Compassion Accountability Effectiveness

Developing clinical guidelines to improve home care for patients after prostatectomy

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Background

Benign Prostatic Hyperplasia (BPH) is commonly seen in males aged 60 or older, of which 50% experience symptomatic onset. Surgery is the fastest method to alleviate symptoms and prevent kidney injury. The side effects, which include postoperative bleeding, infection, postoperative complications and urinary incontinence, may influence the life quality. The major care needs for prostatectomy should include foley care, incontinence care, and prevention of hematuria. In recent years, due to changes in Medicare policy, such as an increase in immediate surgery and reduction in hospitalization, patients generally need to learn self-care in a shorter period time. Moreover, the provision of complete health education for postoperative care would have positive effects on recovery to normal daily life and self-care. In 2003, the discharge planning process included phone consultations for prostatectomy patients with BPH that were carried out because of insufficient knowledge about Foley care, prevention of hematuria, and incontinence care for 32 cases (25%), and 14 - day hematuria-propelled readmissions for five cases (9%). This work highlights the difficulties that arise due to home care for patients and their families.

Objective

This study aims to develop clinical guidelines for both patients and their families with regard to taking care of those with prostatectomy home care (PHC). This would help to improve the quality of PHC and reduce the re-admission rate due to the complication of hematuria.

Method

TThis study was an action research. The subjects were post-prostatectomy patients without complication. A task force was composed of three urologiests, five nurses, and two administrators. The postoperative care procedure was analyzed by the task force using a quality control circle approach, while references were cross-checked and charts were reviewed. The care processes used were carefully examined. Regular meetings were held among the five nurses and three urologists to delineate the care quality indicators. Three dimensional models were applied to analyze the care process, staffing, and patient characteristics. An analysis of the results showed three factors related to poor quality care: (1) with regard to the process, there was lack of monitoring standards for postoperative care quality; (2) with regard to the nursing staff, there was a the lack of coherence and integrity in the content of the guidance guidelines; and, (3) with regard to the patients, there was a lack of knowledge about hematuria, and thus greater anxiety. We thus develop a guidelines for caregiver education, including an innovative urinary color card and educational tools. Interventions include: (1) The development of clinical guidelines for post-prostatectomy care, focusing on six aspects, such as diet, exercise, Foley care, incontinence care with Kegel exercise (pelvic floor), urine color differentiation (for hematuria), and re-scheduling for subsequent diagnosis. (2) The innovative design of a urine color education card (UCEC) for urine color differentiation. And (3) organizing in-service education on prostatectomy home care (PHC).

Results

A total of 525 subjects were included from February 2014 to May 2016, and an analysis of their data showed the completion rate of PHC was 99.5% (with the threshold set at 90%). Meanwhile, the percentage of telephone consultations for home care service after discharge was 10%, down from 25%, indicating an improvement of 60%. The re-admission rate for hospitalization due to hematuria in the 14 days after discharge was 2%, down from 9%, indicating an improvement of 78%.

Discussion & Conclusion

This research focused on the development of clinical care guidelines for PHC. Care service quality could be closely monitored and regularly checked for improvement. The innovative urine color education card designed as part of this work could be applied in the home care guide for post-prostatectomy patients, in order to effectively improve self-care and reduce the re-admission rate due to hematuria. The development of guidelines for home care education had the following benefits: (1) Integration of disease care service for more comprehensive post-discharge care; (2) preparation of the urine color education card, inspiring creativity in health care workers and providing a standard tool for educating patients; and (3) from the perspective of risk management, the introduction of clinical care guidelines could identify individual cases at high risk of re-admission and so assist the medical team in establishing systematic preventive measures, and serve as a reference for the effects and quality of post-prostatectomy home care services.