

Service Priorities and Programmes Electronic Presentations

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Towards excellent care: How to reduce Percutaneous Nephrostomy Catheter complications by implementing large scale nursing hands-on workshop? LAI SY(1), WONG SWA(1)(2), NG YKS(1), CHEUNG HY(1)(2), LEONG HT(1) (1)Department of Surgery, North District Hospital, HKSAR (2)Division of Urology, Department of Surgery, North District Hospital, HKSAR

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Introduction

When there is a blockage over the urine drainage from kidney to bladder, whatever the cause is, it may lead to urosepsis, acute renal failure or even death. In order to decompress the system, percutaneous nephrostomy (PCN) catheter insertion is usually the method. PCN is a 6-8 Fr. tube, which put at the loin area, direct into the kidney. If nursing care on PCN catheter is not good enough, unnecessary PCN revision and re-insertion procedures may needed which may cost extra medical expenses in medical system and patient suffering. To minimize poor PCN catheter care which may lead to complications, a hands-on PCN catheter care workshop in January 2012 was held to cluster's frontline nurses in order to strengthen their caring skills and standard.

Objectives

1. To provide basic and advanced PCN care education to NTEC frontline nurses 2. To evaluate workshop's effectiveness from attendees' feedback 3. To evaluate workshop's effectiveness by clinical case monitoring

Methodology

On 14th January, 2012, PCN care hands-on workshop was held with lecture provided in the morning session and hands-on teaching in the afternoon session. Total 101 nursing staffs had attended the workshop and evaluation forms were collected from them. A 3 months pre and post workshop clinical data (October to December, 2011; February to April, 2012) on PCN catheter related complications was captured retrospectively.

Result

Total 83 evaluation forms (82 %) were collected from attendees, 97 (96 %) attendees were satisfied with the workshop while 100% agreed the lecture and hands-on session was practical and applicable to their usual practice. The admission rate due to PCN dislodgement was reduced 40% obviously after nurses' caring skills was empowered. Besides, no increase in number of PCN leakage was noted for the

admitted cases. Regarding the patient who had frequent admission due to catheter dislodgement, no further admission for the same problem after we have given the lecture and hands-on workshop. Therefore, this workshop is worth to conduct by mean of reduction of admission rate and positive clinical outcomes measurement.