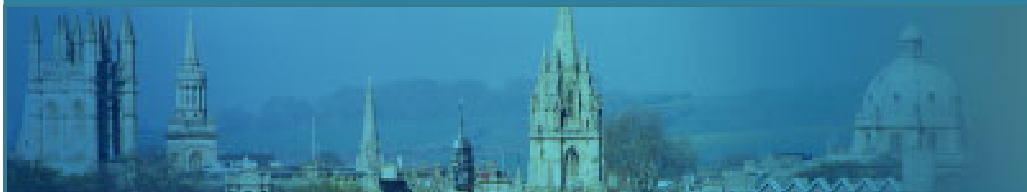


Enhancing the Patient Pathway by Introduction of an Advanced Nurse Practitioner in Thoracic Surgery

Jenny Mitchell

Advanced Nurse Practitioner – Thoracic Surgery

Oxford Heart and Lung Centre



Following identification of the need for specialist nursing input to the thoracic surgery pathway an advanced nurse practitioner was appointed in April 2011 to:

- Lead and develop the thoracic nursing service
- Ensure delivery of high quality, clinically effective care
- Enhance the patient experience of the service



An initial service needs analysis involved all stakeholders in the service along with a sample of patients and relatives.

A review of feedback from patient satisfaction surveys was undertaken

This led to identification of the initial objectives, further objectives have been set as the service has developed



Objectives

- Implement a nurse led clinic for patients discharged home with a chest drain
- Facilitate the use of day of surgery admission and general recovery for appropriate thoracic surgery patients.
- Obtain funding for and implement a nebuliser loan programme
- Undertake a detailed analysis of the in-patient pathway and identify areas where specialist nursing input could provide benefits

Day of Surgery Admission

Day of surgery admission to the Trust theatre direct admissions suite was introduced in April 2011.

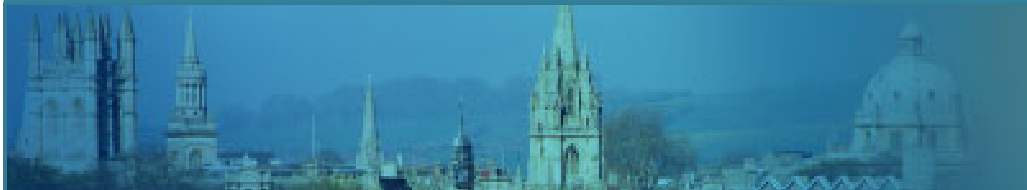
In the period May to December 2012 87.5% of elective patients were admitted on the day of surgery.

The most common reasons for admission on the day before surgery were distance to travel and transport issues.



One-Stop Pre-admission Clinic

- Existing pre-admission clinic for all thoracic surgery patients:
 - Full clerking by SHO
 - Bloods, CXR and ECG as required
 - Information giving
 - Further tests / investigations as required
- Introduction of day of surgery admission identified the need for consent to be obtained and anaesthetic review undertaken at the pre-admission clinic
 - Consent by Surgeon / SpR
 - Anaesthetic review by consultant anaesthetist



Reduction in Intensive Care Admissions for Elective Patients

Use of the general recovery ward was initially introduced in May 2011 for a defined group of patients:

- Bronchoscopy +/- stent insertion
- Mediastinoscopy
- Pleurectomy
- Decortication
- Pectus (Ravitch / Nuss procedures)



- Evaluation after a year demonstrated that the service was working well, at this point the 'list' was discontinued.
- All clinically appropriate patients are now admitted to general recovery.

2012	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Elective admissions	37	29	46	36	28	37	34	33	280
Admitted to Recovery	22	19	39	31	19	30	30	28	218
%	60	66	85	86	68	81	88	85	78

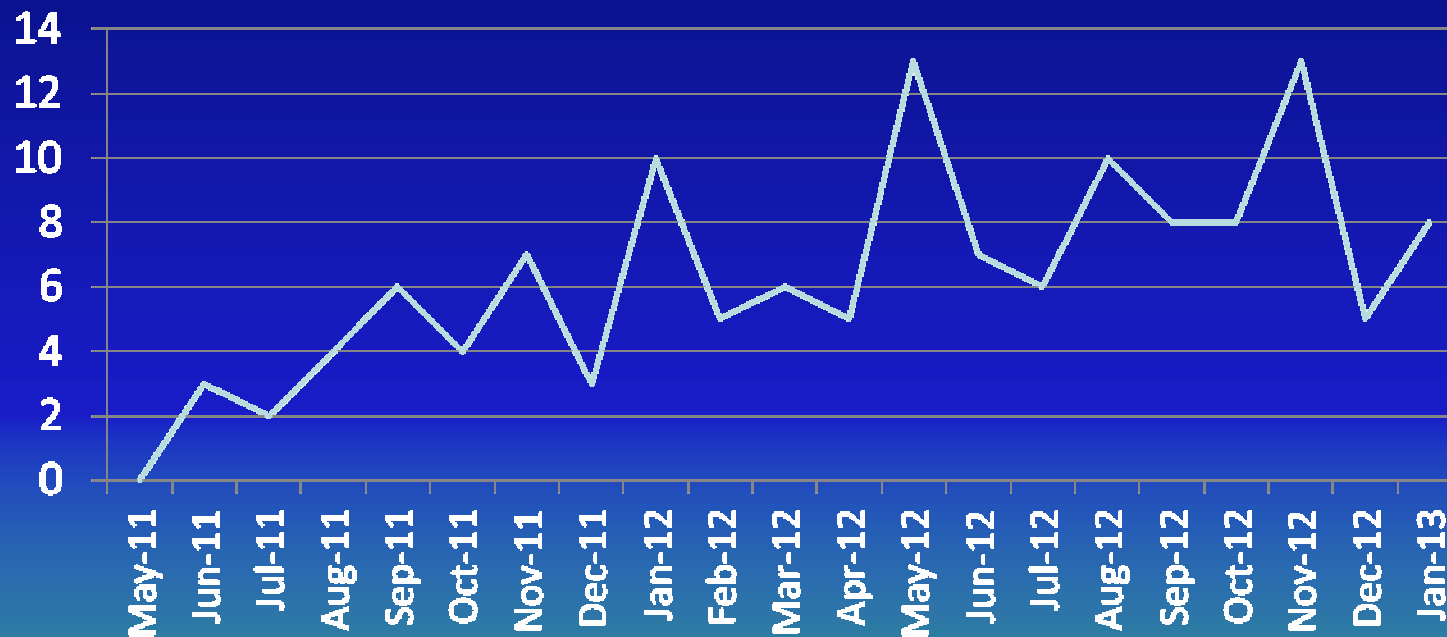
Nurse Led Clinic

- Set up to facilitate improved care of patients discharged home with a chest drain
- The service has developed to accommodate any patient requiring early follow-up after discharge or continuing frequent follow-up
 - Drain management (short / long term)
 - CXR review
 - Wound management
 - Any other relevant concerns



The availability of specialist nursing support has increased the numbers of patients discharged home with a chest drain.

Number of patients seen in the nurse led clinic:



Consultant Led Out-Patients Clinic

Introduced to increase capacity in the out-patients clinics and provide continuity to patients on long term surgical follow-up.

Guidelines and competencies define the follow-up required for:

- First follow-up appointment after surgery
- Long term follow-up



Nebuliser Loan

- Patients with endobronchial stents were routinely kept in hospital until they had obtained a nebuliser for home use
- Charitable funding obtained to purchase 15 home nebulisers for short term loan:
 - 4 week loan
 - Advice and support provided in obtaining a machine for long term use if required
- Decreased length of stay in this group and increased patient satisfaction.



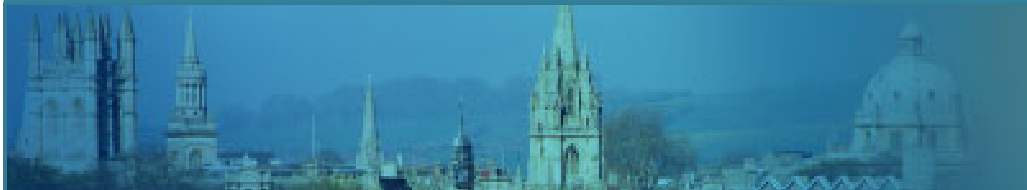
Specialist Nursing Input

- Named, identifiable contact for all patients throughout their thoracic surgery pathway
- Facilitate continuity of care on ward rounds
- Identifiable contact for clinical enquiries from within and beyond the thoracic service



Specialist Nursing Input

- Introduction of Thopaz chest drains
- Development of an enhanced recovery programme
- Introduction of a high care area on the cardiothoracic ward
- Involved in national practice development via the Thoracic Surgery Group of the NLCFN



Advanced Practice Skills

- X-ray requesting protocol with appropriate training
- X-ray interpretation
- MSc module in physical assessment and history taking
- MSc module in non-medical prescribing



Conclusion

Introduction of the advanced nurse practitioner role has facilitated streamlining of the patient pathway to ensure optimal use of resources in conjunction with high quality care.

Future developments such as enhanced recovery and the introduction of a high care area on the cardiothoracic ward will aim to build on this success and further enhance the patient pathway.



Thank you

Jenny Mitchell

Advanced Nurse Practitioner – Thoracic Surgery
Oxford Heart and Lung Centre



Oxford University Hospitals 
NHS Trust