



## Service Priorities and Programmes Electronic Presentations

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### **Clinical Audit on Unplanned Readmission of Urology Patients in Pamela Youde Nethersole Eastern Hospital**

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#### **Introduction**

Unplanned readmission for urological patients constitutes a heavy workload for inpatient ward in PYNEH. There were various causes of discharged urological patient to attend the Emergency Departments and then readmitted. To review those cases and to check if there were any preventable factors, an audit on unplanned readmission of urology patient was held in Department of Surgery.

#### **Objectives**

1. To analyze the reason of unplanned readmission of urology patient. 2. To provide feedback to enhance patient education by medical and nursing staffs. 3. To recommend strategies for reduce urology unplanned readmission rate.

#### **Methodology**

The audit was conducted in concurrent strategies from 1 July to 30 September 2015. All urology patients who had readmitted to emergency surgical wards of Department of Surgery in PYNEH via the Emergency Departments within 28 days were recruited. Data were collected through reviewing patient's records, interview with patients and their relatives whenever appropriate.

#### **Result**

A total of 58 cases were recruited during the audit period. The overall unplanned readmission rate was 3.78%. The top two chief complaint of readmission were "Haematuria" 20/58 (34.5%) and "Acute retention of urine" 15/58 (25.9%). Overall there were 21 out of 58 cases (36%) readmission related to post procedure problems. The top two procedures being identified were "Wean off urinary catheter" 8/21 (38%) and "Transurethral resection of prostate" 6/21 (29%). By interview with patients and their relatives, mostly the reason of attending the Emergency Department after discharged was due to "Symptoms worsen" 26/58 (44.8%).  
**Discussion and Recommendations** According to the audit result, "Haematuria" and "Post procedure related problems" contributed to the majority of the unplanned readmission. Several coping strategies were proposed in this regard. The Urology Telephone

Follow-Up Program for patients' with haematuria was implemented to provide early detection of post discharge patient problems. The haematuria booklet and haematuaia color card were designed to provide information to patient in order to improve their knowledge and equipped skills necessary to maintain health. In order to promote nurses' knowledge in post urological procedure patient care, an "Urology Nursing In-House Enhancement Program" for nursing staff was also developed. In the next step, the effectiveness of the programs on reducing the unplanned readmission rate will be analyzed in the coming future.