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| Search required by:   | 6th June 2014 |
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| Search completed by:  | Richard Bridgen |

**Search details**

Patient satisfaction with non-medical consultants or advanced practitioners.

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; CINAHL; EMBASE; MEDLINE; Google Scholar

**Database search terms:** outpatient*; out-patient*; exp OUTPATIENTS; exp OUTPATIENT SERVICE; ambulatory; patient* adj2 satisfaction; PATIENT SATISFACTION; patient* adj2 content*; “advanced practitioner*”; advanced adj2 practitioner*; (“non medical” OR non-medical OR nurs*) adj2 consultant*; “nurs* specialist*”; nurs* adj2 specialist*

**Evidence / Google Scholar search string(s):** (outpatient OR outpatients) (satisfied OR satisfaction) (“non-medical consultant” OR “non-medical consultants” OR nurse consultant” OR “nurse consultants” OR “advanced practitioner”)

**Summary**

There is a fair amount of research on patient satisfaction with non-medical consultants and advanced practitioners. Generally patients seem satisfied with the care they receive from staff in these roles. I have not included evidence on patient satisfaction of nurse-led clinics or care where staff roles are not identified.

**Guidelines and Policy**

**The Health Foundation**

Revision of professional roles and quality improvement : a review of the evidence 2010
Evaluating the impact of changing workforce patterns in emergency and urgent out-of-hours care on patient experience, staff practice and health system performance 2010

Evaluating the nursing, midwifery and health visiting contribution to chronic disease management: an integration of three reviews 2008

A multi-centre community intervention trial to evaluate the clinical and cost effectiveness of emergency care practitioners 2008

Extended roles for allied health professionals in the NHS 2004

Published research – Databases

1. A national cross-sectional study measuring predictors for improved service user outcomes across clinical nurse or midwife specialist, advanced nurse practitioner and control sites.

Author(s) Comiskey, Catherine, Coyne, Imelda, Lalor, Joan, Begley, Cecily

Citation: Journal of Advanced Nursing, 01 May 2014, vol./is. 70/5(1128-1137), 03092402

Publication Date: 01 May 2014

Abstract: Aim The aim was to identify key patient outcomes and to compare these outcomes across services that employed clinical specialists (either nurse or midwife) or advanced nurse practitioners with matched, non-post-holding services. Background In nursing and evaluation research, it is recognized that, further patient outcome studies, which measure and evaluate the impact of the new advanced roles, are urgently needed. Design A cross-sectional study design with a comparison group was implemented across Ireland. Method A total of 279 surveys were completed by service users in 41 services in 2009/10. Key outcomes were identified, then chosen as primary outcomes and assessed for differences across post-holding and the matched comparison sites. To identify the priority of importance of the key outcomes, a logistic regression model was computed with difference in overall care observed (yes or no) as the dependent variable, and gender, age grouping and the key outcomes as the independent predictors. Results Analysis revealed that the key outcomes were, on anxieties, dignity and respect, time waited, confidence in the clinician and the clinician making a positive difference. Results of the logistic modelling of the key outcome on noticing any difference in the care given by the clinical specialists or advanced nurse practitioners compared with the care from others revealed that the single most important predictor was being treated with respect. Conclusion Further studies evaluating advanced health professions roles measuring these six key outcomes, at a minimum, will ensure that service users' main concerns are being accounted for.

Source: CINAHL

2. Overview of patient preference and perception of care provided by advanced nurse practitioners and adult congenital physicians in an outpatient adult congenital clinic

Author(s) Cook S.C., Kowalski V., Hickey J., Schnug R., Green G., Hindes M., Maul T., Zaidi A., Institute H.

Citation: Journal of the American College of Cardiology, April 2014, vol./is. 63/12 SUPPL. 1(A609), 0735-1097 (01 Apr 2014)

Publication Date: April 2014

Abstract: Background: Nurse practitioners (NPs) have an established role for delivering competent, cost-effective care to patients in a primary care setting. Little research has been conducted on patient preference or satisfaction in non-primary venues. We sought to compare patient satisfaction of NPs vs. physicians (MDs) in an outpatient adult congenital
heart disease (CHD) clinic. Methods: A prospective study was conducted in two outpatient adult CHD clinics to assess patient satisfaction between NPs and MDs through standardized surveys. Demographic data included CHD diagnosis, age, and NYHA functional class. All patients completed a Short-Form-12 (SF-12) to assess health status. Results: Of the 231 patients recruited (48.5% men; median age 30 yrs (24-40), severe CHD complexity 31.5%) and seen by NP (n=99) or MD (n=132) demonstrated a statistically significant (p<0.001) moderate (rho=−0.346) inverse correlation between the SF-12 Physical Health T-score and NYHA classification. MD-managed practices had higher perceived: Receipt of Desired Information about Condition (17%), Overall Experience (14%), Quality of Experience (9%), Confidence (Trust) in Provider (9%), and Courtesy of Provider (9%). Areas without difference between NP/MD-managed practices were: Friendliness, Ability to Discuss Private Thoughts with Provider, Receipt of Safe Medical Care, Ability to Ask Questions, Feeling Rushed by Provider, Patient Comprehension of Answers, and Receipt of Information on Care of Condition. Overall, patients reported satisfaction with a NP providing care (97%), the NP able to effectively deal with illness/CHD (93%), and increased chance (95%) of patients willing to see a NP at a future visit. Only 73% had a good understanding of NP training and how a NP differed from a nurse with a stronger perception of how an NP differed from a MD (84%). Conclusion: Patient satisfaction was high regardless of whether care was provided by physicians or nurse practitioners. However, patients appear to make distinctions in what they believe the type of care each practitioner is best at providing. Patient education regarding competence of the different health care providers may continue to improve patient satisfaction.

Source: EMBASE

Available in fulltext from Journal of the American College of Cardiology at Free Access Content

Available in fulltext at Journal of the American College of Cardiology; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

3. IBD patients’ satisfaction related with nurse-driven outpatient clinic


Citation: Journal of Crohn's and Colitis, February 2014, vol./is. 8/(S356), 1873-9946 (February 2014)

Publication Date: February 2014

Abstract: Background: Since 2006 in our hospital we have nurse-driven outpatient clinic (NDOC) for follow-up of patients on treatment with thiopurinic immunosuppressants. In 2010 detailed analysis was conducted using the SWOT method, to determine Strengths, Weaknesses, Opportunities and Threats. As a strategic plan, we decided to measure patients' satisfaction in order to enable continuous improvement [1]. The purpose of this study was to know patients’ satisfaction with this N-DOC and with the care provided by the IBS unit. Methods: Descriptive and transversal study. We used the CACHE Questionnaire [2], which has 31 items scored on a 5-point Likert-type scale, to assess six dimensions related with healthcare in patients with IBD. Scores were standardized to a range from 0 (minimum satisfaction) to 100 (maximum satisfaction). We gave it to all patients at the N-DOC, along 4 months (May August 2013). Answers were anonymous and voluntary. Patients had a mailbox to put the filled questionnaires. Statistical analysis: Quantitative variables were presented as mean and standard deviation, and qualitative variables as frequencies or percentages. Calculations were performed using SPSS 21 for Windows. Results: We had 173 patients in N-DOC; 166 patients answered the questionnaire, the return rate was 96%. 81.92% of patients answered all items (136). Mean age was 45 years [18-80], 51.44% (89) were men, 70.93% (122) had Crohn's disease and 29.07% (51) ulcerative colitis, azathioprine was the most frequently drug used (87.6%), 6-Mercaptopurine (13.3%). The highest scored item was the “communication with the health team” with mean 96.6, and the lowest scored item was “information about how to contact with patients' associations” with mean 67.4. We also observed that “Patients are worried about the price they must pay for drugs”, mean 69.4. Patients considered having a specialist nurse important: the mean score was 90.2. The mean overall score was 88.21
Table Presented) Conclusions: Patients controlled at the N-DOC seem to be very satisfied with the care provided by the IBS unit.

Source: EMBASE

4. **Nurse-led versus doctor-led preoperative assessment for elective surgical patients requiring regional or general anaesthesia.**

**Author(s)**: Nicholson A, Coldwell CH, Lewis SR, Smith AF

**Citation**: Cochrane Database of Systematic Reviews, 01 November 2013, vol./is. /11(0-), 1469493X

**Publication Date**: 01 November 2013

**Abstract**: Background:

**Source**: CINAHL

Available in fulltext from Cochrane Library, The at Wiley

5. **How effective is a nurse-led follow-up clinic for patients post Percutaneous Coronary Intervention (PCI)?**

**Author(s)**: Pottle A., Deane S., Dent N., Mackay N., Niranjan S., Priestley-Barnham L., Ilsley C.

**Citation**: European Heart Journal, August 2013, vol./is. 34/(1109), 0195-668X (August 2013)

**Publication Date**: August 2013

**Abstract**: Background: The nurse-led PCI follow-up service has been in operation since 2001. All patients undergoing PCI are followed up in the clinic for one year following a set protocol, by either nurse specialists or a nurse consultant. Appointments are carried out in clinic or via the telephone. The patient's clinical status, risk factors and medication are reviewed. Purpose: To determine the efficacy of a nurse-led follow-up service for patients post PCI. Method: This retrospective audit covers the period January-December 2012. Data from all patients reviewed in the clinic were prospectively entered onto a database. Results: A total of 2547 appointments were carried out. 1728 appointments were for primary PCI patients (67.84%), 245 were for emergency PCI (9.62%), 406 for elective PCI (15.94%) and the remaining for rescue PCI or in-stent restenosis (167 = 6.55%). Three-quarters of the appointments were carried out in the out-patient clinic (72.24%) and the remainder via the telephone (27.76%). 508 patients were followed up at 1 month (19.95%), 238 at 6 months (9.34%), 395 at 1 year (15.51%) and 1211 (47.55%) were seen in-between these appointment times. The remaining 195 patients were seen at 2-5 years (7.66%). At review, the majority of patients had no angina (74.60%) and for 1870 (73.42%) their activity was not limited by breathlessness. Medication compliance was good. At 1 month 95.87% of patients were taking Aspirin, 96.85% were taking Clopidogrel, Prasugrel or Ticagrelor, 95.28% were taking a statin, 81.10% were taking a beta-blocker and 77.56% were taking an ACEi or ARB. The figures at 1 year were 92.15% for Aspirin, 79.75% for Clopidogrel, Prasugrel or Ticagrelor, 92.66% for statin, 77.97% for beta-blockers and 77.72% for ACEi or ARB. At 1 year, 83.04% of patients were not smoking, 66.84% had a systolic BP of <140mm/Hg and 84.05% had a diastolic BP of <90mm/Hg. Patient satisfaction with the clinic was also audited in September 2012. 55 patients completed questionnaires in the clinic. 96.36% were happy to be reviewed by the nurses, 98.18% were happy with the length of the clinic appointment and 98.18% found the nurses approachable. 98.18% felt that the nurses had sufficient knowledge to conduct the appointment and 94.55% found attending the clinic a satisfying experience. Conclusion: Suitably trained nurses can successfully run a follow-up service for patients post PCI, achieving a high level of patient satisfaction. The nurse-led clinics enable uniform assessment of the patient's medical condition and risk factor status and optimization of secondary prevention.

**Source**: EMBASE

Available in fulltext from European Heart Journal at Free Access Content

**Author(s)** Koksvik H.S., Hagen K.B., Rodevand E., Mowinckel P., Kvien T.K., Zangi H.A.

**Citation:** Annals of the Rheumatic Diseases, June 2013, vol./is. 72/6(836-843), 0003-4967;1468-2060 (June 2013)

**Publication Date:** June 2013

**Abstract:** Objective: To study the effect of individual nursing consultations in patients treated with disease-modifying antirheumatic drugs (DMARDs) in a rheumatology outpatient setting. Methods: Patients with inflammatory arthritides (IA) who had started with a DMARD regimen 3 months before were randomised to two different follow-up consultation systems: either follow-up by a clinical nurse specialist (CNS) or by a medical doctor (MD) in rheumatology 3, 9 and 21 months after randomisation. The primary outcome was patient satisfaction measured by Leeds Satisfaction Questionnaire (LSQ). Secondary outcomes included coping, disease activity, pain, fatigue, patient's global assessment of disease activity and health related quality of life. Effects at 9 and 21 months were estimated by Least Square means calculated from the final mixed model. Results: Of 68 patients randomised, 65 patients completed assessments at 21 months. Statistically significant improvements in favour of the CNS group were found in all LSQ subscales (all p values <0.001) and in overall satisfaction at 9 months (adjusted mean betweengroup difference 0.74, 95% CI -0.96 to -0.52) and at 21 months (-0.69, 96% CI -0.87 to -0.50). Disease activity Score 28 joint count (DAS-28) was improved from baseline to 9 months in both groups and improvement was maintained at 21 months, but without any group difference. No statistically significant between-group differences were found in any of the other secondary outcomes. Conclusions: Patients with IA are likely to benefit from nurse consultations in terms of increased satisfaction with care compared with MD consultations and without loss of efficacy in terms of clinical outcomes. The study is registered as a clinical trial at the ClinicalTrials.gov (NCT00403676).

**Source:** EMBASE
Available in fulltext from Annals of the Rheumatic Diseases at EBSCOhost
Available in fulltext from EULAR Meeting Abstracts at Highwire Press
Available in fulltext from Annals of the Rheumatic Diseases at Highwire Press
Available in fulltext from Annals of the Rheumatic Diseases at Free Access Content

7. An evaluation of patient satisfaction with the advanced nurse practitioner (emergency) service in an ambulatory care unit

**Author(s)** Mc Brearty P., Conlon C., Drennan J.

**Citation:** Academic Emergency Medicine, June 2012, vol./is. 19/6(742), 1069-6563 (June 2012)

**Publication Date:** June 2012

**Abstract:** Objectives: A recent report by the Health Service Executive found that 43% of patients presenting to the emergency department in Ireland do so with minor injuries. The objective of this research was to measure patient outcomes following a consultation with an Advanced Nurse Practitioner Service in an emergency department and a rapid injury clinic of a large inner city hospital. The primary outcome measure was patients' satisfaction with the consultation process. Methods: The sample consisted of patients who had direct and sole contact with the ANP service in the main emergency department and a community-based rapid injuries clinic. A sample of 300 patients was determined to be sufficient to detect an effect size of 0.2 SD at the 95% confidence level with a power of 90% using two tailed tests. Data were collected by a postal survey. A modified version of the Medical Interview Satisfaction Scale (MISS) was distributed to patients over a three-month period. (Figure presented) Results: Patients overall reported high levels of satisfaction with levels of care received by an ANP. Overall satisfaction levels were greater than 90%. Patients also reported high levels of compliance intent and the vast majority (98.7%) would recommend the service to another person. Results also found that 5.8% of patients
surveyed would have preferred to be seen by a doctor. Conclusion: The results found that patients are highly supportive of the care received from ANPs in emergency departments. Patients also reported that they were given support, time to clarify issues surrounding their treatment and were highly satisfied with the outcomes of care. The introduction of ANPs to the emergency department setting is a useful addition to the health care team providing care to patients with minor injuries.

Source: EMBASE
Available in fulltext from Academic Emergency Medicine at Wiley
Available in fulltext from Academic Emergency Medicine at Wiley
Available in fulltext from Academic Emergency Medicine at EBSCOhost
Available in fulltext from Academic Emergency Medicine at EBSCOhost


Author(s) Poon LH, Lee AJ, Chiao TB, Kang GA, Heath S, Glass GA
Citation: American Journal of Health-System Pharmacy, March 2012, vol./is. 69/6(518-20), 1079-2082;1535-2900 (2012 Mar 15)
Publication Date: March 2012
Abstract: PURPOSE: The expanding role of a clinical pharmacist at a Veterans Affairs (VA) out-patient clinic for patients with Parkinson's disease (PD) and movement disorders is described.SUMMARY: San Francisco VA Medical Center added a clinical pharmacist to the multi-disciplinary team serving patients at an outpatient clinic operated by its Parkinson's Disease Research, Education and Clinical Center (PADRECC). During the first six months after joining the clinic team, the pharmacist met with 131 patients and made a total of 69 drug therapy recommendations that were implemented by neurologists, clinical nurse specialists, and other PADRECC providers. The results of a retrospective chart review suggested that in about 21% of the cases evaluated, the pharmacist's recommendations contributed to an improved medical outcome or the resolution of a medical problem. Anonymous surveys indicated that clinic providers (n = 33) and patients (n = 20) were satisfied with the pharmacist's services. Using a five-point Likert scale (scores ranged from 1 for "strongly disagree" to 5 for "strongly agree") that they had more time to devote to other clinic responsibilities with the pharmacist present in the clinic (mean score, 4.79); patients indicated that they had an improved understanding of their medications after speaking with the pharmacist (mean score, 4.88).CONCLUSION: A clinical pharmacist's regular involvement in an outpatient PD and movement disorders clinic has been well received by patients and clinic providers. The study results suggest that the pharmacist has made important contributions in areas such as therapeutic problem solving and medication education while freeing up providers for other responsibilities.

Source: Medline
Available in fulltext from American Journal of Health-System Pharmacy at EBSCOhost
Available in fulltext from American Journal of Health-System Pharmacy at EBSCOhost
Available in fulltext from American Journal of Health-System Pharmacy at EBSCOhost

9. The impact of specialist nurse arrhythmia clinics: Streamlining and enhancing patient services

Author(s) Hackett S., Campbell J., Hall A., Iglesias A., James S.A., Mudd J., Rice T., Robbins L., Taggart S., Wilson C., Linker N.J.
Citation: Europace, October 2011, vol./is. 13/(iv7), 1099-5129 (October 2011)
Publication Date: October 2011
Abstract: Introduction: A specialist arrhythmia nurse team was developed to improve access to services and streamline the patient journey through the provision of timely assessment, diagnosis and treatment, and to relieve pressure on outpatient waiting times. A service was developed for patients experiencing arrhythmias and transient loss of
This included the development of new patient, review, and pre-admission clinics within the centre and in community settings. We report our experience and outcomes from 8 April to 11 April. Methods and results: Competency-based training programmes were developed and supervised by consultant cardiologists for nurses qualified to masters level. Referral pathways were developed with collaboration from all stakeholders. A nurse-led triage system was developed for arrhythmia and TLOC referrals. New patient clinics offered a one-stop shop approach: history and examination, electrocardiogram, echocardiogram, ambulatory monitoring, and electroencephalogram. Clinical supervision was from consultant electrophysiologists and neurophysiologists to discuss management of complex cases. Telephone help lines were provided for patients and other health care professionals. Over the 36-month period 2761 referrals were made and 2591 patients seen within the arrhythmia and TLOC clinics. The mean waiting time to be seen was 3.5 weeks for arrhythmia and 2 weeks for TLOC in comparison with waiting times of between 6 and 10 weeks for consultant clinics. A total of 4245 patients attended for review. In all, 87% of patients were managed by the nurses within arrhythmia clinics and 78% in the TLOC clinic. Thirteen per cent of patients accessing arrhythmia clinics needed to be seen by a cardiologist. Fifteen per cent of patients seen in TLOC clinics needed to be seen by a neurophysiologist with 7% requiring input from an electrophysiologist. Six hundred and eighty-eight patients undergoing electrophysiology procedures and 735 patients undergoing device procedures were pre-admitted by the nurse team reducing hospital stay by 1 night for 1423 patients. In all, 1259 patients were reviewed postprocedure by nurses in clinics. Patient satisfaction was high with 99% overall satisfaction of the nurse service. In all, 98% of patients reported that they were happy to be seen by nurses. (Graph presented) Conclusion: The development of nurse-led arrhythmia services has resulted in more timely access to assessment and diagnosis for this patient group. The development of community-based clinics has enabled specialist care to be delivered within the patient’s own locality. Nurse-led clinics have relieved pressure on hospital outpatient waiting times as well as allowing consultants to focus on more complex patients within their clinics. Pre-admission clinics have significantly reduced hospital stay for patients undergoing elective procedures. A high degree of patient satisfaction has been evident. This model of care is not only viable but also desirable to all stakeholders. Appropriate training and ongoing consultant support in terms of clinical supervision are key to the success of the service.

Source: EMBASE
Available in fulltext from Europace at Oxford University Press
Available in fulltext from EP: Europace at EBSCOhost
Available in fulltext from Europace at Free Access Content
Available in fulltext from Europace at Highwire Press

10. The development of a nurse consultant led one stop procedure clinic

Author(s) Holloway D., Teasdale A.

Citation: Gynecological Surgery, September 2011, vol./is. 8/(S172), 1613-2076 (September 2011)

Publication Date: September 2011

Abstract: To show the development of a one stop outpatient procedure nurse led clinic that includes hysteroscopy. The nurse led procedure clinic has developed from 1990. Its concept was developed while perusing a Masters in Advanced Health Care Practice, for which this was the dissertation. There was no bespoke training and the formal courses that were undertaken include the nurse hysteroscopy course at Bradford and a non medical prescribing qualification. The service started with one practitioner and 2 clinics a week and after a successful business case we employed a Clinical Nurse Specialist to undertake hysteroscopy training. Since she has qualified as a hysteroscopist we have an increase in patients in clinics and 3 clinics a week. We undertake all aspects of management for the women and have a follow up clinics, results and email and phone service. We offer training to medical staff in outpatient hysteroscopy. In 2010 we saw 1198 women within this service and performed 616 hysteroscopies, which included diagnostic and operative. other procedures performed included insertion 68-IUS/IUCD insertions, 46- removal of cervical
polyps, 37 colposcopies and 144 other procedures (including vulval tags, cysts and biopsies). From this clinic many women are discharged and treated on the same day. This service is income generating and the patient satisfaction is high. This service has moved hysteroscopy to outpatients that has freed up space in Day Surgery for more complex operations and shows increased patient and nurse satisfaction. We are currently expanding into operative hysteroscopy such as hysteroscopic sterilisation and ablations. This shows an effective service accomplished by using education, training, business planning and project management skills and utilising the 4 components of the nurse consultant role, clinical, education, service development and research.

Source: EMBASE

Available in fulltext at Gynecological Surgery; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.

11. Initial experience of a multi specialty nurse led rapid access blackout clinic: Improving patient access and experience

Author(s) Mudd J., Hackett S., Wilson C., Taggart S., Linker N.J.

Citation: European Heart Journal, August 2011, vol./is. 32/(301), 0195-668X (August 2011)

Publication Date: August 2011

Abstract: Introduction: A nurse led rapid access blackout service was developed in 2010. Cardiology and Neurology teams collaborated to develop and deliver the service. The aim was to streamline the patient journey, provide timely assessment, diagnosis and treatment, reduce unnecessary testing and inappropriate referral and meet national guidance on the management of Transient Loss of Consciousness (TLOC). We report our initial experience and outcomes over twelve week period. Methods: Referral pathways were developed with health care professionals in primary care, accident and emergency, medical admission units and elderly care. All referrals are triaged by rhythmia/neurology specialist nurses prior to the patients being seen in the blackout clinic by the nurses. The blackout clinic offers a "one-stop-shop" with all patients undergoing comprehensive assessment, clinical examination and 12-lead ECG. Echocardiography, EEG, CT and ambulatory ECG monitoring are available if required. Clinical supervision and review of patient treatment plans when required is provided by consultant cardiologist/neurologists and decisions made for ongoing treatment as necessary. Patient telephone helpline is also provided. Results: Average waiting time to be seen was one week. Of the number of patients seen (44) 100% had 12 lead ECG, (3)7% EEG, (12) 27% echocardiogram, (13) 30% ambulatory ECG, (4) 9% tilt test and (1) 2% of patients had CT scan performed. (26) 59% of patients were diagnosed at first appointment, (18) (41%) required review appointments. Neurology consultant review was required for (6) 14% and cardiology consultant review for (2) 4% of patients. Audit shows 100% compliance with ESC and NICE guidance for TLOC. (Table presented) Overall patient satisfaction was high 98% of patients were satisfied with the service with 99% indicating they were happy to be seen by a nurse not a doctor.

Source: EMBASE

Available in fulltext from European Heart Journal at Oxford University Press
Available in fulltext from European Heart Journal at Free Access Content
Available in fulltext from European Heart Journal at Highwire Press
Available in fulltext from European Heart Journal at EBSCOhost

12. Streamlining outpatient urogynaecology: A novel approach

Author(s) Georgiou E.X., Domoney C., Marsh S., Stafford M.

Citation: Journal of Obstetrics and Gynaecology, February 2011, vol./is. 31/2(156-163), 0144-3615;1364-6893 (February 2011)

Publication Date: February 2011
Abstract: With population ageing, service expansion in urogynaecology is a necessity. The aim of this study was to determine the feasibility of a nurse specialist-led triage clinic as a novel way of outpatient care provision. Review of the patient pathway through the service over a 15-month period demonstrated effective patient management with timely order of investigations and treatment initiation, improved continuity of care, a reduction in the volume of medical consultations and high patient satisfaction. In conclusion, specialist nurse clinics provide a sustainable method of service expansion, while simultaneously facilitating service transfer to the community in line with current healthcare policy. 2011 Informa UK, Ltd.

Source: EMBASE
Available in fulltext from Journal of Obstetrics & Gynaecology at EBSCOhost

13. Patients’ perceptions of information and support received from the nurse specialist during HCV treatment.

Author(s) Grogan A, Timmins F

Citation: Journal of Clinical Nursing, 01 October 2010, vol./is. 19/19/20(2869-2878), 09621067

Publication Date: 01 October 2010

Abstract: Aim. To identify patients’ perceptions of support received from the nurse specialist during Hepatitis C virus (HCV) treatment. Background. HCV is a worldwide health problem. However, it is a treatable disease and treatment success rates are high. Unfortunately, treatment comes with a multitude of adverse side effects and patients require informational and psychological support from specialist nurses while on treatment. To date, there is little nursing research on support received from this specialist nursing care. Design. This study used a quantitative descriptive design. Method. A 59-item questionnaire collected data from 106 patients with a diagnosis of HCV attending a HCV outpatient clinic. Results. Overall, patients were very satisfied with support received. Advice on contraception was well received. However, many patients did not feel supported with regard to advice on sleep management. There were no statistically significant differences between overall satisfaction and gender, age, genotype and risk factor. However, there were significant correlations found between support received and reported genotype. Those patients presenting with genotype 1, who are mostly infected through blood or blood products, indicated that they require more support in relation to information on side effects of treatment, quality of life and support groups. Specific approaches to support and advice for this cohort may need to be incorporated into current services. Conclusion. Results of this study reinforce the need for the ongoing use of specialist nurse services and development of this service where no such facilities exist. In addition, the service may need to further recognise and support the information and psychological needs of patients with differing modes of HCV infection. Relevance to clinical practice. Findings provide information to practising nurse specialists about patient’s views of information and support received from nurse specialists in HCV treatment centres and identify where deficits exist.

Source: CINAHL
Available in fulltext from Journal of Clinical Nursing at EBSCOhost
Available in fulltext from Journal of Clinical Nursing at the ULHT Library and Knowledge Services’ eJournal collection

14. Nurse led rapid access community arrhythmia clinics: Improving access and delivery of patient care

Author(s) Mudd J., Hackett S., Hall A., Turley A., James S.A., Linker N.J.

Citation: European Heart Journal, September 2010, vol./is. 31/(903-904), 0195-668X (September 2010)

Publication Date: September 2010

Abstract: Introduction: A nurse led rapid access community arrhythmia service was
developed in 2007. The aim was to relieve pressure on tertiary-centre cardiology appointments and to meet national guidance on arrhythmia management. We report our experience and outcomes after 27 months. Methods: Primary care referrals are triaged by arrhythmia nurses and directed to community or tertiary care services. The community service offers a 'one-stopshop' with all patients undergoing clinical evaluation, 12-lead ECG and echocardiography at their first appointment. Ambulatory monitoring/patient activated recorders are fitted as required. Clinical supervision and review of patient treatment plans is provided by a team of electrophysiologists and decisions made for ongoing treatment as necessary. A patient telephone helpline is also provided. Medication is prescribed and titrated by the arrhythmia nurses. Results: 1459 referrals have been received, 7 were re-directed to other healthcare professionals and 66 patients are waiting to be seen. Of the 1386 (95%) patients seen the average waiting time was 5.2 weeks, 2189 holter monitors and 236 trans-telephonic monitors have been used/issued and 2116 review appointments have been held. The majority of patients 1206/1386 (87%) were diagnosed, managed and discharged within the community clinics (table 1). 126/1386 (9.1%) were listed for invasive procedures, 26 ablations, 34 pacemakers, 27 Implantable loop recorders, 31 cardioversions, 8 left heart catheters, and 54 were referred to a consultant clinic. Audit shows 100% compliance with NICE guidance for the management of atrial fibrillation. Patient satisfaction surveys report 94% satisfaction with waiting times and 91% satisfaction with a specialist nurse led service.(Table presented) Summary: A nurse led rapid access community arrhythmia service has resulted in improved access to assessment, diagnosis and treatment within the patients own locality, with a high level of patient satisfaction. This service has relieved pressure on tertiary waiting times and is a viable and effective model for all stakeholders.

Source: EMBASE

Available in fulltext from European Heart Journal at Oxford University Press
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Available in fulltext from European Heart Journal at Highwire Press
Available in fulltext from European Heart Journal at EBSCOhost

15. Pilot study to compare the effectiveness of assessment by a consultant cancer nurse compared to consultant oncologist for patients receiving chemotherapy in terms of toxicities experienced

Author(s) Roe H.

Citation: European Journal of Cancer, Supplement, September 2009, vol./is. 7/2-3(239), 1359-6349 (September 2009)

Publication Date: September 2009

Abstract: As a consultant cancer nurse the author provides a nurse led service including review of patients receiving chemotherapy and needed to assess her practice in terms of effectiveness, rather than just from the patient perspective, as most other evidence looks at patient satisfaction and does not discuss patient safety. Also consultant nurses are an example of the development of nursing roles and the blurring of professional boundaries in the Health Service in the United Kingdom, as well as there often being comparisons made between consultant nurses and consultants. The study utilised a qualitative design using a triangulation of interviews and transcripts. The patient group were adjuvant breast cancer patients who are received chemotherapy in the outpatient setting. The patients were selected so half were reviewed by the consultant oncologist and half by the consultant cancer nurse. Analysis involved cross over analysis by both the consultant oncologist and the consultant cancer nurse who reviewed initial information provided by the patient prior to their consultation, the transcripts of the consultation and medical notes to determine if their management was appropriate and effective. Results of the study demonstrated that the consultant cancer nurse review was as effective as that provided by the consultant oncologist in terms of detecting side effects, offering management strategies and monitoring outcomes of previous interventions. The conclusion of the study was that patient care was not compromised by them being reviewed by the consultant cancer nurse.

Source: EMBASE
16. Effectiveness of specialist epilepsy nurses. Evaluation of a pilot project

Author(s) Pfaefflin M., May T., Dennig D., Urban S., Uebelacker A., Kiessling H., Schmitz B.

Citation: Epilepsia, April 2009, vol./is. 50/(62-63), 0013-9580 (April 2009)

Publication Date: April 2009

Abstract: Purpose: To evaluate the effectiveness of specialist epilepsy nurses (EN). Nurses were trained as specialist epilepsy nurses. Primary aim was to improve quality of care of outpatients with epilepsy. The EN provided patients with information, support and counselling 1-3 hours in average per patient. Method: Controlled, randomized, multicenter, repeated-measures study design. Patients were randomly allocated to either an epilepsy nurse group (intervention) or waiting-list group (control). 203 patients (16 to 78 years) were included: The EN group (n=93) and the control group (n=110) completed the questionnaire twice within 6 months, the EN group before the first consultation (T1) and about 6 months later (T2). Primary outcome measure was the satisfaction of patients with support and information about epilepsy related topics. Secondary measures were epilepsy specific knowledge, satisfaction with the clinic and the staff, coping with epilepsy, restrictions in daily life, epilepsy-related fears, anxiety and depression. Analysis of covariance using the baseline score as covariate was used to test the effects of EN. Results: The EN group improved significantly in satisfaction with support and information compared to the control group (p=0.035). As expected, the increase in satisfaction was clearly dependent on patient's need for information assessed before consultation (Jonckheere-Terpstra-Test; p=0.006). The EN group improved also in epilepsy specific knowledge (p=0.05). No differences between groups were observed in other measures as well as in regard to seizure frequency and adverse effects reported by the patients. Conclusion: Epilepsy nurses can improve quality of care and should complement comprehensive care for patients with epilepsy. Unrestricted grant UCB GmbH, Germany.

Source: EMBASE

Available in fulltext from Epilepsia at Wiley
Available in fulltext from Epilepsia (Series 4) at EBSCOhost
Available in fulltext from Epilepsia (Series 4) at EBSCOhost
Available in fulltext from Epilepsia at Wiley
Available in fulltext from Epilepsia at Ingenta

17. Is nurse-led care effective? A systematic review of physician-nurse specialist comparison studies in rheumatology

Author(s) Vinall K., Ndosi M., Hill J.

Citation: Rheumatology, April 2009, vol./is. 48/(i158), 1462-0324 (April 2009)

Publication Date: April 2009

Abstract: Background: The aim of this study was to review the evidence for the effectiveness of nurse-led care in rheumatology. Methods: Databases searched were: MEDLINE, EMBASE, CINAHL, BNI, PubMed, AMED, The Cochrane Database of Systematic Reviews, DARE and HTA, and the terms used were "nurse-led", "nurse practitioner", "outpatient", "arthritis" and "rheumatology". Trial relevance and quality was assessed by two independent reviewers; a nurse and a psychologist. Results: Due to heterogeneity of outcomes, data analysis was necessarily narrative. The search yielded 71 potentially relevant articles; 5 were comparison studies but only 4 were RCTs(1-4) and these were included. Outcomes in studies 1-3 included disease activity, plasma viscosity, morning stiffness, pain score, fatigue, satisfaction, health status and patient knowledge. One fibromyalgia study reported patient satisfaction and diagnosis agreement between nurses and rheumatologists(4). The latter reported excellent agreement of fibromyalgia diagnosis when specialist rheumatology nurses were substituted for rheumatologists (kappa=0.91). In study 2, there was improvement in the plasma viscosity in both nurse led groups p=0.001 and doctor groups p=0.003(2,3) however there were no significant
differences between the groups. The nurse led care cohorts showed more improvement in fatigue $p=0.02(3)$ and in pain score $p=0.04(2)$ than in rheumatologist cohorts. There were no significant differences between groups in morning stiffness. Although in both groups patients had improved health status, this met significance with only one nurse led group $p=0.04(3)$. Patient knowledge of their disease increased in all groups(2,3). Patients under nurse led care had a more significant increase in their knowledge than the rheumatologist cohort $p=0.0001(2)$. RA patients were significantly more satisfied with nurse led care $p<0.0001(1-3)$ and this was also true for fibromyalgia patients(4). Conclusions: The results of this review suggest that nurse-led care in all the above outcomes was at least equivalent to physician-led care. Patients were consistently more satisfied with nurse led care than usual care in concordance with the wider literature.

Source: EMBASE
Available in fulltext from Rheumatology at EBSCOhost
Available in fulltext from Rheumatology at Highwire Press
Available in fulltext from Rheumatology at Free Access Content
Available in fulltext from Rheumatology at Oxford University Press


Author(s) Belling R, McLaren S, Woods L

Citation: Cochrane Database of Systematic Reviews, 2009, vol./is. /4(CD006597), 1361-6137;1469-493X (2009)

Publication Date: 2009

Abstract: BACKGROUND: The number, type and roles of specialist nurses dedicated to the care and management of patients with inflammatory bowel disease is increasing. Despite this increase, there has been little evidence to date to demonstrate the effectiveness of specialist nursing interventions. This review aims to identify and evaluate the impact of specialist nursing interventions on management of inflammatory bowel disease, access to treatment, remission, morbidity and quality of life.OBJECTIVES: To identify and evaluate the impact of specialist nursing interventions for improving the care and management of patients with inflammatory bowel disease (IBD).SEARCH STRATEGY: A comprehensive search of databases including the Cochrane Library, MEDLINE, and British Nursing Index was carried out to identify trials. References from relevant papers were searched and hand searching was undertaken of relevant publications including gastroenterology conference proceedings to identify additional trials (date of last search 30 September 2008).SELECTION CRITERIA: Randomised controlled trials, controlled before and after studies and interrupted time series studies of gastroenterology and IBD specialist nurses intending to improve access and outcomes for patients with ulcerative colitis and Crohn's disease were considered for inclusion.DATA COLLECTION AND ANALYSIS: Two investigators independently extracted data and assessed trial quality. Any discrepancies were resolved by consensus.MAIN RESULTS: One randomised controlled trial of 100 IBD patients receiving a specialist nurse delivered counselling package ($n = 50$) or routine outpatient clinic follow-up ($n = 50$), with assessments at entry and six and 12 months, was included in this review. This study was of low methodological quality. Disease remission, patient compliance, clinical improvement, utilisation of nurse-led services, patient satisfaction, hospital admission, outpatient attendance, progression to surgery, length of hospital stay and cost effectiveness data were not reported. Pooled mean mental health scores at 6 months were higher in patients who received nurse-led counselling compared to patients who received routine follow-up. However, this difference was not statistically significant (WMD 3.67; 95% CI -0.44 to 7.77; $P = 0.08$). Other pooled assessments of physical and psychological well-being showed no statistically significant differences.AUTHORS’ CONCLUSIONS: Although specialist nurse counselling interventions might provide benefit for IBD patients the one included study was of low quality and the results of this study should be interpreted with caution. Higher quality trials of gastroenterology and IBD specialist nursing interventions are needed to assess the impact of specialist nursing interventions on the care and management of patients with inflammatory bowel disease.
19. Nurse-led follow-up of patients after oesophageal or gastric cardia cancer surgery: a randomised trial.

**Author(s)** Verschuur EM, Steyerberg EW, Tilanus HW, Polinder S, Essink-Bot ML, Tran KT, van der Gaast A, Stassen LP, Kuipers EJ, Siersema PD

**Citation:** British Journal of Cancer, January 2009, vol./is. 100/1(70-6), 0007-0920;1532-1827 (2009 Jan 13)

**Publication Date:** January 2009

**Abstract:** Between January 2004 and February 2006, 109 patients after intentionally curative surgery for oesophageal or gastric cardia cancer were randomised to standard follow-up of surgeons at the outpatient clinic (standard follow-up; n=55) or by regular home visits of a specialist nurse (nurse-led follow-up; n=54). Longitudinal data on generic (EuroQuol-5D, European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30) and disease-specific quality of life (EORTC QLQ-OES18), patient satisfaction and costs were collected at baseline and at 6 weeks and 4, 7 and 13 months afterwards. We found largely similar quality-of-life scores in the two follow-up groups over time. At 4 and 7 months, slightly more improvement on the EQ-VAS was noted in the nurse-led compared with the standard follow-up group (P=0.13 and 0.12, respectively). Small differences were also found in patient satisfaction between the two groups (P=0.14), with spouses being more satisfied with nurse-led follow-up (P=0.03). No differences were found in most medical outcomes. However, body weight of patients of the standard follow-up group deteriorated slightly (P=0.04), whereas body weight of patients of the nurse-led follow-up group remained stable. Medical costs were lower in the nurse-led follow-up group (2600 euro vs 3800 euro), however, due to the large variation between patients, this was not statistically significant (P=0.11). A cost effectiveness acceptability curve showed that the probability of being cost effective for costs per one point gain in general quality-of-life exceeded 90 and 75% after 4 and 13 months of follow-up, respectively. Nurse-led follow-up at home does not adversely affect quality of life or satisfaction of patients compared with standard follow-up by clinicians at the outpatient clinic. This type of care is very likely to be more cost effective than physician-led follow-up.

**Source:** Medline

Available in fulltext from Cochrane Library, The at Wiley

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20. HIV nursing consultants: patients’ preferences and experiences about the quality of care.

**Author(s)** Hekkink CF, Wigersma L, Joris Yzermans C, Bindels PJE

**Citation:** Journal of Clinical Nursing, 01 March 2005, vol./is. 14/3(327-333), 09621067

**Publication Date:** 01 March 2005

**Abstract:** AIM AND OBJECTIVES: We were interested to find out how human immunodeficiency virus (HIV)-patients judge the quality of care received from their HIV nursing consultants, compared with the care delivered by HIV specialists and general
practitioners. Furthermore, we were interested in how the opinions of HIV patients on the HIV nursing consultant compared with the opinions of patients with rheumatic diseases on the care they receive from their specialized nurses.

**BACKGROUND:** The role of nurses has changed over the years. For patients with chronic diseases there seems to be an increasing role for nursing consultants in the delivery of care. In evaluating quality of care, patients' views are considered important especially for the chronically ill who can be seen as experts by experience.

**METHODS:** Between February 1999 and June 2000, 250 patients, receiving care from both general practitioner and specialist, received a questionnaire [Quality of Care Through the Patient's Eyes (QUOTE)-HIV] to assess HIV-related quality of care, as perceived by them. Aspects were formulated as "importance" and "performance" statements. Items were scored on 4-point scales. A ratio score \( R(ij) = P(ij)/I(ij) \) was calculated by dividing the perceived performance score \( P \) of an individual patient \( i \), on a health service \( j \) by his importance score \( I \). A comparison was made with patients with rheumatic diseases by using data from the QUOTE-Rheuma.

**RESULTS:** Patients judged the quality of care from the HIV nursing consultant as predominantly good. Five aspects showed an unfavourable ratio score \( R < 1.0 \) which indicates room for improvement. On the dimensions "professional performance" and "attitude of the professional" the HIV nursing consultant scores between the general practitioner and the HIV specialist. Patients with rheumatic diseases seemed to be more satisfied than HIV patients with the care from their nurse consultant.

**CONCLUSIONS:** The HIV nursing consultants have an important role in the care of patients infected with HIV. The HIV nursing consultants are judged as good and are ranked in between the general practitioner and the HIV specialist. Given the orientation towards a more integrated care for chronically ill patients, there should be more attention paid to the position of the HIV nursing consultant.

**RELEVANCE TO CLINICAL PRACTICE:** In the Netherlands and in the United Kingdom there is a tendency to a greater degree of differentiation of tasks in health care. This study shows that there is room for a position like the nursing consultant and that this is highly valued by patients.

**Source:** CINAHL

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**21. Telephone first post-intervention follow-up for men who have had radical radiotherapy to the prostate: evaluation of a novel service delivery approach.**

**Author(s)** Booker J, Eardley A, Cowan R, Logue J, Wylie J, Caress A

**Citation:** European Journal of Oncology Nursing, 01 December 2004, vol./is. 8/4(325-333), 14623889

**Publication Date:** 01 December 2004

**Abstract:** The increasing prevalence of prostate cancer places pressure on services, leading to questions about how best to configure services, so as to maintain quality and best utilise the skills of the multi-disciplinary team. There have been positive evaluations of specialist nursing roles, nurse-led service provision and telephone consultations, leading us to consider whether telephone follow-up led by a specialist nurse might be an acceptable alternative to traditional follow-up in hospital-based out-patient clinics for patients receiving radical radiotherapy for prostate cancer. Thirty-six men were included in a pilot introduction of telephone follow-up, evaluated via a questionnaire survey. The evaluation explored patients' satisfaction with practical arrangements; satisfaction with the nurse; acceptability of telephone follow-up and acceptability of this being nurse-led. Patients reported high levels of satisfaction with practical arrangements. Thirty-five patients considered the nurse to be knowledgeable and found nurse-led care acceptable. Only one patient was unhappy with telephone follow-up, whilst 27 were "very happy". Only one patient felt that telephone follow-up was poorer than traditional follow-up, whilst 27 found it "as good" and three "better". Particular advantages were reported in terms of convenience and time savings. Telephone follow-up appears to have potential for this patient group and merits wider, research-based consideration.

**Source:** CINAHL
22. Validation of a novel satisfaction questionnaire for patients with rheumatoid arthritis receiving outpatient clinical nurse specialist care, inpatient care, or day patient team care.

**Author(s)** Tijhuis GJ, Kooiman KG, Zwinderman AH, Hazes JM, Breedveld FC, Vliet Vlieland TP

**Citation:** Arthritis & Rheumatism, April 2003, vol./is. 49/2(193-9), 0004-3591;0004-3591 (2003 Apr 15)

**Publication Date:** April 2003

**Abstract:** OBJECTIVES: To develop and validate a questionnaire for measuring satisfaction with different forms of complex multidisciplinary care in patients with rheumatoid arthritis (RA).METHODS: The satisfaction questionnaire (score range 0-100) comprised 28 items covering 11 domains. Together with a visual analog scale (VAS, range 0-100) on overall satisfaction, the questionnaire was applied in 210 RA patients who participated in a randomized trial comparing 3 types of multidisciplinary care.RESULTS: The questionnaire was returned by 174 patients (83%). The questionnaire and VAS scores in the total group were 75 (SD 12) and 83 (SD 20), respectively. Reliability analysis showed Cronbach's alpha of the questionnaire was 0.91. Spearman's correlation coefficient between the satisfaction questionnaire score and VAS score was 0.58 (P < 0.01). Mean total satisfaction questionnaire scores were 72 (SD 9), 76 (SD 14), and 78 (SD 11), in the nurse specialist, inpatient and day patient groups, respectively (nurse specialist versus day patient, P = 0.004). Significant differences between nurse specialist and day patients were seen in the following domains: waiting time during the treatment, autonomy, coordination, non-financial access, and quality of general information (all P < 0.05).CONCLUSION: Overall, patients were highly satisfied with the multidisciplinary care they received. Major differences regarding the organization of care were reflected in the results of the questionnaire scores. The satisfaction questionnaire appears to be a useful instrument for measuring satisfaction with complex multidisciplinary care in RA patients.

**Source:** Medline

Available in fulltext from *Arthritis and Rheumatism* at Wiley

Available in fulltext from *Arthritis and Rheumatism* at the ULHT Library and Knowledge Services’ eJournal collection

Available in fulltext from *Arthritis Care and Research* at Wiley

23. A randomized comparison of care provided by a clinical nurse specialist, an inpatient team, and a day patient team in rheumatoid arthritis.

**Author(s)** Tijhuis GJ, Zwinderman AH, Hazes JM, Van Den Hout WB, Breedveld FC, Vliet Vlieland TP

**Citation:** Arthritis & Rheumatism, October 2002, vol./is. 47/5(525-31), 0004-3591;0004-3591 (2002 Oct 15)

**Publication Date:** October 2002

**Abstract:** OBJECTIVES: To compare in a randomized, controlled trial the clinical effectiveness of care delivered by a clinical nurse specialist, inpatient team care, and day patient team care in patients with rheumatoid arthritis (RA) who have increasing functional limitations.METHODS: Between December 1996 and January 1999, 210 patients with RA were recruited in the outpatient clinic of the rheumatology department of 6 academic and nonacademic hospitals. Clinical assessments recorded on study entry and weeks 6, 12, 26, and 52 included the Health Assessment Questionnaire (HAQ) and the McMaster Toronto Arthritis Patient Preference Disability Questionnaire as primary outcome measures, and the RAND-36 Item Health Survey, the Rheumatoid Arthritis Quality of Life questionnaire, the Health Utility Rating Scale, and the Disease Activity Score as secondary outcome measures. Patient satisfaction with care was measured on a visual analog scale in week 6 in all 3 groups and again in week 12 in the nurse specialist group.RESULTS: Within all 3 groups, functional status, quality of life, health utility, and disease activity improved significantly over time (P < 0.05). However, a comparison of clinical outcome among the 3
groups and a comparison between the nurse specialist group and the inpatient and day patient care groups together did not show any sustained significant differences. Subgroup analysis showed that age had a significant impact on differences between the 3 treatment groups with respect to functional outcome as measured with the HAQ (P < 0.001). With increasing age, the most favorable outcome shifted from care provided by a clinical nurse specialist and inpatient care to day patient care. Patients' satisfaction with care was significantly lower in the nurse specialist group than in the inpatient and day patient care groups (P < 0.001). CONCLUSION: Care provided by a clinical nurse specialist appears to have a similar clinical outcome in comparison with inpatient and day patient team care. Although all patients were highly satisfied with multidisciplinary care, patients who received care provided by a clinical nurse specialist were slightly less satisfied than those who received inpatient or day patient team care. Age appeared to be the only factor related to differences in functional outcome between the 3 treatment groups. The choice of management strategy may, apart from age, further be dependent on the availability of facilities, the preferences of patients and health care providers, and economic considerations.

Source: Medline

Available in fulltext from Arthritis and Rheumatism at Wiley

Available in fulltext from Arthritis and Rheumatism at the ULHT Library and Knowledge Services' eJournal collection

Available in fulltext from Arthritis Care and Research at Wiley


Author(s) Hughes RA, Carr ME, Huggett A, Thwaites CE

Citation: Annals of the Rheumatic Diseases, April 2002, vol./is. 61/4(341-5), 0003-4967;0003-4967 (2002 Apr)

Publication Date: April 2002

Abstract: OBJECTIVES: To examine the role, acceptability, and cost effectiveness of a telephone helpline organised and run by specialist nurses in a district general hospital outpatient rheumatology department. MATERIAL AND METHODS: Patients accessed the telephone helpline by leaving a taped message on an answer phone with a 24 hour response time. Assessment included an audit of the nature and outcome of helpline calls, patient satisfaction with the helpline, and a health economic analysis of the helpline operation. A postal questionnaire was used to assess patient satisfaction; this was sent to the 87 patients who called the helpline during one month, and overall satisfaction with the helpline was assessed. The nature and outcome of all calls was analysed retrospectively using a helpline record book for February and October of one year and February of the following year. From the results of the retrospective analysis and an estimate of the number of general practitioner consultations avoided by provision of the helpline, the cost effectiveness of the helpline was calculated. RESULTS: Of those returning questionnaires, 61/63 (97%) were satisfied with the response time, 63/63 (100%) with the courtesy, and 60/63 (95%) felt that their questions were answered directly and to their satisfaction in 62 (98%) of cases. Had the helpline not been available, 38/63 (60%) patients would have made an appointment with their GP. When these figures were extrapolated to an annual estimation, a basic cost analysis showed that the helpline produced a cost saving to the NHS, largely as a result of GP consultations avoided. CONCLUSION: Clinical advice and support can be provided by a rheumatology helpline set up as an adjunct to a standard outpatient service. The results of a postal questionnaire suggested more than 95% satisfaction with all aspects of the helpline service and that 99% of callers would call the helpline again. The provision of the helpline service contributes to the quality of care provided by an outpatient department and provides benefit to the NHS.

Source: Medline

Available in fulltext from Annals of the Rheumatic Diseases at National Library of Medicine

Available in fulltext from Annals of the Rheumatic Diseases at Free Access Content
25. Substitution model with central role for nurse specialist is justified in the care for stable type 2 diabetic outpatients.

**Author(s)** Vrijhoef HJ, Diederiks JP, Spreeuwenberg C, Wolffenbuttel BH

**Citation:** Journal of Advanced Nursing, November 2001, vol./is. 36/4(546-55), 0309-2402:0309-2402 (2001 Nov)

**Publication Date:** November 2001

**Abstract:** AIM OF THE STUDY: Assessment of effects on quality of care, in terms of patient outcomes, when tasks in the care for outpatients with stable type 2 diabetes are transferred from internist to nurse specialist and from outpatient clinic to general practice.BACKGROUND: For the management of chronic diseases with a high prevalence and requiring current monitoring, it is suggested that substitution of care may be an appropriate solution to safeguard high quality care.DESIGN AND METHODS: A 12-month nonequivalent control group design was used. General practitioners (GPs) referring diabetes patients to the University Hospital Maastricht were asked to choose for the traditional model or the nurse specialist model. Informed consent was obtained from patients with stable diabetes type 2 attending these practices. All patients received care according to the model chosen by their GP. Identified outcomes were: clinical status, health status, self-care behaviour, knowledge of diabetes, patient satisfaction, and consultation with care-providers.RESULTS: In the control group (n=47) no patients were treated with oral hypoglycaemic agents (OHA) only. The control group was compared with an intervention subgroup (n=52) also without patients receiving OHA only. Clinical data were available for all patients. Patients without complete data from questionnaires had better mean concentration of HbA1c than patients with complete data (P=0.004). The traditional care model and the nurse specialist model achieved equal outcomes, while glycaemic control of patients in the nurse specialist model improved (from 8.6% to 8.3%) but deteriorated in the traditional model (from 8.6% to 8.8%; P-value between groups=0.001).CONCLUSIONS: The model with nurse specialists taking on roles and tasks beyond those traditionally regarded as their remit as well as new ones, is effective for the care of stable diabetic outpatients.

**Source:** Medline

Available in fulltext from Journal of Advanced Nursing at EBSCOhost

26. Use of discrete choice experiments to elicit preferences.

**Author(s)** Ryan M, Bate A, Eastmond CJ, Ludbrook A

**Citation:** Quality in Health Care, September 2001, vol./is. 10 Suppl 1/(i55-60), 0963-8172;0963-8172 (2001 Sep)

**Publication Date:** September 2001

**Abstract:** This paper considers the application of discrete choice experiments for eliciting
preferences in the delivery of health care. Drawing upon the results from a recently completed systematic review, the paper summarises the application of this technique in health care. It then presents a case study applying the technique to rheumatology outpatient clinics. 200 patients were questioned about the importance of six attributes: staff seen (junior doctor or specialist nurse); time in waiting area; continuity of contact with same staff; provision of a phone-in/advice service; length of consultation; and change in pain levels. The systematic review indicated that discrete choice experiments have been applied to a wide number of areas and a number of methodological issues have been addressed. Consistent with this literature, the case study found evidence of both rationality and theoretical validity of responses. The approach was used to establish the relative importance of different attributes, how individuals trade between these attributes, and overall benefit scores for different clinic configurations. The value of attributes was estimated in terms of time, and this was converted to a monetary measure using the value of waiting time for public transport. Discrete choice experiments represent a potentially useful instrument for eliciting preferences. Future methodological work should explore issues related to the experimental design of the study, methods of data collection and analysis, and satisfaction with the economic axioms of the instrument. Collaborative work with psychologists and qualitative researchers will prove useful in this research agenda.

Source: Medline
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Available in print at Grantham Hospital Staff Library
Available in fulltext from Quality and Safety in Health Care at Free Access Content
Available in fulltext from Quality in Health Care at EBSCOhost
Available in fulltext from Quality in Health Care : QHC at National Library of Medicine

27. An audit to examine patient views on CNS-led stoma-care services.
Author(s) Coleman V
Citation: Professional Nurse, 01 September 2001, vol./is. 17/1(23-26), 02668130
Publication Date: 01 September 2001
Abstract: Clinical nurse specialists in stoma care are an important resource for patients and staff. Addenbrooke's NHS Trust undertook an audit to determine patient satisfaction with the standard of service provided in its stoma-care department. Particular attention was paid to the role of stoma-care clinical nurse specialists in care provision.
Source: CINAHL
Available in print at Grantham Hospital Staff Library

28. Outcomes and satisfaction of patients of psychiatric clinical nurse specialists.
Author(s) Baradell JG, Bordeaux BR
Citation: Journal of the American Psychiatric Nurses Association, 01 June 2001, vol./is. 7/3(77-85), 10783903
Publication Date: 01 June 2001
Abstract: Background: A pilot study (Baradell, 1995) employing a retrospective design demonstrated that outpatients (N = 100) of psychiatric clinical nurse specialists (CNSs) reported significant improvement in clinical symptoms and quality of life and reported a high level of satisfaction with care. Objectives: To follow up on these initial results, a prospective study was designed to examine the following questions: (a) Were there improvements in clinical symptoms and quality of life between initiation and termination of psychotherapy? (b) Were improvements in clinical symptoms and quality of life maintained 6 months after
termination? (c) What level of patient satisfaction was reported 6 months after termination of psychotherapy? Design: The sample included patients (N = 257) from the private practices of CNSs in North Carolina. Data were collected at initiation, at termination, and 6 months after termination. Instruments included the Profile of Mood States-Short Form (McNair, Lorr, & Droppleman, 1992), Quality of Life, and the Patient Satisfaction Survey. Results: Patients reported significant improvement in clinical symptoms and quality of life at termination. Improvements were maintained 6 months after termination for clinical symptoms and quality of life, with the exception of the job domain. Patients reported a very high level of satisfaction with the care provided by CNSs. Conclusions: Mental health care provided by psychiatric CNSs can improve the quality of care and the level of patient satisfaction for consumers of mental health services. Data support the inclusion of psychiatric CNSs as providers in the rapidly changing health care system. The data from the pilot study and the current study lend further support to psychotherapy as an autonomous role for psychiatric CNSs.

Source: CINAHL

29. Evaluation of the effectiveness of a specialist nurse in the management of inflammatory bowel disease (IBD).

Author(s) Nightingale AJ, Middleton W, Middleton SJ, Hunter JO

Citation: European Journal of Gastroenterology & Hepatology, 01 September 2000, vol./is. 12/9(967-973), 0954691X

Publication Date: 01 September 2000

Abstract: OBJECTIVE: To determine the effect of a specialist nurse on the management outcome of patients with inflammatory bowel disease (IBD). DESIGN: Audit of the management of a cohort of patients in the year prior to the employment of the specialist nurse and the year immediately after. SUBJECTS: 339 patients, both male and female, with either Crohn's disease or ulcerative colitis, resident in the Cambridge health district. SETTING: Addenbrooke's Hospital NHS Trust Outpatient Centre. MAIN OUTCOME MEASURE: Health status was measured by blood tests (C-reactive protein, albumin and haemoglobin) throughout the year, symptom indices, number of clinic attendances, admissions to hospital and length of stay. Quality of life was measured via a postal questionnaire. RESULTS: Hospital visits were reduced from 1377 to 853 (38% reduction) and in-patient length of stay measured in bed-days from 516 to 417 (19% reduction). The number of patients in remission increased from 63 to 69%. Patient satisfaction improved in key areas, in particular, access to information on IBD and advice on avoidance of illness and maintaining health. Of a total of 251 calls to the telephone helpline, only 19 patients were referred for a medical opinion and five patients required hospital admission. CONCLUSION: The IBD nurse specialist is a valuable and cost-effective member of the gastroenterology team.

Source: CINAHL

30. Patients' views of a new nurse-led continence service.

Author(s) Shaw C, Williams KS, Assassa RP

Citation: Journal of Clinical Nursing, 01 July 2000, vol./is. 9/4(574-582), 09621067

Publication Date: 01 July 2000

Abstract: This study used qualitative methods to assess patients' views of a new nurse-led continence service that was being evaluated in a randomized trial as part of the Leicestershire Medical Research Council (MRC) Incontinence Study. The service was provided by a team of five nurses who had received a 3-month training programme on the assessment procedures and the evidence-based practice protocols. In-depth qualitative interviews were carried out by four trained interviewers with 23 respondents, seven male & 16 female (mean age 58 years), and were analysed using NUD*IST software. The main themes to emerge were related to the interpersonal skills and technical skills of the nurse and how these impacted on the effectiveness of treatment. An informal, friendly approach by nurses with good communication skills relieved patients' embarrassment and anxiety, giving them confidence and trust in the nurses, thus facilitating information exchange and
effectiveness of care. Good communication skills conveyed the nurses' specialist technical skills and knowledge, encouraging patient compliance with treatments.

**Source:** CINAHL
Available in **fulltext** from *Journal of Clinical Nursing* at **EBSCOhost**
Available in **fulltext** from *Journal of Clinical Nursing* at **the ULHT Library and Knowledge Services' eJournal collection**

### 31. Satisfaction with nurse specialists in breast care clinics (multiple letters) [1]

**Author(s)** Dixon J.M., Lamb J., Stones G., Rahman A., Mitchell D., Bramley M., Byrne G.J., Bundred N.J., Garvican L., Littlejohns P., Sacks N.P.M.

**Citation:** British Medical Journal, November 1998, vol./is. 317/7168(1316-1317), 0959-8146 (07 Nov 1998)

**Publication Date:** November 1998

**Source:** EMBASE
Available in **fulltext** from *BMJ: British Medical Journal (Overseas & Retired Doctors Edition)* at **EBSCOhost**
Available in **fulltext** from *BMJ* at **Free Access Content**
Available in **fulltext** at *British Medical Journal; BMJ*; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.
Available in **print** at *Grantham Hospital Staff Library*

### 32. Satisfaction with clinical nurse specialists in a breast care clinic: questionnaire survey.

**Author(s)** Garvican L, Grimsey E, Littlejohns P, Lowndes S, Sacks N

**Citation:** BMJ: British Medical Journal (International Edition), 28 March 1998, vol./is. 316/7136(976-977), 09598146

**Publication Date:** 28 March 1998

**Source:** CINAHL
Available in **fulltext** from *BMJ: British Medical Journal (Overseas & Retired Doctors Edition)* at **EBSCOhost**
Available in **fulltext** from *BMJ* at **Free Access Content**
Available in **fulltext** at *British Medical Journal; BMJ*; Collection notes: On first login to a ProQuest journal you will need to select 'Athens (OpenAthens Federation)' from Select Region, and then 'NHS England' from Choose your Library.
Available in **print** at *Grantham Hospital Staff Library*

### 33. Clinical outcomes and satisfaction of patients of clinical nurse specialists in psychiatric-mental health nursing.

**Author(s)** Baradell JG

**Citation:** Archives of Psychiatric Nursing, October 1995, vol./is. 9/5(240-50), 0883-9417;0883-9417 (1995 Oct)

**Publication Date:** October 1995

**Abstract:** Survey research was conducted to examine clinical outcomes and satisfaction of patients of psychiatric mental health clinical nurse specialists (CNSs). Patients who had terminated from outpatient psychotherapy with 6 CNSs in 1993 were mailed a questionnaire (N = 223). Follow-ups by mail yielded a response rate of 45% (n = 100). The questionnaires included the Profile of Mood States-Short Form ([POMS-SF]; McNair, Lorr,
Quality of Life Function (QOL; Lehman, 1991), and Patient Satisfaction Scale (Baradell, 1994). Paired difference t-tests were used to evaluate clinical outcomes. Percentages were used to report satisfaction, and Pearson correlations were used to examine the relationship between clinical outcomes and patient satisfaction. The mean age for respondents was 37 years; 82% were female. Diagnoses included depression (46%), adjustment disorders (34%), anxiety (10%), and other (10%). Patients reported significant improvement in all clinical symptoms: anxiety, depression, anger, confusion, fatigue and vigor. Patients reported significant improvement in all domains of QOL: family, social, and job. Patients reported a very high level of satisfaction with the care provided. The more clinical improvement the patients reported, the more satisfied they were with the care provided. If nurses are to be included in a reformed health care delivery system in the future, additional research is essential.

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