

Enhancing Cancer Care: Implementation of Nurse-Led Consultations (NLC) in Oncology for improved patient experience

Supportive & Palliative care, Rehabilitation & Survivorship

Barbara Stoffel¹, Sabrina Fasciati-Zortea¹, Flurina Collenberg¹, Gabriela Manetsch¹, Rosaria Tino-Corrado², Oliver Kessler³, Sara Bastian¹, Roger von Moos^{1,2}

¹Department of Oncology/Hematology, Cantonal Hospital Graubünden (KSGR), Chur, Switzerland, ²Cancer and Research Center, Cantonal Hospital Graubünden, Chur, Switzerland, ³Lucerne University of Applied Sciences and Arts, Lucerne, Switzerland

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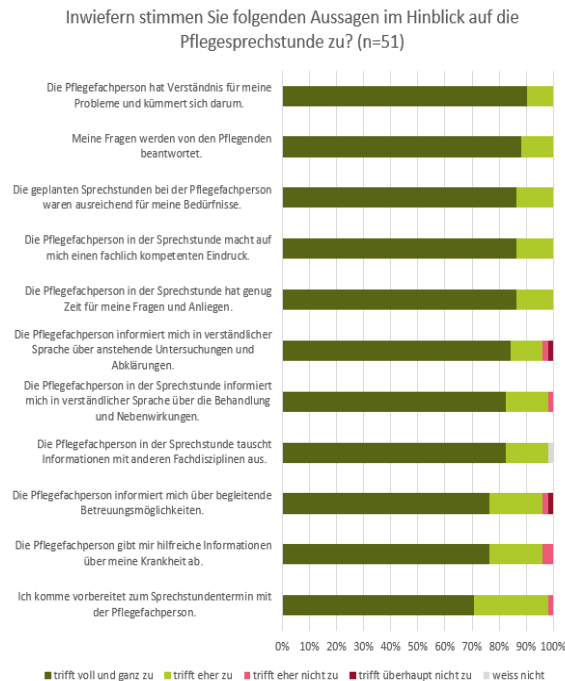
Background and Objective

The growing incidence of cancer, along with advances in treatment and demographic shifts, has increased demand for oncological care. This has led to staffing shortages and longer patient wait times, threatening care quality. NLC present a solution to alleviate pressure on physician-led services and improve patient's experience.

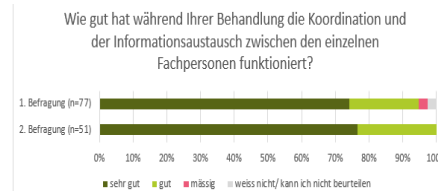
Methods

This project was performed as a single institution study at the KSGR in collaboration with the Lucerne University of Applied Sciences and Arts. It implemented a nurse-led consultation model for ambulatory oncology patients, with therapies selected based on suitability for nurse-led care. Oncology nurses received specialized training to conduct these consultations. Surveys based on standardized questionnaires, were conducted with medical oncologists (at intervals of 0, 6, and 12 months, n=11), nurses (at intervals of 0, 6 and 12 months, n=15), and patients (at intervals of 0 (n=77) follow up after 3 to 6 months (n=51)). The surveys assessed satisfaction, workflow, efficiency and overall experience. The project followed a pre-post design over 18 months in cooperating regular evaluations and adjustments based on ongoing feedback from all stakeholders.

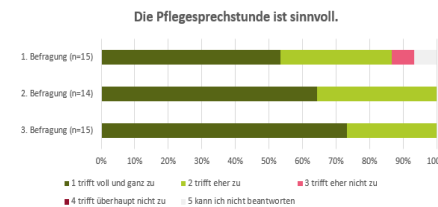
Survey results patients



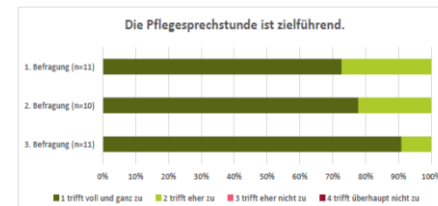
Patients coordination satisfaction



Survey results nurses



Survey results physicians



Results

The implementation of a NLC model demonstrated improvements in patient flow, waiting times and satisfaction. Over 90% of patients included in the study expressed a preference to continue with nurse-led consultations, citing better time management and more streamlined visits. Nurses reported greater job satisfaction, with over 70% indicating that the new consultation model fully utilized their skills and enhanced their professional responsibilities. Physicians, while supportive of the model, observed only a modest reduction in workload due to increasing patient numbers and occasional staffing challenges.

Conclusion

Nurse-led clinic represents a promising approach to addressing several of the current challenges in oncology care. It offers lean patient flow with better use of all short resources at staff time and room availabilities. No negative impact on patients satisfaction and quality of care was observed, on the contrary, this factors could be improved. In addition, nurses reported enhanced job satisfaction. This are important factors to face staff futility and measures against staff shortage. Although the direct reduction in physician workload was modest, the model showed potential for improving care efficiency and quality. Additional refinements to nurse responsibilities, resource allocation and care processes could yield even greater benefits. In many fields nurse led consultations are developed and implemented, showing a great need for redefining patients care in clinical practice.

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