | | | | < 0.001 |
| 1 | 12,961 (31%) | 11,937 (51%) | 1,024 (5.8%) | |
| 2 | 19,112 (46%) | 8,457 (36%) | 10,655 (60%) | |
| 3 | 7,688 (19%) | 2,581 (11%) | 5,107 (29%) | |
| 4 | 1,342 (3.3%) | 432 (1.8%) | 910 (5.1%) | |
| 5 | 94 (0.2%) | 26 (0.1%) | 68 (0.4%) | |
| Disposition | | | | < 0.001 |
| Discharge | 25,302 (61%) | 15,922 (68%) | 9,380 (53%) | |
| Admit | 9,097 (22%) | 4,209 (18%) | 4,888 (28%) | |
| Other | 6,798 (17%) | 3,302 (14%) | 3,496 (20%) | |
| Tachycardic | 8,115 (20%) | 4,562 (19%) | 3,553 (20%) | 0.18 |
| Tachypneic | 3,822 (9.3%) | 1,669 (7.1%) | 2,153 (12%) | < 0.001 |
| Febrile | 969 (2.4%) | 353 (1.5%) | 616 (3.5%) | < 0.001 |
| Hypotensive | 651 (1.6%) | 305 (1.3%) | 346 (1.9%) | < 0.001 |
| Gender | | · · · | | < 0.001 |
| Female | 22,105 (54%) | 12,986 (55%) | 9,119 (51%) | |
| Male | 19,092 (46%) | 10,447 (45%) | 8,645 (49%) | |
| Race | | | | < 0.001 |
| White | 36,554 (89%) | 20,665 (88%) | 15,889 (89%) | |
| Black | 1,682 (4.1%) | 974 (4.2%) | 708 (4.0%) | |
| Asian | 1,217 (3.0%) | 710 (3.0%) | 507 (2.9%) | |
| Other | 737 (1.8%) | 449 (1.9%) | 288 (1.6%) | |
| Native | 538 (1.3%) | 340 (1.5%) | 198 (1.1%) | |
| Unknown | 469 (1.1%) | 295 (1.3%) | 174 (1.0%) | |

4 | DISCUSSION

5 | CONCLUSION

 $[\]overline{}$ n (%) 2 Pearson's Chi-squared test; Welch Two Sample t-test

6 | APPENDIX

TABLE 3 Chief Complaints Categorization

| Complaint Area | Complaints |
|------------------------------------|---|
| Abdominal Complaints | Abdominal Cramping, Abdominal Distention, Dyspepsia, Abdominal Pain, Ascites, |
| _ | Hernia, Abdominal Aortic Aneurysm, Abdominal Injury, Pancreatitis, Umbilical |
| | Hernia |
| Abnormal Test Results | Abnormal Lab, Abnormal Potassium, Abnormal Calcium, ECG Changes, Abnor- |
| | mal ECG, Abnormal Test Result, Blood Infection, Acute Renal Failure, Hypocal- |
| | cemia, Chronic Renal Failure, Pulmonary Embolism, Abnormal X-ray, Hypoglycemic |
| | Unawareness, Elevated Blood Pressure, Abnormal Sodium, Hyperglycemia, Hypona- |
| | tremia, Platelet Disorders, Anemia, Hypoglycemia, Hypertension, Hypotension, |
| | Abnormal Chest Imaging, Abnormal Oximetry, Abnormal Stress Test, Blood Sugar |
| | Problem, Hypocalcemia, Hyponatremia |
| Allergic Reaction | Allergic Reaction, Anaphylaxis |
| Back or Flank Pain | Back Pain, Back Problem, Flank Pain, Sciatica, Back Injury, Disc Disorder |
| Breast Complaints | Breast Mass, Breast Pain, Breast Problem, Breast Discharge, Breast Cancer, Breast Discharge, Breast Inflammation |
| Cardiac Arrhythmias | Atrial Fibrillation, Atrial Flutter, Cardiac Valve Problem, Bradycardia, Irregular Heart |
| | Beat, Palpitations, POTS, Ventricular Tachycardia, Rapid Heart Rate, Heart Problem, |
| | Cardiac Arrest, Congestive Heart Failure, Circulatory Problem, Transient Ischemic |
| | Attack, Ventricular Tachycardia |
| Chest Pain | Chest Injury, Chest Pain, Chest Wall Pain, Angina, Collarbone Injury, Rib Injury, |
| | Heart Pain |
| Dizziness / Lightheadedness / Syn- | Dizziness, Near Syncope, Syncope, Vertigo, Spells, Hypotension, Paroxysmal Posi- |
| cope | tional Vertigo, Paroxysmal Positional Vertig |
| Ear Complaints | Cerumen Impaction, Ear Drainage, Ear Fullness, Ear Laceration, Ear Problem, Ear- |
| | ache, Hearing Problem, Tinnitus, Ear Injury, Hearing Loss, Nasal Trauma |
| Epistaxis | Epistaxis, Epistaxis (Nose Bleed), Nose Problem |
| Exposures, Bites, and Envenoma- | Animal Bite, Body Fluid Exposure, Chemical Exposure, Poisoning, Exposure to STD, |
| tions | Insect Bite, Smoke Inhalation, Radiation, Snake Bite, Toxic Inhalation |
| Extremity Complaints | Ankle Injury, Ankle Pain, Arm Injury, Arm Pain, Cold Extremity, Arm Swelling, |
| | Arthritis, Elbow Injury, Elbow Pain, Pseudogout, Extremity Pain, Extremity Weak- |
| | ness, Finger Injury, Hip Injury, Extremity Weakness, Finger Injury, Finger Pain, |
| | Dislocation, Foot Infection, Foot Injury, Foot Numbness, Foot Pain, Foot Swelling, |
| T. C. I. | Foot Ulcer, Foot Wound Check, Hand Injury, Hand Pain |
| Eye Complaints | Blurred Vision, Decreased Visual Acuity, Diplopia, Detached Retina, Eye Drainage, |
| | Eye Exposure, Eye Pain, Eye Problem, Eye Swelling, Eye Trauma, Foreign Body |
| | Eye, Flashes / Light, Loss of Vision, Red Eye, Visual Field Change, Eyelid Problem, |
| | Itchy Eye, Eye Exam, Burning Eyes, Eye Twitching, Eyelid/brow Lift Evaluation, |
| Falls, Motor Vehicle Crashes, | Strabismus, Glaucoma, Spots / Floaters Assault Victim, Concussion, Facial Injury, Fall, Nasal Trauma, Head Injury, Head |
| Assaults, and Trauma | Laceration, Motor Vehicle Crash, Puncture Wound, Sexual Assault, Trauma, Domestic |
| Assaults, and Hauffia | Violence, Gun Shot Wound, Work Related Injury, Motorcycle Crash, Injury, Bicycle |
| | Accident, Near Drowning, Lip Laceration |
| Fatigue and Weakness | Difficulty Walking, Fatigue, Gait Problem, Weakness-Generalized, Chronic Fatique, |
| Tangue and Treatmess | Weakness- Generalized |
| Fevers, Sweats or Chills | Chills, Diaphoresis, Fever, Night Sweats, Diaphoretic, Diapohresis, Hoarseness, |
| 10.010, 5 would of Chillip | Laryngitis |
| | 2 |

| Foreign Body | Food Bolus, Foreign Body, Foreign Body in Ear, Foreign Body in Skin, Foreign Body |
|-----------------------------------|--|
| | in Vagina, Swallowed Foreign Body, Foreign Body in Nose, Foreign Body, FB eye, |
| | Foreign Body in Rectum |
| Gastrointestinal Issues | Anal Fissure, Black or Bloody Stool, Constipation, GERD, Anal Fistula, Diarrhea, |
| | Dysphagia, Fecal Impaction, Fistula Follow Up, GIbleeding, GI Problem, Hemor- |
| | rhoids, Morning Sickness, Nausea, Ostomy Care, Rectal Bleeding, Rectal Pain, Vom- |
| | iting, Vomiting Blood, Vomiting During Pregnancy, GI Bleeding, Fecal Incontinence, |
| | Bloated, Hematochezia, Urine Leakage, Heartburn, Rectal Discharge, Urolithiasis, |
| | Ulcerative Colitis, Irritable Bowel Syndrome, Rectal Prolapse, Fistula Evaluation, |
| | Rectal Problems, Perianal Abscess, Fisula Evaluation, Stoma Dysfunction |
| Genital Complaints | Groin Burn, Groin Pain, Groin Swelling, Inguinal Hernia, Menstrual Problem, Pelvic |
| | Pain, Penis Pain, Priapism, Testicle Pain, Menorrhagia, Vaginal Bleed, Vaginal Bleed- |
| | ing, Vaginal Itching, Bartholin's Cyst, Genital Warts, Groin Injury, Vaginal Bleeding- |
| | Pregnant, Vag Bleed Pregnant, Female Genital Issue, Penis Injury, Vaginal Discharge, |
| | Vaginal Pain, Erectile Dysfunction, Vaginal Prolapse, Urethral Stricture, Penile Dis- |
| | charge, Menorrhagia, Gynecologic Exam, Menstrual Problem, Vaginitis/Bacterial |
| | Vaginosis, Ovarian Cyst, Vaginitis / Bacterial Vaginosi |
| Medical Device or Treatment Issue | Cast Problem, Device Check, Dressing Change, Feeding Tube, AICD Problem, Insulin |
| | Pump Visit, Gastrostomy Tube Change, Medication Reaction, Shunt, Appliance |
| | Removal, Tube Problem, Urinary Catheter Change, Vascular Access Problem, Enteral |
| | Nutrition Evaluation, Device Malfunction, Pacemaker Problem, Remova / Exchange |
| | Catheter, Drain Removal, Outpatient Infusion, Treatment, Heart Assist Device, Stoma |
| | Dysfunction, Tracheostomy Tube Change, Ureteral Stent Exchange |
| Medication Request | Immunizations, Infusion / Injection Administration, IV Medication, Infusion/ Injec- |
| | tion Administ, Med Refill, Medication Visit, Pain Management, Blood Product |
| | Administration, Labs Only, Tetanus (Td & Tdap), Wound Care |
| Neurological Issue | Altered Mental Status, Cognitive Concerns, Facial Droop, Pre Syncope, Focal Weak- |
| | ness, Headache, Memory Loss, Migraine, Dementia, Dysphasia, Neuro Problem, |
| | Numbness, Paralysis, Seizures, Slurred Speech, Spasms, Stroke Like Symptoms, Tin- |
| | gling, Tremors, Trigeminal Neuralgia, Unable to Speak, Seizure Disorder, Insomnia, |
| | Parkinson's Disease, Loss of Consciousness, Neuropathy, Ataxia, Unable to speak, |
| | Peripheral Neuropathy, Stroke, Cerebrovascular Accident, Speech Problem, Acute |
| | Neurological Problem, Flashes, Light, Unresponsive, Multiple Sclerosis, Parkinson's |
| | Disease, Febrile Seizure, Paresthesia, Peripheral Neuropathy, Hydrocephalus, Spas- |
| | ticity, Neuroendocrine Tumor |

| Other | Dehydration Figure Evaluation Follow La Illness Letter for Calca-18Va-da |
|----------------------------|---|
| Other | Dehydration, Fisula Evaluation, Follow-Up, Illness, Letter for School/Work, Aneurysm, Lung Eval, Error, Mass, Oral Swelling, Other, Advice Only, Deformity, |
| | Electric Shock, Personal Problem, Shaking, Swelling, Swollen Glands, Adenopa- |
| | |
| | thy, Adrenal Problem, Thrombophilia, Weight Gain, Weight Loss, Hiccups, , Chemo |
| | Related Symptoms, Hot Flashes, Follow-up, Non Healing Wound, (Other), Mouth |
| | Injury, Xerostomia, Prostate Check, Suture / Staple Removal, Wellness, Voice |
| | Changes, Vital Sign Check, Coagulation Disorder, Cold Exposure, Consult, Dental |
| | Problem, Tetanus (Td & Tdap), Infusion/ Injection Administ, Tracheostomy Tube |
| | Change, Medical Information, Neutropenic Fever, Infection, Leukemia, Heat Expo- |
| | sure, Poor Appetite, Gingivitis, Pre-op Exam, gingivitis, Loss of appetite, Failure |
| | To Thrive, Referral, Lymphoma, Hot Flashes, Neutropenia, Radiation, Ingestion, TB |
| | Test, Fussy, Lupus, Toxic Inhalation, Lung Screening, Leakage/Loss of Fluid, Liver |
| | Eval, Hepatic Cancer, Lung Mass, Venous Thromboembolic Disease, Insulin Pump |
| | Visit, Preventive Visit, Avulsion, Peripheral Edema, Hypoglycemic Unawareness, |
| | Immobility, Giant Cell Arteritis, Polydipsia, Platelet Disorders, Post-procedure, Lung |
| | Follow-up, Poisoning, Injections, POTS, Insulin Reaction, Liver Transplant, Labs |
| | Only |
| Other Pain | Dental Pain, Facial Pain, Generalized Body Aches, Myalgia, Dental Injury, Jaw |
| 2 W | Pain, Muscle Pain, Neck Pain, Pain, Sickle Cell Pain Crisis, Paresthesia, Torticollis, |
| | Chronic Pain, Cancer Pain, Incisional Pain, Bone Pain, Tailbone Pain, Gout, Muscle |
| | pain/Weakness, Pseudogout |
| Post-Op Issue | Post-Op, Post-Procedure, Post-Op Problem, Post-op, Post-Op Issue, Wound Dehis- |
| 1 Ost-Op Issue | cence, Post-op Problems, Post-op Problem |
| Developing Complaints | |
| Psychiatric Complaints | Anxiety, Auditory Hallucinations, Depression, Panic Attack, Homicidal, PTSD (Post- |
| | Traumatic Stress, Delusional, Fussy, Paranoia, Suicide Attempt, Hallucinations, Manic |
| | Behavior, Eating Disorder, Suicidal, Agitation, Psychiatric Evaluation, Aggressive |
| | Behavior, Mental Health Problem, Inappropriate Words |
| Shortness of Breath | Airway Obstruction, Aspiration, Pain With Breathing, Near Drowning, Respiratory |
| | Distress, Shortness of Breath, Wheezing, Increased Work Of Breathing, Difficulty |
| | Breathing, Choking, Oxygen Dependence, Hyperventilating, Orthopnea |
| Skin Complaints | Abrasion, Abscess, Bleeding/Bruising, Blister, Angioedema, Lip Laceration, Burn, |
| | Cellulitis, Cyst, Drainage from Incision, Disturb of Skin Sens, Edema, Extremity |
| | Laceration, Facial Burn, Cyanosis, Impetigo, Facial Laceration, Facial Swelling, Fin- |
| | ger Laceration, Leg Rash, Herpes Zoster, Hives, Itching, Jaundice, Diabetic Ulcer, |
| | Diabetic Wound, Laceration, Mouth Lesions, Non-Healing Wound, Rash, Recur- |
| | rent Skin Infections, Skin Problem, Sore, Scabies, Suture \Staple Removal, Wound |
| | Check, Wound Infection, Lesion, Skin Check, Minor Skin Infection, Skin Ulcer, Skin |
| | Discoloration, Sunburn, Head Lice, Scabies, Fungal Infection, Leg Rash, Impetigo |
| Substance Abuse Issues | Alcohol Intoxication, Alcohol Problem, Withdrawal, Drug Overdose, Drug / Alcohol |
| | Dependency, Addiction Problem, Addiction Assessment, Delirium Tremens (DTS) |
| Upper Respiratory Symptoms | Congestion, Cough, Coughing Up Blood, Flu Symptoms, Enlarged Tonsils, Periton- |
| - rrrmator) ~jmptoms | sillar Abscess, Nasal Congestion, Sinus Symptoms, Sinusitis, Sore Throat, Hoarse- |
| | ness, Throat Problem, Upper Respiratory Infection, Influenza, Laryngitis, Respiratory |
| | Arrest, Pneumonia, Pleural Effusion, Asthma, Croup, URI, Peritonsillar Abscess |
| Pregnancy Related | Pregnancy Problem, Miscarriage, Contractions, Ectopic Pregnancy, Laboring, Possi- |
| regnancy related | ble Pregnancy, Pregnancy Related |
| Danal | |
| Renal | Av Fistula, Kidney Transplant, Elevated Serum Creatinine, End-Stage Liver Disease, Hemodialysis Access, Nephritis, Ureteral Stent Exchange |
| | |

| Urinary Complaints | Bladder Problem, Blood in Urine, Cystitis, Difficulty Urinating, Dysuria, Gross |
|--------------------|--|
| | Hematuria, Painful Urination, Urinary Frequency, Urinary Symptom, Urinary Incon- |
| | tinence, Urinary Problem, Urinary Retention, Slowing Urinary Stream, Urinary Tract |
| | Infection, Urinary Urgency, Voiding Dysfunction, Hesitancy Urinary |