

Homecare Referrals and 12-Week Outcomes Following Surgery for Cancer

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This article has been chosen as particularly suitable for reading and discussion in a Journal Club format. The following questions are posed to stimulate thoughtful critique and exchange of opinions, possibly leading to changes on your unit. Formulate your answers as you read the article. Photocopying of this article for group discussion purposes is permitted.

1. Considering our patient population, how often do our patients require homecare referrals upon discharge?
2. Do we keep track of patient readmissions for issues encountered after discharge?
3. What are the criteria on which we judge the need for home care?
4. Do nurses play a role in identifying patients who will need home care after discharge?
5. Are the criteria identified in this article a part of our discharge planning evaluations? Should they be?
6. What steps can we take to ensure that patients who need homecare referrals get needed services?
7. What outcomes can we measure to evaluate whether the changes we institute will be successful?

At the end of the session, take time to recap the discussion and make plans to follow through with suggested strategies.

Purpose/Objectives: To determine characteristics of patients undergoing cancer surgery who do and do not receive homecare referral after hospitalization, relative to poor discharge outcomes.

Design: Secondary analysis of a randomized clinical trial.

Setting: Urban, academic cancer center in the northeastern United States.

Sample: 375 patients 60 years and older and admitted for solid tumor cancer surgery.

Methods: Stepwise, multiple logistic regression using patient characteristics related to homecare referrals or those related to poor discharge outcomes.

Main Research Variables: Homecare referral and poor discharge outcome.

Findings: Patients 70 years or older, single, hospitalized for a week or more for a late-stage cancer, with greater than four comorbid conditions, and discharged with more than four daily activity impairments, depressive symptoms, and a need for skilled nursing care were more likely to require home care. Patients not referred to home care who received adjuvant cancer therapies were about three times more likely to have poor discharge outcomes.

Conclusions: Patients who were referred for home care had characteristics similar to medical or surgical patients documented in the literature. However, younger patients with lengthy hospital stays and recipients of adjuvant cancer therapy did poorly after discharge and may benefit from home care.

Implications for Nursing: Certain characteristics, such as age, single marital status, depression, and cognition, should trigger further assessment of patients' needs after discharge, including anticipating needs of patients who will receive adjuvant therapies.

Key Points . . .

- Identifying the characteristics of patients undergoing surgery for cancer who need homecare referral is important to ensure they receive needed care.
- Many patients who do not get a needed referral have poor outcomes after discharge, so clinicians should anticipate the effects of adjuvant therapy on outcomes after discharge and evaluate whether the patient should receive a homecare referral.
- Referral for homecare services may provide the monitoring and symptom management needed to avert costly outcomes.

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