

# Can nurses substitute doctors? A project concerning quality control

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## Introduction and objectives:

For many years we have had a common procedure in the outpatient clinic, wanting to make a check-up examination of patients treated for Lower Urinary Tract Symptoms (LUTS).

The procedure included that, on the same day, the patients visited:

1. the nurse for making a new comparing uroflow and residual urine
2. the doctor for a follow up talk, whether further examinations were required or the patient could be successfully discharged.

In 2005 it was decided to change the procedure. In the future only the nurse should take care of this group of patients. It became up to her, whether the patient needed a new talk to the doctor or he could be discharged after the examination.

This procedure was caused by:

1. the doctor was always fully booked and maybe the new procedure could give more space to seriously ill patients
2. the doctor discovered, that the patient often got all the needed information, by talking to the nurse.

## Material and methods:

We wanted to make a prospective research of the patient satisfaction.

We wanted to investigate a consecutive group of patients treated for LUTS and discharged. The patients have been treated in 2 different hospitals and after 5 different methods.

To secure, that the patient got the same treatment and got around the same questions, no matter which urological nurse he visited, we worked out detailed standards, description and checklist for the examination.

The patient had a questionnaire with 9 questions related to his actual visit and the decisions made by him and the nurse.

In our database we also put objective data as DanPSS score before and after treatment and Qmax before and after treatment. Would there be any connection between objective and subjective facts in the matter of satisfaction?



**CHECK LIST**

name and data \_\_\_\_\_

Check-up after treatment: \_\_\_\_\_ by nurse: \_\_\_\_\_

checked the eventual histology? yes ☐ no ☐

**The patient's subjective evaluation of his actual visit**

- better ☐  
- unchanged ☐  
- worse ☐

- did the medical treatment (if so) have the desired effect?  
yes ☐ no ☐ don't know ☐

- going through the Dan-PSS score form  
- going through the sexual related questions at the end of the examination

**the score before treatment:**  
Total score: obstructive: initiative:

**the score after treatment:**  
Total score: obstructive: initiative:

The plan for the day has been presented

**flow and residual urine before treatment**

flow \_\_\_\_\_ volume \_\_\_\_\_

**Questionnaire**

You have just been to a check-up examination by the nurse, and have now been discharged from the clinic. As we want these examinations to be as good as possible - we therefore kindly ask you to answer these following 9 questions.

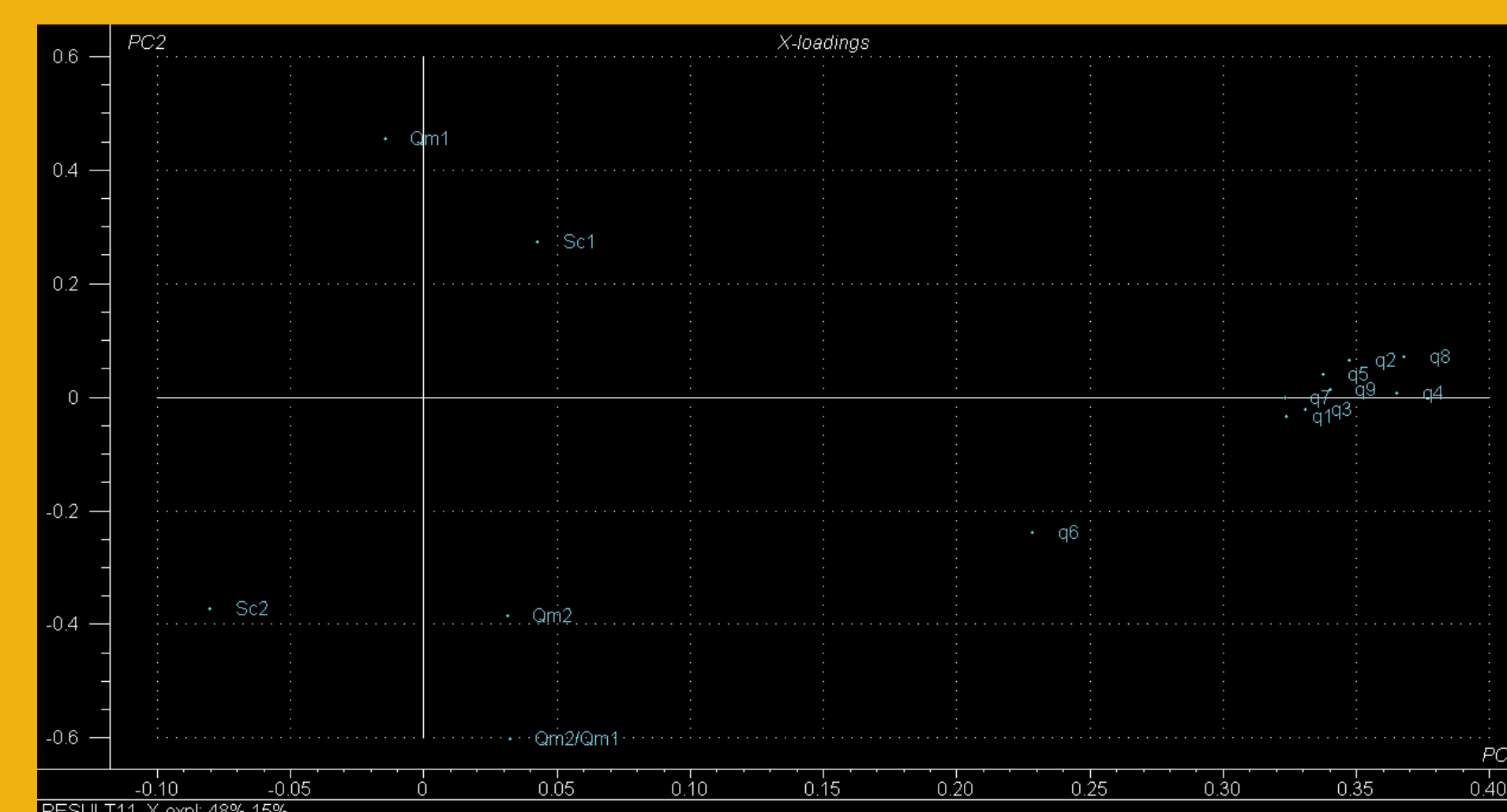
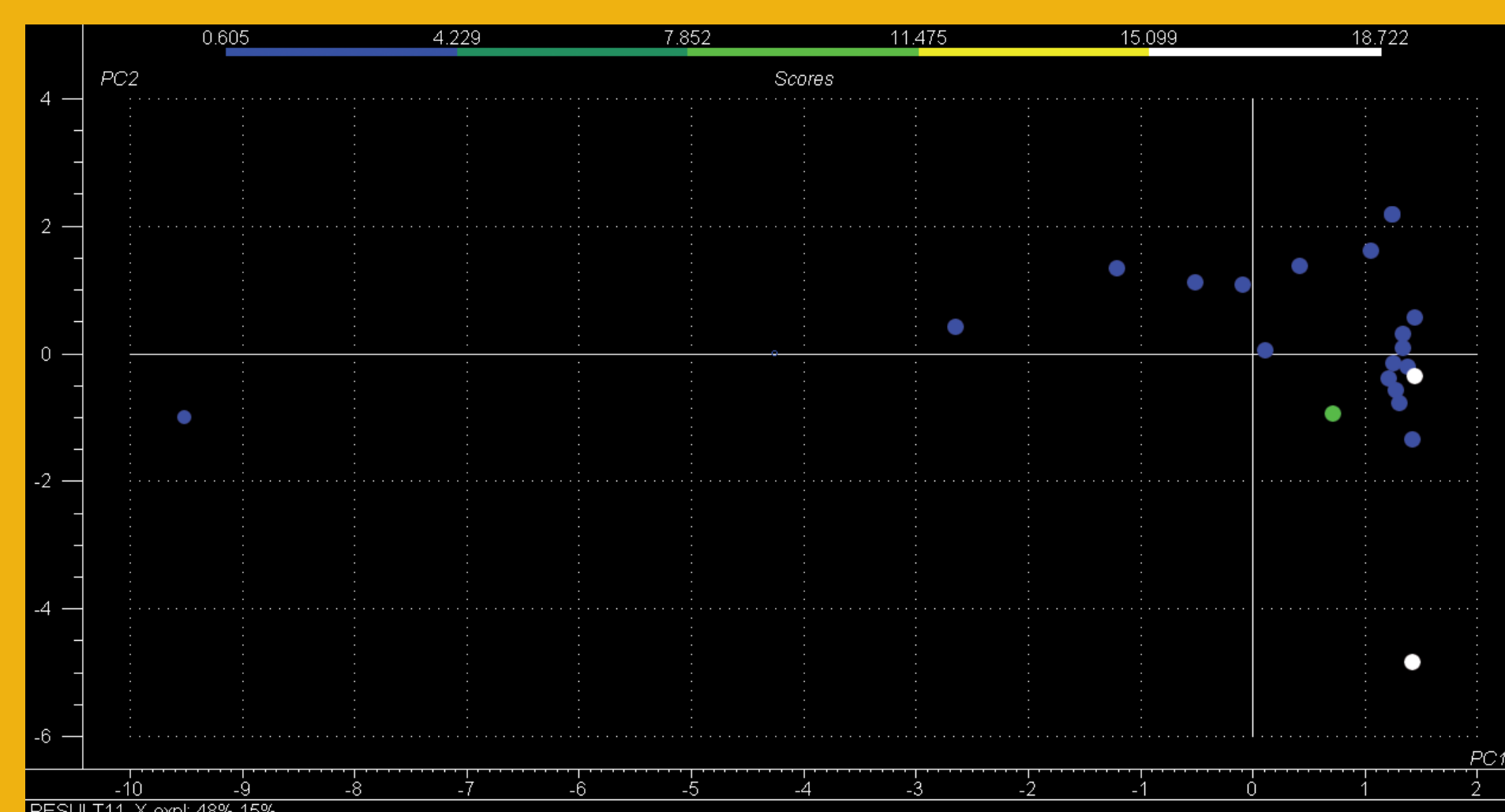
Each question gives you 5 potentials of answering. For each question you have to mark one of the squares. If you decide - after reading the question - that you are satisfied or even most satisfied you mark the squares to the right. If you are unsatisfied or even most unsatisfied you mark the squares to the left.

Do like this:  
a) if you have been **most satisfied** about the issue we're asking you, put your mark in the square named **+2**  
b) if you have been **satisfied** about the issue we're asking you, put your mark in the square named **+1**  
c) if your experience about the issue we're asking you, put your mark in the square named **0**  
d) if you have been **unsatisfied** about the issue we're asking you, put your mark in the square named **-1**  
e) if you have been **most unsatisfied** about the issue we're asking you, put your mark in the square named **-2**  
f) if it is impossible for you to find the answer for one or several questions, don't mark anything but go on to the next question

1.) Did the nurse give you the feeling that you were being listened to?  
2.) Did the nurse give you the feeling that you were being understood?

**STANDARD**

Structure	Process	Result
S.1 The patient is picked up from the waiting area.	P.1 The nurse goes to the common waiting room. The nurse introduces herself and shakes hands with the patient. Then she follows the patient into the clinic.	R.1 The patient feels very welcomed and expected.
S.2 The patient's subjective evaluation of the voiding situation today versus earlier.	P.2 Going through the Dan PSS questionnaire, the nurse checks the questions. Where does the patient have problems? Compared with earlier problems.	R.2 The patient's voiding situation is described subjectively with this questionnaire. The amount of problems gives the nurse knowledge about the patient's evaluation of the treatment.
S.3 Sexual questions from the Dan PSS questionnaire.	P.3 Then the nurse and the patient go through the questions. Only By score 1 to 3 at the questions the nurse goes into details to get clearness about the size of the problems. <ul style="list-style-type: none"><li>• Is it total impotence?</li><li>• Is there nighty erection?</li><li>• Is there an erection in the morning?</li><li>• Does the patient realize that the operation is responsible of retrograde ejaculation?</li><li>• Is there a difference between the situation now versus how the situation was before the treatment?</li></ul> The nurse and the patient discuss the others sexual problems the patient may have.	R.3 Find out how the patient is. Find out if the patient is aware of the consequences an operation may have. Show the patient that the nurse treats the problem seriously. Possibly make sure that the doctor is contacted if any medical treatment.



The scoreplot (on the left) depicts that improvement of Qmax or lack of improvement (illustrated by the colours) has no impact on the patient satisfaction. The loadingplot (on the right) shows that the variation in satisfaction is determined by only two variables, Sc2 and the nurses questionnaire (analytical method, PCA).

## Conclusions:

The 9 answers from the questionnaire prove a great satisfaction with the nurse lead consultation.

The answers lie very close.

The loadingplot shows that there is a connection between low Score after treatment and high level of satisfaction.

The loadingplot shows also that the Qmax after treatment had no significant importance of the satisfaction with the consultation.

