



# Telephone support bridges the gap between the discharged patient and the Breast Health service



Author Noreen Cronin, RGN, Clinical Nurse Specialist (CNSp), Breast Health Unit, Mater Misericordiae University Hospital (MMUH)

## Introduction:

The Symptomatic Breast Clinic in the MMUH provides a diagnostic service for women and men with a breast problem, diagnosing 400 breast cancers per year. The Role of the Clinical Nurse Specialist in Breast Care (CNSp Breast Care) provides holistic, knowledge based, patient focused care to patients and their families through all stages of the breast cancer journey.

Currently, patients and families who are being discharged post breast surgery with a Jackson Pratt drain (see fig 2) are educated on the ward pre-discharge by the CNSp Breast care on how to empty, record amounts and manage their drain at home. A patient information leaflet (see fig 1) on drain care is explained and given to the patient and family. Patients receive a daily phone call from the CNSp, and this is recorded electronically on the hospital system.

Telephone practice is described as the “process of care provided to individuals, families and defined patient populations using telephones as the means of communication in a variety of health care settings”<sup>1</sup>

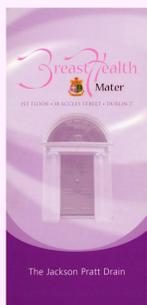


Fig 1: Patient information leaflet

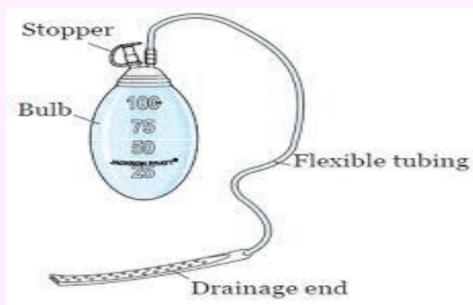


Fig 2: Jackson Pratt Drain

## Aim & Objectives:

The aim of this project is to measure if the provision of phone support for drain care post breast surgery by the CNSp is beneficial to both the patient and the Breast health service.

The objective of the telephone service is to reduce inpatient hospital stays, attendance to outpatients for follow up visits and promoting the concept of self-care and empowerment.

## Methods/Project Description

Surgical data from one consultant for 2018 was collated from the hospital IT system by the CNSp. Patients who had received a Mastectomy ± immediate reconstruction (n=7) or Mastectomy alone (n=36) were the patient group identified as all these patients were discharged home with a Jackson Pratt drain. The total sample size was 43 patients. See fig 3 above to see the questions asked during the phone support.

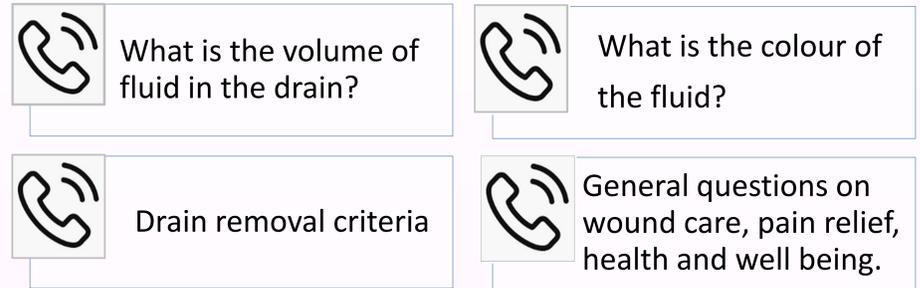


Fig 3: Questions asked during the phone support telephone call

The data was then grouped into two sub-categories:

- Drain enquiries
- Drain removal

## Results/Outcomes:

Patients on average received 4-5 drain enquiry support phone calls while the drain was in place. Each call took approximately 5-10 minutes. When the drain has less than 30mls in 24 hours, the patient is advised to come into a nurse-led clinic or outpatients clinic for drain removal. The CNSp spent over 27 hours (see Fig 4) giving telephone support to forty three patients over one year.

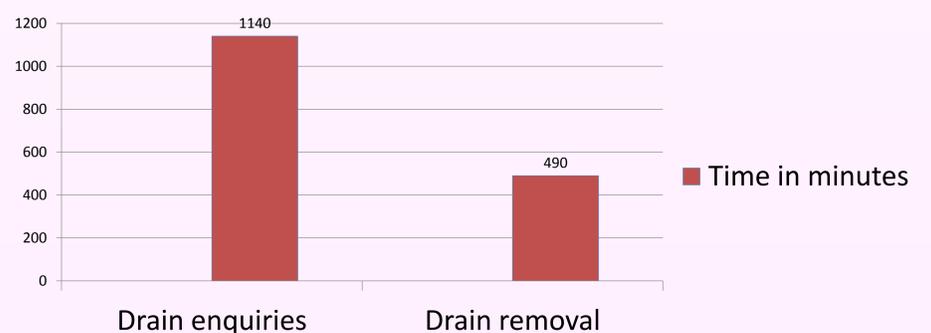


Fig 4. Total time (in minutes) spent by the CNSp giving phone support post breast surgery

## Conclusion

From this project, the author has shown that telephone support to this patient cohort is time well spent. By providing this nurse led service, it can reduce unnecessary follow-up visits for the patient and promote the concept of self-care and empowerment.

This nurse led intervention complements HIQA’s definition of quality care by promoting Better Health and Wellbeing – its defined as ‘care that seeks to identify and take opportunities to support patients in improving their own health and wellbeing.’<sup>2</sup>

Ensuring on time discharge for the patient reduces inpatient stay - reducing the risk of hospital acquired infection .<sup>3</sup> As nurse specialists we can promote the concept of patient centred holistic care. The Slaintecare policy <sup>4</sup> promotes ‘integrating acute hospital care with community or home based care’. This is reflective in our practice.

## References

1. Larson-Dahn M (2001) Tele e-nursing, Quality care and patient outcomes. *Journal of Nursing Administration* Mar 31(3) 145-52
  2. Health Information and Quality Authority. (2012) National Standards for Safer Better Healthcare. Dublin: HIQA
  3. Health Protection Surveillance Centre (2017) Point Prevalence Survey (PPS) of Hospital-Acquired Infections and Antimicrobial Use. HSPC, Dublin
  4. Department of Health (2017) The Slaintecare Report , DOHC, Dublin
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