

## NURSE-LED TELEPHONE FOLLOW UP: EVALUATION OF A NOVEL SERVICE DELIVERY STRATEGY.

### Hypothesis / aims of study

While health care costs increase steadily, patients appropriately expect high quality care from their clinicians. It is therefore imperative that we pursue alternative channels of service provision that are cost effective and clinically acceptable. Nurse-led telephone follow up clinics have been used in a variety of chronic conditions and have been shown to be cost-effective and efficient with no detriment to patient satisfaction and care. (1) Lower urinary tract symptoms (LUTS) are common, associated with significant morbidity and place a substantial burden on health care providers. The chronic nature of the symptoms in patients with LUTS and the ongoing need for support and advice makes this novel service delivery strategy suitable for this group of patients. Our aim was to assess the clinical effectiveness of a nurse-led telephone follow up service in women with lower urinary tract symptoms.

### Study design, materials and methods

From 1 July 2003 to November 2005, women with LUTS presenting to a tertiary urogynaecology unit were offered telephone follow up with a senior nurse in place of a conventional outpatient appointment. Referral for telephone follow up was arranged according to a strict proforma at a time convenient for the patient and the consultation was conducted according to a standardized follow-up questionnaire and treatment changed or continued according to unit protocols. The aim of this study was to audit the results of this service and to assess patient satisfaction by a postal questionnaire.

### Results

116 women were audited in this study. The clinical diagnoses (Table 1) of those followed up by telephone were OAB in 91 (78%) patients, mixed incontinence in 14 (12%), voiding dysfunction in a further 7 (6%) and stress incontinence in 1 (0.9%). The diagnosis was unknown or unclear in a further 3 (2%) patients. The mean age of the cohort was 58 years (range 21-98). The mean number of telephone consultations was 2 (range 1-12, SD+/-1.61).

Table 1: Diagnoses of patients followed up telephonically

Diagnosis	N	%
Overactive Bladder	91	78%
Mixed Incontinence	14	12%
Voiding Dysfunction	7	6%
Stress Incontinence	1	0.9%
Unknown	3	2%

additional 2 (1.8%) returned for cystoscopy, 1 (0.9%) to be reviewed with regard to her voiding dysfunction and another 1 (0.9%) for removal of a suprapubic catheter.

Table 3: Outcomes following the most recent telephone consult

The outcomes following the most recent telephone consultation (Table 2) included discharge from the clinic in the 41 (35%) women, which represents the majority of the cohort, a further telephone follow up appointment in 35 (30%) and 29 (25%) had been referred back to the hospital consultant led clinic. Additionally, 2 women had been placed directly on the waiting list for Botulinum Toxin injections and 1 woman had requested follow-up by e-mail. The reasons for a return visit to the clinic (Table 3) included refractory OAB in 10 (8%), stress incontinence in 4 (3%), symptoms of vaginal prolapse in 3 (2.6%) and other gynaecological problems in 3 (2.6%). An

Outcome	N	%
Discharged	41	35%
Further Phone consultation	35	30%
Referral back to consultant clinic in hospital	29	25%
Waiting list Botulinum Toxin Injections	2	1.7%
Ambulatory CMG	2	1.7%
E-mail follow up	1	0.9%
Unknown	5	4%

Table 3: Reason for referral back to consultant clinic

Reason	N	%
Refractory OAB	10	8%
Stress Incontinence	4	3%
Vaginal Prolapse	3	2.6%
Other Gynaecological problems	3	2.6%
Cystoscopy	2	1.8%
Assessment for Botulinum Toxin Treatment	1	0.9%
Voiding problems	1	0.9%
Removal of SPC	1	0.9%
Further Bladder Retraining	1	0.0%
Other concerns	1	0.9%
Surgical follow up	1	0.9%
Unknown	1	0.9%

90 (78%) patients returned the satisfaction questionnaire. Mean overall satisfaction with telephone follow up on Visual Analogue Score 0-100 (where 100 indicates a high level of satisfaction) was 77 (range 0-100 SD+/-27.5).

75 (65%) women either agreed or agreed strongly that it was easy to discuss their bladder problem over the phone with the nurse. When asked if they preferred telephone follow up to a clinic visit, only 16 (14%) either disagreed or disagreed strongly. Only 6 (5%) patients said that they did not think it was easy discussing their medication over the telephone. Women were asked if they knew what to do after the consultation and 70 (60%) either agreed or agreed strongly. Only 12 (10%) of the women said that they would not recommend it to a friend and 9 (7%) did not think it was more convenient.

#### Interpretation of results

Most of the women in this nurse-led telephone follow up clinic had OAB. This condition is often difficult to treat, requiring regular input from the clinician with frequent changes in medication and continued reinforcement of non-pharmacological treatment strategies. A significant number of the women in this cohort were discharged directly from the phone follow up clinic and a large number were happy to continue with phone follow-up. Only 25% of the cohort needed further assessment in the hospital clinic. Patients expressed a high level of satisfaction with this care strategy. This would suggest that nurse-led telephone follow up is achieving its aim in replacing the routine clinic visit in this group of patients.

#### Concluding message

Phone follow-up of women with LUTS is clinically effective and associated with a high satisfaction rating and has possible advantages of consistent follow-up by the same clinician, convenience to the patient and cost savings.

#### References

1. Ann R Coll Surg Engl 2004; 86(4):243-246

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**HUMAN SUBJECTS:** This study was approved by the Wandsworth Ethics Committee, London and followed the Declaration of Helsinki Informed consent was obtained from the patients.