Traditional Versus Telenursing Outpatient Management of Patients With Cancer With New Ostomies

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Purpose/Objectives: To measure the impact of telenursing on patients discharged with ostomies resulting from cancer treatment.

Design: Quasi-experimental design with surveys.

Setting: Large tertiary care center in the southwestern United States.

Sample: 28 patients with cancer in two groups: traditional home health and home health plus telenursing.

Methods: Recorded the number of home health and telenursing contacts, dates when ostomy self-care needs were met, supplies used, and distance traveled. Patients completed a satisfaction survey and Makleburst’s Ostomy Adjustment Scale.

Main Research Variables: Type of care, costs, patient satisfaction, ostomy adjustment, and time to achieve ostomy self-care.

Findings: Telenursing patients indicated higher satisfaction. The home health group averaged one more home health visit per patient (telenursing X = three visits). Overall costs for both types of visits were about equal. The home health group used an average of four more pouches per patient, with increased cost of $52 per patient. Telenursing patients believed that nurses had increased understanding of their problems, and they were more comfortable with what nurses told them about ostomy. Telenursing participants believed that telenursing made care more accessible; they preferred telemedicine rather than waiting for face-to-face visits but still believed that face-to-face visits were best.

Conclusions: Combining traditional home health and telenursing is feasible for supporting discharged patients with new ostomies and enhances traditional home health; resulting in increased satisfaction overall.

Implications for Nursing: Oncology nurses should develop telenursing programs that include patient and family education regarding oncology issues.

Patients with new ostomies resulting from treatment for a cancer diagnosis have special needs. Patients must adjust not only to the cancer diagnosis but also to a colostomy or urostomy (Brogna, 1985; Grant, Padilla, Presant, Lipsett, & Rupa, 1983; Haas, 1999; Jenks, Morin, & Tomaselli, 1997; Kleinpell-Nowell & Weiner, 1999; Reilly, 1994). Patient education outcomes include the ability to perform self-care, the return to previous activities performed prior to surgery, and support for emotional adjustment. New psychomotor skills also must be learned so that patients are able to care for the ostomy. In addition, patients express anxiety and stress caused by a changed body image perception and are concerned about acceptance by their family, friends, and society.

In the changing healthcare environment, patients with new ostomies are being discharged earlier after their initial surgic-