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# Follow up clinics – nurses to lead them?.....

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## Nurse-led clinics

- The role and scope of nursing practice - evolved in response to the dynamic needs of individuals, communities, and healthcare services
- Health services now focused on maintaining people in their communities
- Nurse-led clinics have been established worldwide in many settings
- In general terms, nurse-led clinics are reported as effective in managing patient assessment and care
- Evaluation; Patient outcomes, patient satisfaction, accessibility and cost effectiveness

Randall et al 2016, IJNP

# How do we deliver supportive follow up care?

- Many countries only have treatment services in a few major cities - access for people in regional and remote areas is a challenge
- Efficient, cost-effective, and standardized care pathways to support patients' health-related quality of life
- Methods must be effective in improving and sustaining patient outcomes in cancer care settings
- One method is the use of nurses as care coordinators

Suh & Lee 2017, ONF

# Tailored nurse-navigator interventions

- Aim to determine the feasibility and effectiveness of an individual, nurse-navigator intervention for relieving distress, anxiety, depression in women who have been treated for breast cancer - with moderate-to-severe psychological and physical symptoms
- Results: Significantly greater satisfaction with treatment and rehabilitation and lower levels of distress (mean 2.7 vs. 5.1,  $p < .01$ ), anxiety (mean 5.1 vs. 7.8,  $p = 1/4 .02$ ) and depression (mean 2.2 vs. 4.4,  $p = 1/4 .04$ ) after 12 months

Goldschmidt Mertz et al. 2017, ACTA Oncologica

# Telephone based supportive care – a meta analysis

- Telephone interventions delivered by a nurse in an oncology care setting significantly reduced:

cancer symptoms – moderate ES (–0.33)

emotional distress - small ES (–0.12)

improved self-care - large ES (0.64)

health-related quality of life - small ES (0.3)

- No significant difference on patient satisfaction
- Subgroup analysis – indicates informational support delivered via telephone improved adjustment and patient satisfaction - importance of providing important information to patients

Randall et al. 2017, IJNS

## Evidence to date shows

- Patients' satisfaction with nurse-led clinics are generally stable over time with the exception for continuity of care and information
- A more person-centred approach, e.g. increase of information exchange, is needed in order to meet the wide variety of patients' information needs

Bau Berglund et al. EJON 2015



# Team-led, Nurse-led or Person centered? - essential component of quality of cancer care

Person centered care is responsive to consumer needs, values and preferences, integrated and coordinated, relieves physical discomfort, provides emotional support, allows involvement of significant others and supports the **provision of information, communication and education** to enable individuals to understand and make informed decisions about their care (Gerteis)

Zucca et al, Supp Care Cancer, 2014

# Which dimensions of person centeredness matters?

Delphi survey revealed enabler:

- Patient – physician/nurse communication

Person centered activities:

- information
- involvement in care
- empowerment – physical and emotional support

Zill et al PLOS One, 2015



# Is person centered communication different? - continuity

- Routines to initiate, integrate and safeguard communication (PCC)

## 1. Routine to initiate partnership: patient narratives

The persons views about his/her life situation and condition – the centre of care

**Personal account of the illness, symptoms and impact on life, captures the persons suffering in everyday context** – contrast to medical narratives - focus on process of diagnosing and treating the disease

- Narrative starting point for partnership in care

# Ensuring continuity in communication

## 2. Routine working the partnership: shared decisionmaking

Narrative communication involves sharing experiences and learning from each other

The **care team** including the patient – evaluate all aspects of management, treatment options that are suited to the patients lifestyle, preferences, beliefs, values and health issues

## 3. Routine safeguarding the partnership: documenting the narrative

In the medical record – preferences, beliefs, values, involvement in care and decision making – gives legitimacy to patient perspectives, transparency in partnership – equally mandatory as clinical and lab findings

# Nurse-led follow up care focusing on the quality of communication

- Includes: ***provision of information, communication and education*** to enable patients to understand and make informed decisions about their care
- Priority quality indicators need to focus on:
  1. The issue must be prevalent
  2. Failure to deliver care will result in significant patient burden
  3. The issue must be treatable or modifiable, or best practice readily to translate into practice
  4. Important to patients

Zucca et al. 2014

## Supportive care needs to focus on:

- needs assessments to determine individual informational or practical issues or concerns
- provision of a **tailored survivorship care** plan and treatment summary to enhance communication between the participant and all other health professionals with whom the patient has contact post-treatment
- provision of **individualised** evidence-based education, information and resources to address patient-reported needs, post-treatment physical and emotional concerns and maximising participant involvement in healthy lifestyle behaviours

## Modes of provision:

- Nurse navigators, Contact Nurses
- Outpatient - Community
- E-Health

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# Creating a culture

Move from

**“What’s the matter?”**

to

**“What matters to you?”**



There is no power for change greater than a community  
discovering what it cares about

Margret J Wheatley  
Leadership and the New Science

