

Nurse led follow-up service aids patients with respected early stage lung cancer, improves clinic efficiency

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The presence of the specialist nurse within thoracic surgical centers in the United Kingdom increased clinic capacity and efficiency, reduced waiting time for appointments, promoted junior medical training and ensured continuity of care for the patients, according to an analysis reported today by Jenny Mitchell from Oxford University Hospitals NHS Foundation Trust, in Oxford, United Kingdom.

Mitchell presented the report at the IASLC 2019 World Conference on Lung Cancer hosted by the International Association for the Study of Lung Cancer.

Specialist nursing roles within thoracic surgical centers in the UK are unique to each center and develop to meet the needs of the local service. In Oxford, Mitchell identified that the follow-up of patients after resection of early stage [lung cancer](#) could be improved and would be suitable for management by a specialist [nurse](#).

Prior to the introduction of the specialist nursing role, patients were reviewed by the junior doctors working in the clinic, offering limited continuity of care and often presenting challenges in following-up abnormal results.

Following the successful development of a nurse led early follow-up clinic Jenny Mitchell and her colleagues instituted a nurse led CT follow-

up program for patients on long term surgical follow-up after lung cancer surgery..

According to Mitchell, following review of international guidelines and in conjunction with the lung cancer multidisciplinary team, the research team devised a CT follow-up program that provided

- CT chest, abdomen and pelvis every six months for two years after surgery followed by an appointment to be given the results.
- CT chest, abdomen and pelvis at three, four and five years after surgery followed by an appointment to be given the results.

The program is coordinated, and CT results triaged by the specialist nurse. Following successful introduction of nurse led follow-up in the face to face clinics.

"We found that feedback from patients on our CT follow-up program indicated they find two trips to the hospital burdensome and they frequently requested results of surveillance imaging over the telephone," Mitchell said. "In addition, limited capacity in the thoracic surgery clinics led to patients waiting a long time for a face to face appointment to be informed of their imaging results.

To address these issues, the Oxford team developed a model of nurse led telephone follow-up after surveillance imaging. The criteria for telephone appointments are: CT results show no abnormality or minor changes requiring a repeat CT chest in three months and patients can communicate adequately over the telephone.

The specialist nurse reviews all the CT follow-up results and allocates patients to the most appropriate clinic, ensuring patients are reviewed in the appropriate setting for their needs and those who need to be seen urgently are prioritized. Abnormalities and concerns detected during the

follow-up program are presented at the multidisciplinary meetings by the specialist nurse, who takes responsibility for the actions requested by the team.

From January 2013 to December 2017 there were 546 specialist nurse face-to-face clinic appointments in 189 clinics for 285 patients with primary lung cancer. The telephone clinic commenced in April 2017 and in the first twelve months there were 254 patient appointments in 51 telephone clinics.

The presence of the specialist nurse within the follow-up clinics has increased clinic capacity and efficiency, reduced waiting time for appointments, promotes junior medical training and ensures continuity of care for the patients.

"The patients appreciate the continuity of care and improved access to specialist nursing support and the role is appreciated and respected by the multidisciplinary team," Mitchell reported.

The introduction of the telephone clinic has increased overall clinic capacity and reduced the waiting time for appointments within the face-to-face clinics.

"The specialist nurse is able to provide [continuity of care](#) and ensure that all imaging results are followed up appropriately," said Mitchell." The role requires the support of the multidisciplinary lung cancer team to work effectively across all elements of the patient pathway. "

Provided by International Association for the Study of Lung Cancer

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