Audit Article

Nurse-led ‘one stop’ clinic for elective tonsillectomy referrals: patient satisfaction of the service

Abstract
Background: Nurse-led pre-admission clinics were established by the need for delivering a cost-effective service that would improve management of waiting-lists. These have been shown to have high patient satisfaction. A nurse-led ‘one stop’ rapid access clinic for elective tonsillectomy referrals was introduced in 2006 in the ENT department of Lincoln County hospital.
Aim: The aim of this audit was to determine patient satisfaction of these clinics following their implementation.
Methodology: All patients referred for and offered tonsillectomy at this clinic in August 2007 were included in the audit. They were asked to participate in a telephone questionnaire survey on their satisfaction with the procedure and consultation.
Results: Most patients (78.3%) were happy to be seen by a nurse rather than the doctor with the remaining 22.7% having reservations. Our findings showed a 100% patient satisfaction with this service.
Conclusion: Nurse-led rapid access rapid access tonsillectomy clinics deliver an effective, resourceful and safe service provision which is regarded to be most satisfactory to patients.

Introduction
A nurse-led ‘one stop’ rapid access clinic for elective tonsillectomy referrals was introduced in 2006 in the ENT department of Lincoln County hospital.

The establishment of the nurse-led pre-admission clinics have been driven by the need to be cost-effective, improve the efficiency of administration and to improve the management of waiting-lists. In particular, these clinics have helped with reduction in junior doctors’ working hours as influenced by the European working time directive. In addition, they have been shown to provide high patient satisfaction.

These clinics are run by clinical nurse specialists (CNS). A CNS is a nursing professional who has acquired additional knowledge, skills and experience in a clinical specialty to enable them to practice at an advanced level and have the sole responsibility for a care episode of a defined patient group. These experienced ENT nurse practitioners assess patients referred by their GP for eligibility for a tonsillectomy. They follow the SIGN guidelines in determining this but on some occasions request assessment from an ENT doctor when there is doubt. Once it is noted that the patient is eligible for a tonsillectomy, the nurse would then continue to provide the patient with information regarding tonsillectomy and consent them for this procedure. They would also carry out the pre-assessment required for this. This maximises departmental resources by reducing the demands of new referrals in a limited clinic and helps re-allocate the availability of doctors for duties such as theatre sessions.

Although, nurse led rapid access clinics are a good means of service provision, we need to make sure this service provides satisfaction for the service user, i.e. the patient. Therefore, the aim of this audit was to determine patient satisfaction of the nurse-led ‘one stop’ rapid access tonsillectomy clinic following its implementation in 2006.

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Materials and Methods

All patients referred for and offered tonsillectomy in August 2007 were included in the audit. All patients who attended the nurse-led rapid access clinic for elective tonsillectomy at Lincoln County Hospital having undergone tonsillectomy were asked to participate in a telephone questionnaire survey on their satisfaction with the procedure and consultation. Verbal consent was sought and if obtained patients proceeded to the telephone survey.

Consenting patients were asked a list of six questions from a questionnaire to ascertain their service satisfaction with the nurse-led clinic (See appendix). Lastly, patients were given the opportunity to express any further comments with regards to the service.

Results

Twenty-three patients consented to the telephone survey and completed the following questions.

Q1. How do you feel about seeing a nurse rather than a doctor?

In this study, no patients felt unhappy to see a nurse in the rapid access clinic for tonsillectomy. A majority of patients (78.3%) were very happy to see a nurse rather than a doctor. The
remaining patients (21.7%) however, felt they had reservations (Figure 1.) Of this latter group of patients, one patient felt they would have preferred to have seen an ENT surgeon or a doctor prior to the operation as a means to put their family at ease.

Q2. Are you satisfied with the outcome of your appointment?
No patients felt unsatisfied about the outcome of their appointment (Figure 2). All patients were either very satisfied (52.2%) or satisfied (47.8%).

Q3. Are you satisfied with the explanations and information given?
Patient satisfaction regarding the explanations and information given prior to the procedure is demonstrated in Figure 2. Most patients (52.2%) stated were very satisfied. One patient stated they did not know.

Q4. Did you feel fully prepared for your operation?
All but one patient felt they were fully prepared for the operation. On further questioning this same patient stated they had a post-operative haemorrhage.

Q5. Was there anything else that could prepare you more for the operation?
Overall, all 23 patients felt there was nothing else which could have been done to further prepare them for their elective procedure (Figure 3).

Q6. Further comments
The majority of patients expressed in the further comments that they were content and happy with their overall care pathway from nurse-led clinic to the recovery to the operation. However, 3 of the 23 patients (13.0%) explicitly stated where they were unhappy within the pathway. Their specific responses were as follows:

Patient 1: Had a post-operative haemorrhage and was subsequently re-admitted into hospital. This patient stated they were not happy they were not seen by a doctor prior to discharge and felt this would have been more appropriate.

Patient 2: Stated they would have liked to have seen the surgeon or a doctor prior to the operation to help reassure their family. This patient in the questionnaire stated they had reservations of being seen by a nurse at the rapid access tonsillectomy clinic but was otherwise satisfied with the outcome of the appointment and information given.

Patient 3: Stated they were unhappy their operation was rescheduled but was otherwise happy with the nurse-led service.

Discussion
Nurse-led pre-admission clinics have been recognised by the NHS as a recommendation to meet economic, staffing and waiting list demands. Within the speciality of ENT, they have become increasingly popular and diverse with successful pre-assessment clinics demonstrated in paediatrics, snoring and aural care.

With regards to patient satisfaction, Casey et al demonstrated nurse-led clinics to offer high patient satisfaction. This is because nurses are seen to provide a holistic approach to the patient as they are able to engage a wider social and emotional assessment. In addition, there is opportunity to offer teaching and information-giving. Therefore, the post-operative and discharge needs of the patient are fulfilled. Lastly, Casey et al also found nurse-led clinics to be well received by patients. This audit affirms this with the majority of patients.
being satisfied with being assessed by a nurse rather than a doctor.

There is no evidence available on patient satisfaction with regard to nurse-led rapid access clinics for elective tonsillectomy. However, there is evidence on patient satisfaction with nurse-led aural care clinics. Our patient group showed satisfaction with nurse-led rapid access clinic for elective tonsillectomy. All patients were either very satisfied or satisfied with this service. Satisfaction was related to preparation before the operation as well as the level of information they received prior to undergoing tonsillectomy.

In our audit, one patient was unsure about explanation of the procedure. However, this same patient felt prepared for the operation and felt no more could have been done to prepare them for the operation. Only one patient expressed they were unhappy post-operatively. This was attributed to a post-operative complication which was unrelated to the initial rapid access clinic. The complication was a post-operative haemorrhage. It was also noted that the same patient had not been seen by the operating surgeon postoperatively. Lastly, one of the patients who was satisfied with the nurse-led clinic wanted to see the surgeon prior to the operation to reassure their family. This brings to light the importance of pre-operative and post-operative visits by all operating surgeons for any surgical procedure on the day of surgery.

ENT nurses have been demonstrated to be as effective as medical staff in the pre-assessment setting. Likewise, Hathorne et al showed ENT nurses can safely triage elective referrals in agreement with senior ENT consultants. This was noted in our practice as no patient underwent an adverse experience during their journey from referral to surgery. One patient (4% of total) had a post-operative complication in the form of a post-tonsillectomy secondary haemorrhage. This was comparable with the national post-tonsillectomy secondary haemorrhage of 3%.

Furthermore, we think that a nurse-led rapid access tonsillectomy clinic has the advantages of cost-effectiveness. Uppal et al [11] demonstrated cost-effectiveness of a nurse-led ear clinic in comparison to out-patient appointments. Uppal et al showed the mean cost of a nurse-led ear clinic versus outpatient clinic at their institution would have cost £75.28 vs £132.50 per patient. Thus they calculated reduced costs of £47 125.28 for the 626 patients seen in the nurse-led clinic over 2001. In our audit cost-effectiveness was not looked at as it was beyond the scope of our study aims. It would appear economical as the patient would have the initial assessment for a tonsillectomy as well as pre-assessment at the same time. This not only reduces the number of clinics that the ENT department need to provide for one patient, but also improves the patient journey.

In summary, most patients are happy to be seen by the CNS. Our audit suggests high patient satisfaction with this service. The audit also highlights the importance of the surgeon’s input on the day of surgery and that all patients should be seen by the operating surgeon before and after surgery.

**Conclusion**

Nurse-led rapid access tonsillectomy clinics deliver an effective, resourceful and safe service provision which is regarded to be most satisfactory to patients. The results of high patient satisfaction our study is in agreement with other studies completed. Therefore, this favours the role of nurse-led clinics to be effective within the domain of ENT specialty.

**Acknowledgements**

Ms Estelle Walker: Was the CNS who ran these rapid access Pre-admission clinics for tonsillectomy referrals. She kept a record of all the patients during the audit period.

**Conflict of interest**

None.

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**References**

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Appendix

Patient telephone questionnaire survey

**How do you feel about seeing a nurse rather than a doctor?**

<table>
<thead>
<tr>
<th>Very Happy</th>
<th>Happy but with reservations</th>
<th>Don’t Know</th>
<th>Unhappy but with reservations</th>
<th>Very Unhappy</th>
</tr>
</thead>
</table>

**Are you satisfied with the outcome of your appointment?**

<table>
<thead>
<tr>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Don’t Know</th>
<th>Unsatisfied</th>
<th>Very unsatisfied</th>
</tr>
</thead>
</table>

**Are you satisfied with all the explanations and information given?**

<table>
<thead>
<tr>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Don’t Know</th>
<th>Unsatisfied</th>
<th>Very unsatisfied</th>
</tr>
</thead>
</table>

**Did you feel fully prepared for your operation?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

**Was there anything else we could have done to prepare you more?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>