Establishing a Specialist Palliative Care Nurse Led Clinic, within an Acute Hospital Setting

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Introduction

Our team of four clinical nurse specialists (CNS) are in a unique position of being employed by Ashgate Hospicecare, yet working exclusively at Chesterfield Royal Hospital Foundation Trust.

The integrated modules of care across organisations allows for a seamless service for patients, who have a life limiting illness.

The Hospice has over 7,000 patient contacts per year and Chesterfield is North Derbyshire’s only District General Hospital and serves a population of around 400,000.

Aims

The Hospital Specialist Palliative Care Team is mostly nurse led, with support from a Consultant and SpR.

Last year we had 1,202 inpatient referrals.

The CNS team wished to explore the possibility of developing a palliative care nurse led clinic within the acute hospital, in order to provide patients with more flexible options for follow up care and to allow increased autonomy and scope for decision making for the CNS team.

Methods

Traditionally, two CNS sat alongside the Consultant and SpR during the weekly Medical Palliative Outpatients Clinic.

Over a three month period we assessed which of the patients attending clinic, would be potentially suitable to be seen in a nurse led clinic (NLC).

A third of the patients were felt to be appropriate.

We decided not to include patients attending for the first visit, nor those with multiple complex problems.

It was decided the NLC should run alongside the Medical clinic, as specialist medical advice would be readily available.

Weekly MDT meetings would allow reflection and exploration of clinical practice.

We needed to consider: number of patient appointments per week, length of appointment, clinic room allocation, clinic codes, secretarial support, managing clinic during time of absence. Dictaphone training. Ordering bloods and tests.

We discussed the possibility of a NLC with our Medical Consultant and our Manager at the Hospice.

An operational policy was drawn up, a patient referral flow form, discharge policy and a plan of how to roll out and expand in the future.

These were taken to the Clinical Governance meeting at Chesterfield Royal.

We advertised the new service via posters and the Hospital Intranet.

Challenges

We did experience some problems with appointments being sent out when the hospital changed their appointments system.

There had also been some problems with getting a clinic room and setting up computers.

As expected, some of our clinic patients shortly became too unwell to attend.

We had intended to refer some of our inpatients, but many were acutely too unwell and would not be able to attend on discharge.

Parts of North Derbyshire are very rural, as well as very beautiful, this meant that the journey back to hospital, was too uncomfortable for some of our patients.

Successes

We offer our patients the chance for an open appointment, or to delay the appointments for a future date, if they are feeling overwhelmed by hospital appointments.

Invariably, our patients choose to keep attending the NLC, as we are able to offer support and reassurance.

We offer valuable psychological support, benefits advice including DSN1500s, assessing physical symptoms, advice regarding medications.

We liaise with GPs, DNS. We negotiate with Oncology Consultants re bringing forward appointments.

Liaising with other CNS teams.

Order repeat bloods and act on results.

Patients we have seen on the ward appreciate the benefit of continuity of care being followed up in NLC.

Other CNS teams refer to our clinic and also find this is beneficial to patients and we can usefully see someone fairly quickly.

Patients have our telephone contacts and sometimes we are able to give advice and prevent hospital admission.

The original plan was to see patients for a set period of follow up appointments, but patients have wanted to continue to attend, for as long as possible.

The following is from a card, sent by the daughter of one of our clinic patients.

The last time I saw Dad, he told me again how wonderful the care he received from your team was. He described how he never felt rushed and that he managed to get his questions answered in a constructive way.

He had great admiration for you all.

Thank you for helping Dad through the last difficult months, you have the admiration of us all.

Implications for Practice

Establishing a NLC, took some time from inception to completion, but does allow our patients the flexibility of care post discharge, as well as continuity of care.

By freeing up some of the Medical Outpatients slots, patients are able to have quicker access to both Medical and Nursing clinics.

We are able to help patients remain at home and to avoid some hospital admissions.

By being employed by Ashgate Hospicecare, we are easily able to liaise and refer to Community CNS teams, Hospice@Home, Patient and Family Support, Physiotherapy and OT and Day Unit.

By working in an acute trust, we already have a good working relationship and are easily able to liaise with the services at Chesterfield Royal and we are seeing an increase in referrals from Consultants at MDTs and from site specific CNS teams.

As a team it has increased our autonomy and extended our skills.

We had intended for our patients to attend for one ‘new patient’ appointment, followed by three ‘follow up’ appointments and then to discharge, but none of our patients have chosen this, preferring to continue to see us, whilst they are able, which is proof of the value they feel in attending.

Future

Chesterfield Royal and Macmillan Cancer Support, are raising funds for a Cancer Centre, this will allow us to explore future clinic plans, including the possibility of a drop in NLC running alongside the Oncology clinics.

We may also be able to look at running joint clinics with Ashgate Hospicecare Community CNS team, within community Health Centres.

Telephone follow up appointments, may be an answer for those patients too far to travel, or too unwell.