Can nurses substitute doctors? A project concerning quality control
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Abstract

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?

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.

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).