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Review Article

ACOMPANHAMENTO POR TELEFONE NO PÓS-ALTA DOS PACIENTES ONCO-HEMATOLÓGICOS: REVISÃO INTEGRATIVA DA LITERATURA

PHONE FOLLOW-UP OF ONCO-HEMATOLOGY PATIENTS' POST-DISCHARGE: INTEGRATING REVIEW OF LITERATURE

SEGUIMIENTO POR TELÉFONO DE PACIENTES ONCO-HEMATOLÓGICOS DESPUÉS DE ALTA HOSPITALARIA: REVISIÓN INTEGRATIVA DE LA LITERATURA

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RESUMO

Objetivo: analisar a produção científica acerca do acompanhamento, por telefone, pelo enfermeiro, no pós-alta do paciente com doença onco-hematológica, na redução do evento de readmissão hospitalar. **Método:** trata-se de uma revisão integrativa da literatura. Tal revisão visa responder à seguinte questão de pesquisa: A intervenção no acompanhamento por telefone, pelo enfermeiro, no pós-alta, reduz a readmissão hospitalar dos pacientes com doença onco-hematológica? A pesquisa foi realizada nas seguintes bases de dados: Cochrane Library, PubMed, LILACS e CINAHL. A busca foi iniciada no segundo semestre de 2016 e finalizada em fevereiro de 2017, sem qualquer restrição quanto a idioma e período. Após a análise das publicações, foram selecionados para compor a amostra da pesquisa, seis artigos, que foram submetidos à análise de conteúdo. **Resultados:** Foram elaboradas duas categorias temáticas: benefícios e desvantagens da consulta através do acompanhamento por telefone realizada pelo enfermeiro oncologista; elementos necessários à avaliação, pelo enfermeiro durante o acompanhamento por telefone. **Conclusão:** A intervenção telefônica tem sido um instrumento de trabalho do enfermeiro, que possibilita estar mais próximo ao paciente, quando este se encontra geograficamente longe e mais necessitado de um cuidado que lhe forneça segurança, conforto e qualidade de vida.
Descritores: Telemedicina; Readmissão do paciente; Enfermagem oncológica; Doenças hematológicas.

ABSTRACT

Objective: to analyze the scientific production about the telephone follow-up by the nurse in the post-discharge of onco-hematological disease patients, in the reduction of the hospital readmission event. **Method:** this is an integrating review of literature. This review aims to answer the following research question: Does intervention in the telephone follow-up by the nurse in the post-discharge period reduce the hospital readmission of patients with onco-hematological disease? The research was carried out in the following databases: Cochrane Library, PubMed, LILACS and CINAHL. The search began in the second half of 2016 and ended in February 2017 without any restriction on language and period. After the publications analysis, six articles were selected to compose the research sample and were submitted to content analysis. **Results:** The study elaborated two thematic categories: benefits and disadvantages of the consultation through the telephone follow-up performed by the oncologist nurse and necessary elements for evaluation by the nurse during the telephone follow-up. **Conclusion:** The telephone intervention has been nurse's tool that makes it possible to be closer to the patient when this one is geographically far away and needs more care to provide safety, comfort and quality of life.
Descriptors: Telemedicine; Patient readmission; Oncology nursing; Hematologic Diseases.

RESUMEN

Objetivo: analizar la producción científica sobre el seguimiento telefónico por los enfermeros después de alta hospitalaria de los pacientes con enfermedades onco-hematológicas, en la reducción de eventos de reingreso hospitalario. **Método:** Se trata de una revisión integrativa de la literatura. Esta revisión tiene como objetivo responder a la siguiente pregunta de investigación: ¿La intervención en acompañamiento por teléfono, por los enfermeros, después de altas hospitalarias reduce el reingreso de los pacientes con enfermedad onco-hematológica? La encuesta se llevó a cabo en las siguientes bases de datos: Cochrane Library, PubMed, LILACS y CINAHL. La búsqueda se inició en la segunda mitad de 2016 y terminó en febrero de 2017 sin restricciones en el idioma y el período. Después de revisar la literatura, fueron seleccionados para la muestra de la encuesta, seis artículos que fueron sometidos a análisis de contenido. **Resultados:** dos categorías temáticas se elaboraron: ventajas y desventajas de la consulta telefónica de seguimiento realizada por el oncólogo enfermero; elementos necesarios para la evaluación, por parte del enfermero durante el seguimiento por teléfono. **Conclusión:** La intervención telefónica ha sido una herramienta de trabajo que permite el enfermero estar más cerca del paciente, si está geográficamente lejos y necesita cuidado que le proporciona seguridad, comodidad y calidad de vida.
Descriptores: Telemedicina; Readmisión del paciente; Enfermería oncológica; Enfermedades hematológicas.

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INTRODUCTION

The patient care needs to occur during the whole process of illness and healing, that is, since the admission, with the assistance and guidance during the hospitalization, as well as in rehabilitation and post-discharge follow-up. The onco-hematological patients, after the hospital discharge, go home with stable medical conditions, but not entirely recovered. Therefore, if not monitored closely, they can present complications, with consequent deterioration of the clinical picture, culminating, thus, in re-hospitalizations and, possibly, in increased morbimortality.

A study on readmissions in the emergency service showed that they result from the worsening of the underlying disease or infections. In relation to the diagnosis of the first hospitalization for the readmitted patients, it showed a greater number of patients with blood disease, such as anemias[1].

Such patients are affected by a highly aggressive disease and an immunosuppressant treatment that requires constant surveillance in the first moments of the post-discharge, since the odds of readmission are high due to often preventable causes.

This occurs because the patient with onco-hematological disease is commonly discharged presenting the the hematologic triad: anemia, neutropenia and thrombocytopenia which, at home, become susceptible to a number of risks such as dyspnea, pressure injury, fall, among others, due to the fatigue and weakness caused by anemia, infection due to neutropenia and bleeds due to thrombocytopenia. Accompanying them at home, through consultation, allows identifying and promptly assiting such risks and complications, in order to avoid a worsening of the clinical picture and to reduce hospital readmissions and mortality.

The nursing intervention through phone follow-up consists of actions such as: providing patient's test results or response evaluation and determination of potential problems resulting from the treatment, examination or previous tests[2].

The phone follow-up to patients with onco-hematological disease enables early identification of risks to which they are susceptible, application of the nursing interventions, encouragement of self-care, with subsequent improvement in the level of satisfaction and well-being. Moreover, it also allows identifying spontaneous demands during post-discharge, unsolved doubts during the hospitalization, providing support to the patient and family, as well as monitoring the development of the clinical picture when nursing no longer can be as close as it would be at a hospital environment.

Such review proposes to raise the publications on the subject, identify knowledge gaps, as well as to provide a synthesis of the theme, since it represents a requirement for the clinical practice.

Thus, this study aims to analyze the scientific literature about the follow-up by phone, by the nurse, of the patient with disease onco-hematologic in the post-discharge, in the reduction of hospital readmission event.

METHOD

This is an integrative literature review, in which some important points were considered in the development of the study: choice and delimitation of the subject, as well as the definition of terms that approach in the researcher's interest. The integrative review consists in building a broad analysis of the literature, contributing to discussions on methods and results of researches, as well as reflections on the realization of future studies[3].

The PICO strategy (Patient, Intervention, Comparison, Outcomes) was used to formulate the research question in the preparation of the review methods, which allows identifying keywords that help to locate relevant primary studies in data bases[4].

For the review, the components of PICO are: hospitalized patients with onco-hematologic disease (P), follow-up by phone by a nurse in the post-discharge (I), reduction in hospital readmissions (O). Therefore, this review aims to answer the following research question: does the intervention through telephone monitoring, by the nurse, in the post-diischarge, reduce hospital readmission of patients with onco-hematological disease?

The survey was conducted in the following databases: Cochrane Library, PubMed, LILACS and CINAHL, for they are related to the reviewed theme and for being important databases in the health area.

Initially, we performed the search for the terminologies indexed in the structured vocabulary DeCs -Health Sciences Descriptors and

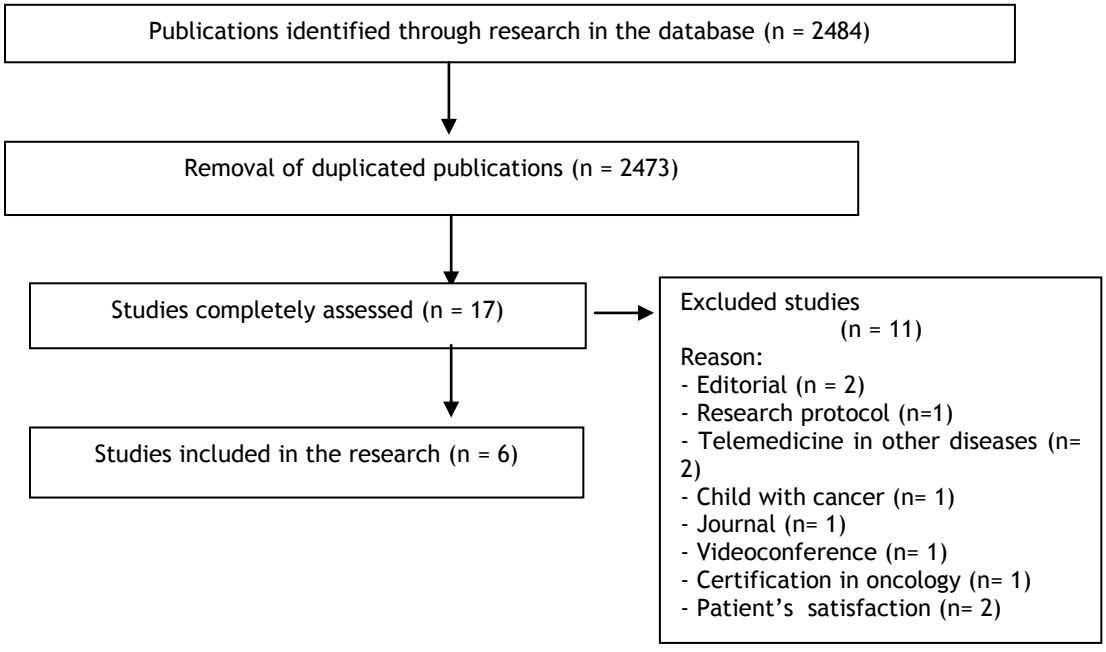
MeSH - Medical Subject Headings. To this end, we selected the terminologies: *telemedicine* /telemedicine, *readmissão do paciente*/patient readmission, *leucemia*/leukemia, *linfoma* /lymphoma, *enfermagem oncológica*/oncology nursing, *doenças hematológicas*/hematologic diseases, in addition to the following Boolean operators: AND and OR.

The initial used search strategy was: ((“Leukemia” [Mesh]) OR (“Lymphoma” [Mesh])) OR “Hematologic Diseases” [Mesh]) AND (“Telemedicine” [Mesh]) AND “Oncology Nursing” [Mesh]. However, due to the small number of publications with such descriptors, we expanded the search to the descriptors telemedicine AND medical oncology AND nursing.

The search began the second half of 2016 and completed in February 2017, without any restriction as to language and period. The inclusion criteria for the review were the following: studies that address, as its central theme, the nursing intervention through telephone monitoring in the post-discharge of patients with cancer. The exclusion criterion was: studies that have provided insufficient information on the follow-up by telephone in the post-discharge that just described the view of nurses, experts or judges, editorial, reflection article and journal.

For the selection process, initially, we read the titles of articles and abstracts and, when they were not enough, we proceeded to read the full article. We applied the content analysis[5] to the selected articles, developed in the following steps: pre-analysis, material exploration and processing of the results obtained and the work of inference and interpretation. Figure 1 illustrates the process of search and selection of the articles.

Figure 1: Flow chart of selected studies in databases: Cochrane Library, PubMed, LILACS and CINAHL, initiated in the second half of 2016 and completed in February 2017.



Source: Research data.

We extracted the following data from the selected studies: first author/year of publication, periodical, method, study site, study's objectives, participants involved (profession and number), duration of the phone follow-up, main results. Such data are presented in descriptive form. (profession and number), duration of the phone follow-up and main results. Figure 2: Distribution of articles according to author/year, title, method, objective, participants involved (and number), duration of phone follow-up, main results.

RESULTS AND DISCUSSION

After the search in the databases, we created Figure 2, which refers to the distribution of articles according to author/year, title, method, objective, participants involved

Figure 2: distribution of articles according to author/year, title, method, objective, participants involved (profession and number), duration of phone follow-up, main results. (Continue).

N	First author/year of publication	Title	Method	Objetives
1	Overend et al (2008)	Evaluation of a nurse-led telephone follow-up clinic for patients with indolent and chronic hematological malignancies: A pilot study.	Pilot-study	Determine whether the telephone consultation conducted by nurses could be effective and safe in the follow-up of a patient with hematological neoplasm and patients' satisfaction with this method compared to the consultation with the oncologist in the Cancer Center.
2	Schlachta-Fairchild (2001)	Telehealth: a new venue for health care delivery.	Literature review	To inform nurses-oncologists on how the telehealth technology has changed the way of providing health care.
3	Breen et al (2015)	The Patient Remote Intervention and Symptom Management System (PRISMS) – a Telehealthmediated intervention enabling real-time monitoring of chemotherapy side-effects in patients with haematological malignancies: study protocol for a randomized controlled trial	Controlled Randomized Clinical Trial	To evaluate telehealth intervention led by nurses for remote monitoring/administration of side effects of chemotherapy in patients with hematological cancer.
4	Sabe Sabesan et al 2014	Quality Improvement Report Timely access to specialist medical oncology services closer to home for rural patients: Experience from the Townsville Teleoncology Model	Descriptive study	To provide home care to rural and urban oncologic patients equally.
5	Larcher et al 2003	Analysis of user-satisfaction with the use of a teleconsultation system in oncology	Exploratory study	To explore the user's satisfaction with the system of teleconsultation in oncology after 6 months of experimentation.
6	Bohnenkamp et al 2004	Traditional Versus Telenursing Outpatient Management of Patients With Cancer With New Ostomies	Almost-trial study	To evaluate the impact of telenursing in patients with ostomies resulting from cancer treatment.

Figure 3: Distribution of articles according to author/year, title, method, objective, participants involved (profession and number), duration of phone follow-up, main results. (Conclusion)

Participants involved	Duration of phone follow-up	Main results
53 patients with hematological neoplasm, being 31 men and 22 women.	The consultation occurred on Fridays afternoon, once or twice in a month, with na interval from three to six months.	The telephone consultation led by nurses-oncologists is safe and effective in monitoring of patients with hematological neoplasm. The patients felt that, even at a distance, the care provided is of high quality and avoided loss of hours on unnecessary travel.
-	-	Telehealth technology connects health professionals and patients around the world, thus facilitating the consultation with professionals. In addition, it allows evaluating the disease, knowing the history and intervening, prescribing medication and therapy. The nurses-oncologists are the leading contenders in the dissemination of knowledge through telehealth.
108 patients with hematological câncer	Roughly 25 months	Nursing interventions carried out by remotely monitoring system through telehealth enable, with greater precision, the monitoring and management of symptoms that patients with hematological cancer, in chemotherapic treatment, present.
70 patients with cancer	2 years of follow-up	Telemedicine is a timely manner to provide care for acute complications presented by oncologic patients in rural areas.

160 health professionals	3 months of follow-up	The synchronous teleconsultation was considered to be useful since it offered the opportunity to share information, in real time, and direct communication with the other professional colleagues. 80% of clinicians considered that the teleconsultation asynchronous system is also considered appropriate to the clinical practice.
28 patients divided into two groups: one that received home visit by the nurse, and the other that received telemonitoring by the nurse.	Follow-up for 6 weeks.	The group followed-up by telenursing refers understanding better their problems and feeling comfortable with nurses that guided them on their ostomies. They report that telenursing makes the service more accessible and thet they prefer telemedicine instead of home visit; however, these are considered better. In relation to the total costs, there was no difference between the two groups.

Source: research data.

After reading the selected articles, we prepared two thematic categories, according to Table 1, which lists the common themes found with their respective references, thus demonstrating how the scientific literature has discussed it:

Table 1: Distribution of the articles according to the thematic category.

Thematic category	Articles
Benefits of consultation through phone monitoring by the nurse-oncologist	1, 2, 3, 4, 5 e 6
Disadvantages of consultation through phone monitoring by the nurse-oncologist	1, 2, 3, 4, 5 e 6
Elements necessary for the nurse's evaluation during the phone follow-up	1 e 3

Source: Research data.

Benefits of consultation through phone monitoring by the nurse-oncologist

In the analysis of the results of the primary studies, there is evidence that telehealth is a type of service that has been used by a variety of medical disciplines, such as the mental health service, cardiology, rheumatology and oncology. This type of program includes, ideally, elderly individuals, people with diseases with difficulty to travel, those with low income and those who live distant from treatment centers[6].

Patients with onco-hematological disease, during the surveillance period, can develop disease progression, transformation into an aggressive histological type, cytopenia, recurrent and severe infections and chemotherapy- and radiotherapy-related toxicities. For this reason, the phone follow-up is necessary[6].

Furthermore, in the analysis of the results of the primary study, when answering the questionnaire of satisfaction in relation to the phone follow-up, 82% of participants stated that they were able to speak freely and the nurse was able to understand their situation and provide satisfactory care; 62% of participants reported they would participate again in a telephone consultation rather than move to the cancer center for follow-up[6].

Thus, the follow-up of patients with hematological cancer is safe and effective, with a high degree of satisfaction of the participants. During the pilot study, less than 2% of patients required an unscheduled visit to the cancer center. In this way, the telephone contact between nurse and patient have been considered to be a valid alternative in relation to the clinical visit[6].

The return of patients was scheduled for the oncologic clinic. However, 30% of patients have requested to perform this follow-up through telephone consultation, thereby avoiding spending hours to the nearest cancer clinic, since the regular visits to hospitals do not have impact on survival or quality of life, when compared to the care provided via telephone[6].

Service agencies, psychiatric hospitals, health insurance companies, rehabilitation center and even branches of the armed forces have been performin the phone monitoring. It was identified that such technology has the potential to reduce costs[7].

The oncology specialty offers a field for the use of telehealth technology, since it represents patients who require long periods of careful and consistent care monitoring. Particularly, for those who are geographically located in remote areas, telehealth has been used for monitoring, patient

education and family support, assessment, medication management, catheter and nutritional management, among other applications[7].

Another benefit mentioned was the reduction of hospital stay, as well as the costs of the health system. The fatigue, pain, depression, interference in the activities of daily life and the use of health services also decreased[8].

The analysis of the results of the primary studies mentioned that, through telemedicine, oncologic patients could receive care for acute complications presented by them in rural areas. Also, before the introduction of the teleoncology service, patients would need to transfer to a hospital for evaluation and proper care[9].

Such a model of care offers, as benefit, the acceptance by patients and health professionals, in addition to decreasing costs by reducing inter-hospital transfers and allowing managing the complications presented at home, caused by chemotherapy, safely and patient-friendly[9].

Regarding the users' satisfaction with respect to teleconsultation in oncology, the qualitative analysis of the applied questionnaires shows that 86% of users reported that the synchronous teleconsultation was useful because it offered the opportunity to have real-time information sharing; 80% of clinicians considered that the teleconsultation asynchronous system is also suitable to clinical practice. However, when questioned in relation to the default standard, about half of the users mentioned that this is a useful tool to the default consultation, but should not be a replacement. In the rural areas, half of the users mentioned that the teleconsultation could, indeed, replace the local consultation[10].

Moreover, another teleoncology benefit was the reduction of trips made by patients. In relation to the mode of teleconsultation, the authors of the reference 5 concluded that both modes, synchronous and asynchronous, are considered equally important in the oncologic application, despite the preference for the asynchronous mode, for offering less impact on the organization of the clinical activity[10].

The studies discussed that teleoncology is an attractive complement to the existing consultation services. The introduction of this system in clinical practice was complex and required constant feedback and dialogue with users. The nurses' role involved mainly the daily preparation of charts, entry and verification of laboratory results, management of chemotherapy prescriptions, as well as referrals to the family's doctor[10].

In the analysis of the results of the primary study, care to patients with ostomy presented as search variables: the type of care, costs, patient's satisfaction and time to adjust the ostomy and to perform its self-care. With respect to the number of visits, the home visit group had an average of 6.29 visits, while the telenursing group had an average of 5.43 home visits and an average of 3.57 telephone visits. Regarding the care to the ostomy and independent exchange of the bag, there was no statistically significant difference between the groups[11].

The total costs between the two groups also showed no statistical differences. With regard to satisfaction, the group accompanied by telenursing was more satisfied and comfortable with the ostomy care, when compared to the home visit group; 87% prefer a telenursing visit than having to wait for the home visit[11].

The benefits that stood out the most are related to patient's satisfaction with the teleconsultation, as they report feeling welcome to positioning themeselvs, which stimulates the participation in a new phone consultation. The savings in the time spent with the trip to the health facility shall be applied in the education of patients and their families, in assessing the health condition, management of medicines and catheters, nutritional management, as well as reducing costs by decreasing the use of health services and promotion of self-care.

Disadvantages of consultation through phone monitoring by the nurse-oncologist

Nonetheless, the phone follow-up technology also presented disadvantages, which appears in the analysis of the results of the primary studies with respect to patient's satisfaction. They reported that, when accompanied by telephone, they are less satisfied with the depth of the relationship and the time spent and also by the fact that they cannot be examined during this type of contact, different from the outpatient consultation[6].

The explanation for prefering to go long distances in order to undergo an outpatient consultation is in how people deal with life. Certain young patients do not consider the distance an inconvenience to go to an outpatient consultation. In addition, some patients mentioned decreased participation in telephone consultation, since they saw the outpatient

consultations as an opportunity to go shopping, instead of an inconvenience[6].

Another disavantage of the telephone follow-up is in the practical standards, licensing and reimbursement by health plans. Interstate licensing would be a way of enabling the spread of health care offered; however, the United States does not recognize this type of assistance and are the last in the payment for the provided services. Thus, the reimbursement of telehealth services is still unavailable. This failure to promote coverage of these services threatens the expansion of telehealth, restricts access to these services, in addition to harming the ability of similar care service-providers to use technologies to reduce costs and increase quality of the offered service[7].

A counterpoint of telehealth research is that this study does not allows the registration of patient's compliance to self-care or to the intervention by the patient. Such assistance is hampered by the inability to respond to the concerns of the patient in real time[8].

The care model through telemedicine has requirements in order to perform a safe evaluation. One of these is the infrastructure for a telemedicine and the ability of local and rural health professionals. Therefore, this care model shall have the availability of doctors and nurses specialists in oncology, pharmacy service, easy access to palliative and intensive care, quick results of blood tests and the ability to provide guidance and support[9].

Furthermore, there are also other problems of teleconsultation, such as those resulting from organizational changes due to the introduction of this system, such as the change in daily clinical routine, because it often involves an initial effort and the lack of time, since the advantages are generally perceived in the long term. In addition, users stated that the validation phase was a little short to allow evaluating the effectiveness of the teleconsultation system[10].

Another disadvantage seen by users regarding the teleconsultation is the current complexity of care provided to the patient, provided by a multidisciplinary team in the hospitals. For this reason, the teleconsultation could not be a satisfactory substitute of outpatient consultation. Another disavantage identified in the analysis of the results of the primary studies was that responses with respect to the users' satisfaction could have been influenced by insufficient education in Informatics[10].

Finally, the lack of data, lack of reimbursement, the users' nervousness about the use of new technologies, the difficulty communicating and the emotional distance between a patient and a nurse were also reasons. In the analysis of a primary study, there were three readmissions within six weeks in each group. However, the readmissions were not linked to care, but the reason was not mentioned[11].

Nevertheless, other disadvantages of the telephone consultation are the little depth of relationship and emotional distance between professional and patient, need to meet practical standards, licensing and reimbursement of the cost of the phone consultation, lack of registration of the patients' compliance to self-care or applied intervention, demand for infrastructure and specialized human resources, shortage of data, in addition to the patients' difficulty handling new technology.

Elements necessary for the nurse's evaluation during the phone follow-up

In the analysis of the results of the primary studies, a nurse, specialist in oncology, carries out the interview on the phone, who has several years of experience, working in the field of onco-hematological diseases. Patients were summoned with previously scheduled date and hour. Telephone consultations were carried out on Friday afternoon, once or twice a month, depending on the number of patients[6].

During each phone consultation, the nurse is guided by an interview with general guidelines, determined by him/herself and by the oncologist. One of the criteria is that the nurse should evaluate specifically[6]: the state of the patient's overall well-being, both physically and emotionally, since the last visit with the oncologist; appearance of any symptoms, such as fever, night sweats, weight loss, bleeding, bruising, headaches, fatigue and adenopathy; review of laboratory and imaging results; answer the patient's questions, concerns related to the disease and issues related to symptoms; information on immunization; promote wellness, active listening and support measures to improve the quality of life of a patient.

The patients with hematological cancer receive chemotherapy at a treatment unit during the day and return to their homes, thus having to

monitor the side effects at home. Therefore, detecting early symptoms such as severe mucositis and febrile neutropenia is vital, as they are clinical symptoms that can lead to hospitalizations, greater morbidity and risk of death, especially in patients with blood cancer. Furthermore, there should be the management of side effects that do not threaten the life, but also important as fatigue, because they affect the quality of life and the performance of activities of daily life, and may result in disturbance of the humour[8].

However, in reference 3, this monitoring is performed from an android (operating system for mobile devices) application, in which the patient should fill, twice a day, a questionnaire for evaluation of side effects, whose intervention is reported as PRISMA (Main Items for Reporting Systematic Reviews and Meta-Analyses). In this way, side effects such as nausea, mucositis, constipation and fatigue, with their respective characteristics of intensity (none, little or a lot), are managed, and the expected result is that the patients from the intervention group assign lowest score to such effects when compared to the control group. The telehealth intervention is expected to minimize the abandonment of the treatment, in addition to being a practice to improve the patient's self-care[8].

The articles analysis showed that the oncology area, especially the onco-hematologic one, is one of the most benefitted from telehealth practice or phone follow-up, since it consists of patients who, after hospital discharge, are annoyed by effect side resulting from the disease and chemotherapeutic treatment, which cause physical and emotional disorders, and reduce quality of life.

Therefore, having a professional that provides close supervision enables early identification of such side effects, immediate intervention, referral of urgent cases, as well as reduction of hospitalizations from avoidable morbidities.

Telehealth is defined in Brazil[12] as the use of modern information and communication technologies for distance service activities related to health at various levels: primary, secondary and tertiary. The telehealth service provides support, with an emphasis in educational actions, when providinf assistance support through teleconsulting.

A teleconsultant is responsible for providing assistance and/or teleconsulting support with educational character, synchronously or asynchronously, in accordance with the guidelines of the health system and the legal framework governing the Telehealth activities[13].

Currently, the legislation that governs the Telehealth is the ordinance # 2,860, of 29 December 2014, which defines the financial values of monthly funding to be used for the Telehealth Centers of the *Programa Nacional de Telessaúde Brasil Redes na Atenção Básica* (National Program for Brazilian Telehealth Networks in Basic Attention)[13].

The educational character of such assistance activity refers to the inherent and indivisible element, present in the nurse' care, which is health education, which passes thourhg his/her professional routine, considering the patient's prevention, recovery and need for education[14].

During the phone follow-up, this professional assesses the patient, identifies his/her complaints, intervenes early in his/her needs, as well as provide health education, because, through the teleconsultation, the patient's questions are answered and the guidelines are established and strengthened, as observed in the research publications.

Thus, studies pointed out the Telehealth's character education and welfare support of Telehealth. In a study with radical prostatectomy patient, it was observed that the phone was an additional accompaniment to a single floor muscle training, held four weeks after the surgical procedure and it has been found that this union proved to be as effective as the training conducted with the patient, besides reducing costs and solve doubts[15].

This corroborates with what was identified with the studies analyzed, since the patients themselves require the consultation of post-discharge through the phone instead of attending to the Cancer Centre, with the justification that there is reduction of time for a consultation with a qualified professional, and, thus, address your questions as soon as possible. Such procedures avoid unnecessary medical visits, since the phone query solved simple problems which dismiss medical consultation, in addition to reducing financial expenditures.

In another study on the nursing consultation via telephone, the views of patients on the same were unanimous, reporting that this is an important moment, especially as regards the

guidelines transmitted and to doubts clarified. In addition, the telephone monitoring was necessary to act on the most relevant guidelines, reinforce those most important, as well as monitoring the adverse effects of chemotherapy anticancer and assess the general state of the patient[16].

This corroborates with what research studies have shown: that the side effects like nausea, mucositis, constipation and fatigue are the most common with which patients will encounter at home and that knowledge of them and its management, through the telephone monitoring, is the differential to make them less intense and even controlled by the patient, thus promoting the your self-care and a better quality of life.

There is a consensus in the literature about how long post-discharge such monitoring shall be carried out by phone, but has been identified in the research study, an assistance of twice per month, for three to six months; and another study, with a recruitment, being held during a period of 25 months.

In the study of systematic review, with radical prostatectomy patient, it was observed that a phone call was made, three to five days after discharge, with an average duration between 10:15 minutes; another study initiated the so-called four weeks after surgery, lasting around 15 minutes and weekly frequency in the first three months and then monthly, within a year, totaling 21 calls[17].

Another study on the nursing consultation via telephone, mentioned only that telephone follow-up was performed weekly, however, does not mention its duration. However, this contact has enabled the weekly questions, facilitated the recovery of the patient's residence, besides being a way to provide greater security to.

When compared to the control group, it was observed that the intervention group showed reduction in the demand for health services, control of adverse events, strengthening the guidelines received in discharge, elucidate doubts in home care, while reducing psychological changes[17].

This study is limited by not having been identified the characteristics of monitoring by phone, as the frequency of the calls and the duration of this aid, specifically for patients with onco-hematological disease, since its health-disease process is marked by a long period of hospitalization, readmissions and high mortality rate.

FINAL THOUGHTS

By analyzing the research studies, identified that there are still a few follow-up studies, by phone, with cancer patients, especially onco-hematological, which makes up the particularities of such clients. However, it was noted that it is essential to early identification of the side effects of chemotherapy on pós-alta, as well as your immediate intervention and control. Such factors are predictive to prevent worsening of the clinical picture and readmission for complications.

Make this your manager patient care is critical to the success of the follow-up by phone, since, if he recognizes this way, understand the disease process and treatment, thus, reduces unnecessary clinical visits; However, there must be immediate intervention on the part of the same, as this know also if should not delay medical demand, such as in episodes of fever which can lead to hospitalizations for febrile neutropenia, an oncologic emergency. In addition, the patients require follow-up by telephone to report lower expenses would have if they had to go to out-patient consultation.

It is worth noting that new studies, especially randomized clinical trials need to be performed in order to allow checks with samples that enable statistical analysis and also infer about what time, quantity and frequency of phone calls.

However, there are considerable benefits to nursing intervention through telephone monitoring, onco-hematological patients presents, since these go to the your home still immunosuppressed by disease and treatment and thereby susceptible to risks such as anemia, bleeding and infection that, if not properly monitored, cause complications and readmissions. The telephone intervention has been a workhorse of the nurse that makes be closer patient when geographically far and more in need of a careful to provide safety, comfort and quality of life.

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