THE JAMES COOK UNIVERSITY HOSPITAL

COLORECTAL SPECIALIST NURSING SERVICE

OPERATIONAL POLICY
CONTACT DETAILS
DEPARTMENT OF COLORECTAL SURGERY
C/O WARD 7
THE JAMES COOK UNIVERSITY HOSPITAL
MARTON ROAD
MIDDLESBROUGH
TS4 3BW
TELEPHONE: 01642 854847 DIRECT LINE
INTERNAL EXTENSION: 54847
FAX: 01642 854847
PAGERS:
SARAH CARROLL - 07699615648
TRACEY PUGH - 07699689914
ANGELA STANLEY - 07699615766
HOURS OF WORK
MONDAY TO FRIDAY
8AM TO 4PM
(FLEXIBLE TO MEET SERVICE NEEDS)
Out of office hours, a message can be left on the answer phone or staff on ward 7 can give advice
INTRODUCTION

This operational policy is intended as a guide to the functioning of the specialist colorectal nursing service at The James Cook University Hospital. This service is accountable to the Lead Nurse - Surgery and Lead Cancer Nurse/Consultant Nurse - Cancer.

In view of the breadth and scope of the colorectal nursing service and its evolving nature, this operational policy will be reviewed and modified to meet developments within the Trust and the colorectal service.
ROLE SUMMARY.

The roles undertaken by the members of the colorectal specialist nursing team (CSpn’s) are many and varied, including direct and indirect care activities, however some of the main roles are:

- Using and applying technical knowledge of colorectal disease management to oversee and co ordinate services, personalise the patients pathway to meet the complex information and support needs of these patients and their families.

- Acting as a key worker for the patient who is an accessible professional within the Multi Disciplinary Team MDT, who can undertake active case management to ensure patients are guided through the complex systems of health care provision, safely, whilst ensuring a quality service across the pathway.

- To alleviate the psychosocial suffering associated with colorectal diseases including cancer and stoma formation, providing rescue work, symptom management and referring to other agencies/services as appropriate.

- Using evidence based knowledge and insight from the patient group experience to ensure that the service remains responsive to patient need, enhancing recovery and delivering care flexibly, supporting patients in choices around treatment and care as well as promoting and enabling self management.
SERVICE PHILOSOPHY

The colorectal specialist nursing team aims to provide a high quality, evidence based and effective service for all colorectal patients, being an accessible point of contact for patients, relatives, and other clinical colleagues both within the trust and the wider healthcare community. The team will endeavour to facilitate a positive and holistic healthcare experience at all steps within the colorectal disease trajectory.

OVERVIEW OF SERVICE

The colorectal specialist nursing service at The James Cook University Hospital (JCUH) provides both cancer and benign colorectal services for the North of England Cancer Network (NECN) south (population of over 800 thousand) and further a field covering the whole of the North of England (population of over 3 million) for regional spinal injuries and gynaecology patients requiring colorectal surgery as part of their care at JCUH.

SERVICE LEADS

Due to the wide scope of the service provision the following nurses take the lead on service development and user issues for the following areas:

Sarah Carroll-Specialist Nurse:
Anal cancer patients
Rectal cancer patients
MDT patient and users issues
Sponsorship issues

Tracey Pugh-Specialist Nurse:
Colon cancer patients
Cancer follow up patients and survivorship issues
Stoma care - staff training and link worker programme
Colorectal cancer support group

Angela Stanley-Colorectal Sister:
Enhanced recovery pathway patients
Benign colorectal disease patients undergoing surgery
Ward based stoma care
REFERRAL POLICY

Referral will be considered from any member of the multidisciplinary team in both primary and secondary care, preferably at the point of diagnosis or suspected cancer diagnosis.

Patients and relatives can also self-refer for advice and/or support

If direct patient contact is required, in most instances it is necessary for the patient to be aware of their diagnosis or suspected cancer diagnosis.

NEW CANCER PATIENTS

New colorectal or anal cancer patients are required to have a specialist nurse in attendance when they are initially told their diagnosis. (NICE 2004) Outside of the team’s usual supported clinics, prior notice is required so as to facilitate meeting this requirement. If not achievable the specialist nurse will contact the patient as soon as possible after the consultation, either by telephone or face to face if they are in the hospital.

If a member of the team is not available for such a consultation, it is the responsibility of the person informing the patient of their diagnosis to inform the patients GP within 24 hours of the "serious diagnosis" (DOH 2004). This must be carried out so as to facilitate communication between primary and secondary care, ensuring the patient is supported appropriately. This is peer review measure which is audited yearly for compliance.

REFERRAL PROCESS

Referral can be made either by contacting the colorectal specialist nursing team directly by either telephone or pager, or with a referral letter or faxed request for consultation.

STOMA PATIENT REFERRALS

Stoma patients should where at all possible be referred prior to any surgery where stoma formation is a possibility, so that appropriate counselling and pre operative stoma site marking can be done to avoid this group of patients being exposed to the higher risk of post operative complications related to a badly sited stoma as well as the risk of the psychological sequela of difficulty learning self management and delayed rehabilitation. (Rust 2009 & Black 2000)
Established stoma patients not under the care of a surgeon during their admission and requiring assessment, advice or support with a problematic stoma, need to be formally referred to the specialist nursing team with a request for consultation form faxed to extension 54847, the team will endeavour to visit the patient within 2 working days of the referral.

The colorectal specialist nurses at James Cook Hospital do not do home visits, but community stoma nurses are available within South Tees and in most other areas, contact details for these nurses can be provided on request for patients requiring support in the community.

**PRE-OPERATIVE COUNSELLING CLINIC**

This is provided on a weekly basis in a formal nurse led pre operative counselling clinic, which runs from 10.30-4.30 on a Thursday. It is based on the surgical floor so as to facilitate patient orientation to the ward environment and staff as a part of the appointment. Patients are given 45 minutes each and this includes nutritional assessment by the dietician, physiotherapy advise, enhanced recovery information and stoma counselling and teaching as appropriate. Most patients are seen the week before their surgery and appointments are booked by the specialist nurses or by calling extension 54847. Patients can have more than one appointment if required and patients for complex surgery for example ileoanal pouch surgery or exenteration patients will usually be given a double slot to allow thorough discussion of the upcoming surgery so as to facilitate informed consent and ensure the patient is prepared for the major surgery.

Pre operative counselling can also be provided in other settings such as outpatient clinics, pre assessment clinic or by arrangement to meet patient needs on an adhoc basis.
RECORD KEEPING/DATA COLLECTION

The colorectal specialist nurses use infoflex to track all patients and record workload and activity. The information collected is used for the purpose of audit and performance evaluation. Formal inpatient consultations are recorded in the medical records.

An annual report documenting service activity, workload, service achievements and areas for future service development is produced and circulated to all stakeholders.
EDUCATION

The colorectal specialist nurses play a key role in providing information and education for patients and their families/carers.

The colorectal nurses work in collaboration with our community nurses and other MDT colleagues to provide training opportunities either on a one to one basis or with the provision of study events for nursing and other healthcare staff.
REFERENCES.


