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27 Invited

Follow-up for patients with breast cancer – who benefits? The nurses' view

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Introduction: The department of surgery of Catharina-hospital, Eindhoven (The Netherlands) has reorganised it's outpatient breast clinic (diagnostic en follow-up period) by appointing a nurse practitioner (NP). The rationale for this redesign were the sharp rise in outpatient breast clinic contacts and the increasing demand of breast patients for more care and information. Patients would appreciate more time for communication as well in the diagnostic as in the follow-up period of their treatment. The participation of a NP in this redesign process could improve continuity and quality of care, including information delivery through integrated medical nursing care given by the NP. Furthermore, waiting lists for the outpatients clinic and radiology department could disappear since they were effectively managed by the NP.

Methods and Redesign: The procedure in our outpatient breast clinic is as follows: The general practitioner (GP) can refer a patient within one working day to the breast clinic. The NP is the first to see a new patient with breast pathology. She is responsible for the anamnesis and physical examination and for referrals for further investigation at the radiology department. After two working days the second consultation is done by the NP together with the surgeon, test results and treatment options are discussed with the patient. After this consultation, the NP gives all the for this patient relevant information. Once a week all patients are discussed in a multidisciplinary breast cancer meeting. After the operation, the pathology results and further treatment plans are discussed by the surgeon. After the eventual adjuvant treatment, follow-up is coordinated and delivered by the NP. The purpose of follow-up is the detection of recurrent disease but, not less important, also the offering of supportive care. In this design, the NP is a constant factor and is responsible for the coordination of integrated care.

To evaluate this redesign, questionnaires where send to patients and GPs and a prospective registration of significant data regarding waiting time (outpatient clinic, radiology department and pathology), relevant patient contacts and information supply.

Conclusions: The continuity, coordination and quality of care has been significantly improved, and the waiting time has been decreased. The current waiting time between the first visit to the GP and the final diagnosis at the breast clinic is now 4 working days instead of 12 days, as it used to be. Because the NP works 5 days a week, the accessibility of the outpatient clinic for the patient, GPs and other disciplines is improved, resulting in a doubling of first patient contacts. The consultation time has been increased (> 30 min) and the information delivery has been more focussed at the specific needs and demands of the patient. Patients as well as care providers experience better quality of patient consultations and the decision making process.

28 Invited

Follow-up for patients with breast cancer – who benefits? The patients' view

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Follow-up after primary treatment for breast cancer is a routine procedure based on three assumptions, the first and most important being that early detection is valuable from a prognostic point of view. The second assumption is that patients get a sense of psychological security and satisfaction from being followed ups and the third that the routine check-ups aim at collecting data and are necessary for quality assurance. Much of the research examining current systems of follow-up care cast doubt on the effectiveness of the medical model and the use of routine investigations. Thus the regular frequent follow-up visits with routine diagnostic evaluation have not been considered appropriate and cost-effective because of the socio-economic burden.

To identify the expectations and experiences of women receiving follow-up after treatment for breast cancer a questionnaire was sent out to 1200 members of three different local breast cancer organizations within the Swedish Breast Cancer Association. The three local organizations represented different regions, one big town with suburbs, one smaller town with surrounding countryside and one sparsely populated area in the very north of Sweden. The same questionnaire was distributed to the participants in a discussion forum on the internet. More than 600 hundred questionnaires were filled in and returned to the Swedish Breast Cancer Association. The majority of the woman preferred to go to a breast centre for the follow-up visits. On the other hand they indicated that the follow-up examinations were hurried, investigations were not reassuring and some reported a lack of continuity with different oncologists at each visit. Many women felt there was no opportunity to ask questions, express emotional concerns or talk about their social situation.

It is important that the follow-ups are changed to better meet patient's ongoing needs. To be diagnosed with breast cancer means a loss of security for most of the patients and many of them do not properly understand their risk of recurrence. In some parts of Sweden the follow-up is carried out within mammography screening program that is extended is extended with palpation and other examinations. Another approach is studies carried out to compare nurse-led with conventional medical follow-up visits in Sweden and some other countries.

The growing number of women being diagnosed with breast cancer in combination with improved treatment increases the socio-economic burden of the disease. It is possible that advanced nursing intervention or follow-up in connection with mammography can result in increased patient satisfaction for women treated for breast cancer and in decreased cost for care. Before a transfer from the conventional medical routine follow-up visits to nurse-led check-up visits we call for more studies and trials in this field to provide evidence-based information.

29 Proffered Paper Oral

Breast care nurses – helping patients and their doctors

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Introduction: This study assesses the use of Breast Care Nurses (BCNs) in managing breast cancer patients *outside* of normal clinic times. We quantify the amount of doctors' time saved in a unit with 2 Consultant Surgeons treating 340 new cases per year.

Method: A diary was kept over a month by each BCN (2.3 whole time equivalent) at our hospital. For each contact, we documented the duration, reason, person initiating the contact and outcome. We excluded time spent in normal clinics as well as time for multi-disciplinary meetings, documentation, ward visits, fitting prostheses and lymphoedema treatment etc.

Results: On average the Breast Care Nurses have 84 contacts each per week outside clinic. Each nurse spends 9.8 hours each per week supporting patients by phone. A further 8.5 hours is spent consulting patients in person. This is in addition to normal clinic time. A significant proportion of patients required more than one contact during the time period assessed. 49% (18.4 hours out of 37.5 hours/week) of BCNs' time is spent supporting patients outside clinics. The Breast Care Nurses dealt with more than 98% of contacts satisfactorily; fewer than 2% of women required referral to a doctor.

Conclusion: This study shows that BCNs manage a large clinical workload. Without BCNs, this work would be done by doctors. Less than 2% of the contacts required input from a doctor. BCNs provide an extremely valuable role in patient management and reduce the doctors' workload considerably. Other countries may find BCNs useful additions to the team.