

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

Susan Kay Bohnenkamp, RN, MS, CCM, Pat McDonald, ARNP, CS, CWOCN, Ana Maria Lopez, MD, Elizabeth Krupinski, PhD, and Ann Blackett, RN, MS, CPHQ, COCN, CWOCN

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 Maklebust'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 \bar{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.

Key Points . . .

- ▶ Patients with cancer with new ostomies have special needs that should be met.
- ▶ Once patients are discharged from the hospital, gaps can occur in the continuum of care.
- ▶ Telenursing is one program that provides clinical nurse specialist care via telecommunications to patients in the home.

cal hospital stay. In the diagnosis-related group, the colostomy length of stay (LOS) decreased to 5.8 days in 2003 from 7.6 days in 1995, and the urostomy LOS decreased to 6.4 days in 2003 from 9.7 days in 1995 (Hart & Schmidt, 2003; Lorenz, 1995). The shorter hospital stay reduces the amount of time that patients and their families have to become proficient in self-care, resulting in increased patient visits for education and support after discharge. Patients may need to travel long distances for these visits.

Nurses who specialize in ostomy care are extremely important to the continuum of care for patients with ostomies and their families. Rolstad (1987) and Doughty (1992, 2001) described the role of the enterostomal therapy (ET) nurse as determining the proper equipment, educating patients and family members, and providing supportive counseling, including adaptation (Hedrick, 1987). This spectrum of activity cannot be accomplished during a patient's hospital stay. ET nurses are integral to patients' follow-up care and education. Orem's

Susan Kay Bohnenkamp, RN, MS, CCM, is a clinical nurse specialist at University Medical Center, Pat McDonald, ARNP, CS, CWOCN, is a nurse practitioner at University Medical Center, Ana Maria Lopez, MD, is an oncology physician at the Arizona Cancer Center and medical director at the Arizona Telemedicine Program, Elizabeth Krupinski, PhD, is an assistant director of evaluation at the Arizona Telemedicine Program, and Ann Blackett, RN, MS, CPHQ, COCN, CWOCN, is a clinical nurse specialist at University Medical Center, all in Tucson, AZ. (Submitted September 2003. Accepted for publication November 26, 2003.)

Digital Object Identifier: 10.1188/04.ONF.1005-1010

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, Present, Lipsett, & Runa, 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 surgi-