



The role of the specialised nurse in neurology-oncology

Hanneke Zwinkels, nurse practitioner
Neuro-Oncology

Medical Center Haaglanden

Lijnbaan 32 2512VA Den Haag

The Netherlands

h.zwinkels@mchaaglanden.nl

Learning Objectives

After this lecture the learner will:

- Have an insight in the added value of specialised nurse functions
- Have in insight in competences and skills of specialised nurses
- Be able to appreciate specialised nurses in relation to improvement of quality of care

Advanced Nursing Practice in the Hague

Neuro-Oncology patients face a disease with a poor perspective.

Specialised nurse care during the total disease process



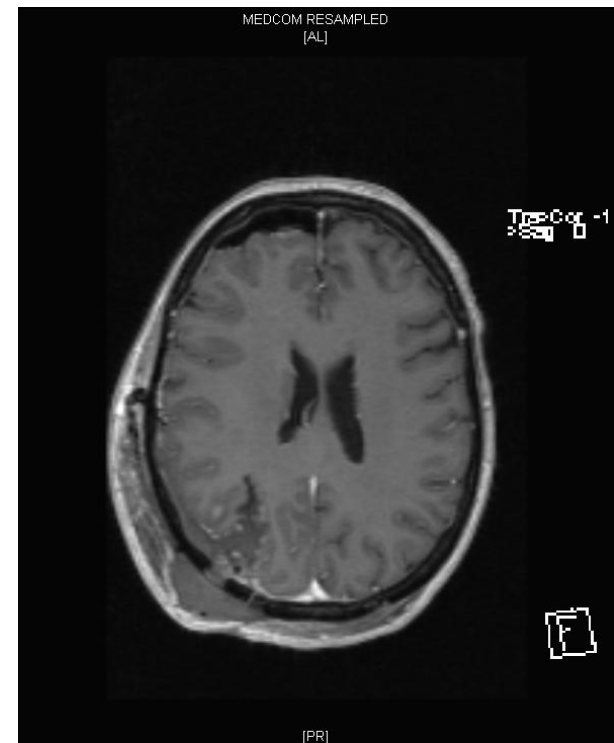
Mrs. Jones, age 56

- First contact Dec. 2010 after visit with neurosurgeon suspicion of a high grade glioma right parietal occipital lobe
- Seizure, hemi paresis left leg



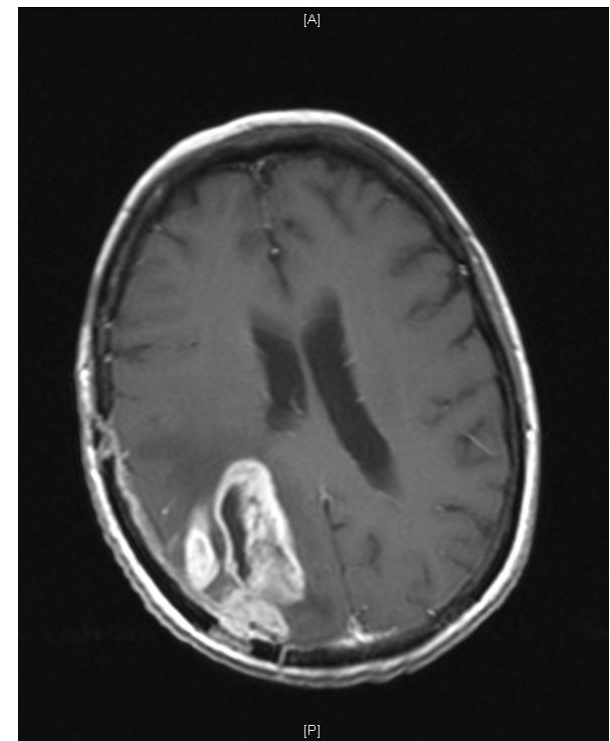
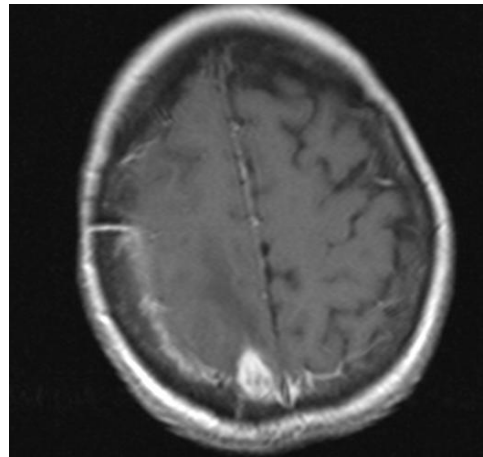
Pathology: glioblastoma multiforme

- Debulking Jan. 2011
- MGMT positive
- Participation in clinical trial
- RT/TMZ/Cilengitide



Neurological deterioration

- Increase in hemianopia, hemi paresis left
- 4-weeks after radiotherapy MRI (Apr. 2011)
- Weekly neuro-oncology board meeting



Second line treatment

- Avastin/Irinotecan
- After 2 months Partial Response on MRI
- June 2011
- Better performance



End of life care

- Recurrent seizures
- Aspiration pneumonia
- Hemi paresis
- Focus on symptom management
- Advice for carers, general practitioner \ and home care team

- Died 06 July 2011 /After-care



Oral chemotherapy treatment

- Neurologist-oncologist refers the patient to the NP
- Instruction on and support during treatment
- Prescription of Temozolomide and antiemetics
- Toxicity score
- Evaluation of treatment – protocolized medical and nursing interventions
- Feedback to the Neurologist-oncologist

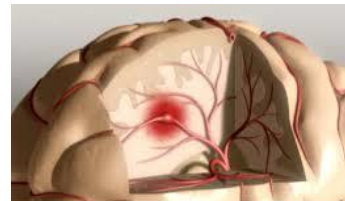
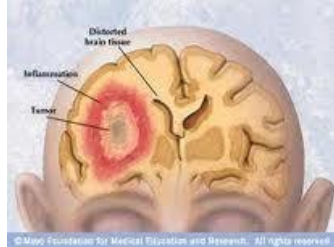


Other activities

- Referral to other health care professionals
- Consultant for other hospital disciplines, general practitioner, home care nurses
- Nursing Research (e.g. Toxicity of temozolomide and Pregnancy and gliomas)
- Education / promotion of expertise
- National special interest group
- EANO nurse board member

Added value of specialised nurses

- When care is high-complex, intensive and multidisciplinary
- Low threshold
- Own expertise



HealthiNation What Happens During a Hemorrhagic Stroke?



Specialised nurses



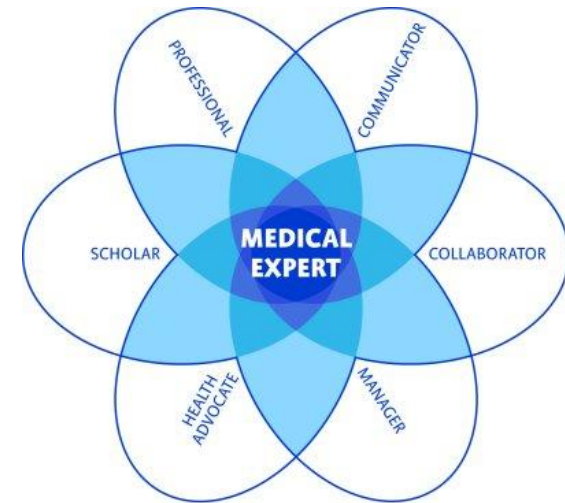
What can they do for patients?

- Patient education on signs, symptoms and side effects of disease and its treatment and supportive medication
- Be a spider in the web, during the disease process

Specialised nurses

What can they do for doctors?

- Coordination of care
- Continuation of care
- Integration of medical tasks into nursing practice



THE
CANMEDS
ROLES FRAMEWORK

Health politics



- Task reallocation is a positive development provided risks are adequately addressed
- Every cancer patient has to have access to care, one responsible clinician for treatment, a first point of service to care and a coordinator of care

Advanced Nurse practitioners in the Netherlands

- Educational preparation on advanced level for 2 yrs
- Formal recognition of educational programs
- Establishment of a formal system of licensure, registration, certification in collaboration with government and key players

Advanced Nurse Practitioners

- Recognized advanced clinical competences
- Advanced assessment, decision-making skills
- Recognized first point of service
- Consultation
- Integration research, education, clinical management
- Independency, autonomy



History of advanced nursing practice

- Originated in the USA
- Shortage of primary care providers
- Public health nurse role grew out to....
- Pediatric NP role
- First NP program
1968
- During 70s many
NP specialties

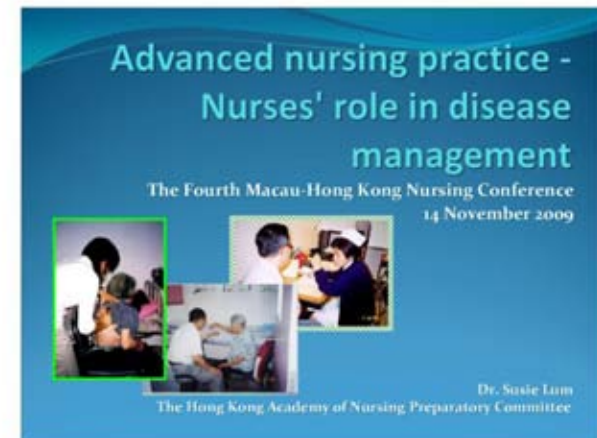


Nurse Practitioner Loretta Ford with unidentified nurse and baby.

Current APRN practice in the USA

- 2008 for 250.527 RN's an APRN role
- 220.494 employed in nursing
- 135.558 nurse practitioners
- 42.414 clinical nurse specialists (CNS)

- Graduate / Masters Degree in nursing
- 13-36 months 73.4%, 8-12 months 16.2%
- Doctorate degree



Primary clinical specialties of employed NPs with job title of Nurse Practitioner Clinical specialty

- Critical care 5.8 %
- Cardiac care 8.6 %
- Chronic care 6.9 %
- Emergency/trauma care 3.5 %
- Gastrointestinal 3.4 %
- General medical surgical 12.1 %
- Gynecology (women's health) 12.1 %
- Infectious/communicable disease 3.7 %
- Neurological 3.2 %
- Obstetrics/labor & delivery 8.6 %
- Oncology 4.4 %
- Primary care 36.1 %
- Psychiatric/mental health 6.3 %
- Other specialty 16.7 %

39% Hospital Care
36% Ambulatory Care
8% Academic Education
6% Public/Community Health
3% Nursing home/ Extended care
2% Home Care
6% Other

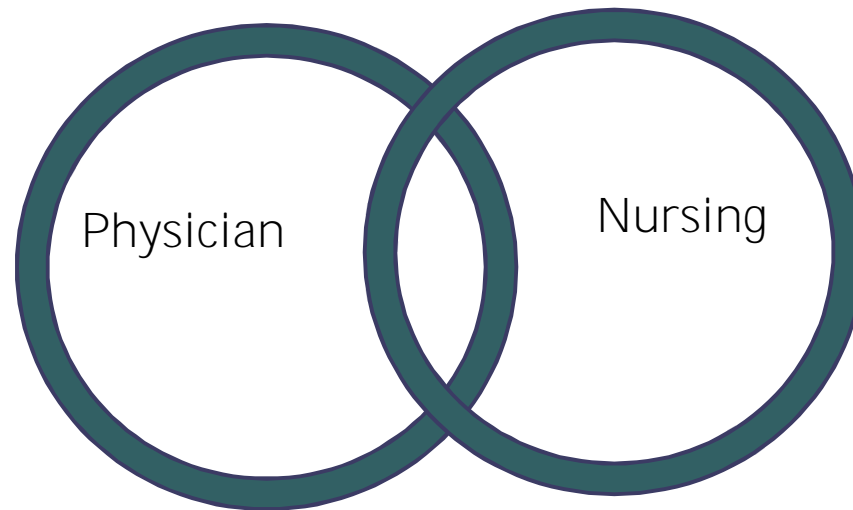
APRN Outcomes

- Care provided by NPs in collaboration with physicians is similar to and in some ways better than care provided by physicians alone
- NPs have an important role in improving quality of care
- UK: CNSs specialized in neurology disease provide cost-effective care of vital importance

Quality of care

- Patient satisfaction equal or increased
- Increase of compliance
- Less hospitalizations
- Self management
- Shorter waiting times, faster access
- Equal mortality
- Cost effective
- Equal number of consultations but longer consultancies

Nursing: own experience



“I go to the doctor to hear about the test results, but I come to you to talk about them.”



Why specialised nurses?

1. Care giving at an expert level
2. Consultant
3. Promotion of knowledge
4. Research
5. Nursing leadership expertise

Nursing care should be a global concern!



Disclosure

- None

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