Implementing clinical nurse specialist led clinics
redesigning follow-up care for gynecology cancer patients

Background and challenges

This case study focuses on one of the largest non-surgical cancer centers in the UK. The center offers radiotherapy, chemotherapy and specialized treatments to a population of more than 1.5 million.

Challenges facing the center included an increasingly elderly population and budget restrictions. It was identified that there was potential to improve clinic efficiencies and thus improve patient care. Prior to this project commencing, a clinic appraisal was conducted by the cancer center, which highlighted the need for change. Data supported by anecdotal evidence identified that there were too many patients to be seen by the available consultants. Patients were dissatisfied with traveling long distances and experiencing waiting times of up to four hours and over-running clinics. This also meant that clinicians had restricted time to spend with the patients.

Aims and objectives

The project aimed to generate efficiency savings within the pathway and deliver improved patient outcomes, focusing on the following areas:

- Ensure appropriate treatment and/or referral according to agreed pathways.
- Reduce the number of unnecessary follow-up appointments.
- Ensure follow ups are carried out by the right clinician, in the right location, at the right time.
- Improve the patient experience and raise satisfaction levels.
- Stop the need for staff to work overtime to complete gynecology clinics.
- Illustrate how the redesign options release funding for reinvestment.

Challenge

Limited capacity meant that a gynecology cancer clinic was unable to maintain its level of follow-up appointments. Alternative ways to deliver efficient and effective follow-up care for patients was needed, while also addressing waste, harm and variation.

Solution

Using clinic monitoring, clinic auditing, research and interviews, a service redesign project mapped the pathway of the clinic and agreed on appropriate new pathways for its follow-up patients.

Results

A new pathway protocol was delivered, referring endometrial patients to the surgical team for follow-up and implementing Clinical Nurse Specialist led clinics. Reduced pressure on consultant led clinics improved staff and patient satisfaction.

Quintiles has nearly
680 clinical educators across 20 therapeutic areas

1.8M personal interactions with HCPs and patients since 2004
Addressing the challenges

A project manager was supplied to work within the cancer center for two days a week to work with clinical, managerial and patient representatives to develop a strategy for improving the service. Group meetings, face-to-face discussions and structured interviews were conducted allowing the project manager to identify opportunities for change and to improve the patient experience while making the best use of available resources.

Clinic audit, clinic monitoring and patient survey data collated prior to the project starting was analyzed to assess a new follow-up pathway. Alternative patient follow-up such as Clinical Nurse Specialist led clinics, and the referral of endometrial surgical patients back to the surgical team, were piloted.

A protocol for nurse led telephone follow-up was also developed. This would utilize the skills of the Clinical Nurse Specialists (CNS), enabling them to perform patient examinations where necessary. The nurse led clinic would operate in conjunction with consultant follow-up clinics, helping to ease capacity issues.

A pathway tailored to each cancer type (cervical, ovarian and vulva) ensured each of the patient groups’ needs were accounted for. Measures were then put into place to enable the new changes to take effect. The four key deliverables identified by the project board were:

- Two extra consultation rooms with necessary equipment for the CNS clinic.
- Funding for a second CNS post.
- Design, authorization and printing of patient leaflets to communicate changes for the ovarian telephone clinic and nurse led clinic to patients.
- Patient questionnaires designed and circulated to patients.

Addressing waste, harm and variation proved to be key in our discussions. Following those initial discussions, the expertise of Quintiles in managing service redesign projects and developing innovative answers was brought into play.

– Top 10 biopharma oncology national account director.

Outcomes

Interviews established a wider view on the current service level situation; with staff recognizing the capacity issues identified by audit data and suggesting alternative follow-up approaches. These approaches included nurse led clinics and telephone appointments for appropriate patients.

Patient survey feedback where pilot nurse led clinics had taken place was very positive, with a 100% satisfaction rating from respondents.

Implementation of new follow-up protocols included:

- Necessary communication around changes to the service by creating patient information leaflets.
- Patient questionnaires were formulated for completion.

Impact of the new service design:

- A 31% reduction in follow-up appointments as a result of nurse led clinics and endometrial patient referral.
- The changes also had a positive impact on the number of patients referred back to the consultants.
Recommendations and future measures

The ability of the project to demonstrate best practice made its template suitable for reducing waste, harm and variation in other outpatient clinics. Although early patient feedback was positive with a raise in satisfaction levels, it was recommended that the center assess feedback via surveys and questionnaires for a minimum of six months post-project. Monitoring clinic figures monthly and yearly could further assess changes made through the implementation of the CNS clinics and referring patients back to the surgical team. With more data to demonstrate efficiency savings within the service, weight would be added to the application for further CNS funding.

I have found the project to be very enlightening for the service and the patients. To be given the time and support to effect change for better outcomes for the service, patients and staff alike, has meant that the project has achieved so much more. The support we received has enabled the project to keep to time, achieve goals we were aspiring to, and make positive change.

– Top 10 biopharma oncology program director.

The project:

1. Agreed appropriate pathways.
2. Delivered an alternative approach for follow-up patients.
3. Gained necessary support of managers and clinicians.
4. Approved three major changes to the way follow-up appointments were conducted moving forward: delivery of a new pathway protocol; referral of endometrial patients back to the surgical team; and development and implementation of CNS clinics.
5. Reduced pressures on consultant clinics.
6. Improved the clinic’s ability to provide treatment to the right patient and the right clinician, at the right time.

31% Reduction in follow-up appointments as a result of nurse led clinics and endometrial patient referral

The external perspective was important. In addition, the project manager’s practical suggestions and goal-focused approach, coupled with negotiation of deadlines, meant that implementation was rapid.

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About Quintiles

Quintiles (NYSE: Q), a Fortune 500 company, is the world’s largest provider of biopharmaceutical development and commercial outsourcing services. With a network of more than 32,000 employees conducting business in more than 100 countries, we helped develop or commercialize all of 2013’s top 100 best-selling drugs on the market. Quintiles applies the breadth and depth of our service offerings along with extensive therapeutic, scientific and analytics expertise to help our customers navigate an increasingly complex healthcare environment as they seek to improve efficiency and effectiveness in the delivery of better healthcare outcomes. To learn more about Quintiles, please visit www.quintiles.com

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