

Introduction of Clinical Nurse Specialists to the Leeds Anticoagulation Service- Changing Perceptions

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DAWN USER GROUP- Monday 3rd October 2016

Leeds Anticoagulation Service- brief history

- Our Clinical Lead- Dr Lishel Horn -Supported by the rotating registrars
- Consultant pharmacist- Katherine Stirling -Supported by her team of pharmacists (including non medical prescribers) and pharmacy technicians
- Chief Biomedical Scientist- Brad Dickinson- Supported by team of Biomedical scientists, specialists in Warfarin management
- Missing link- Nurse Specialists??

Seems like a good idea!



Expectations for adding 'the nurse'

- Clinical expertise
- Assessment of patients
- Home visits
- Patient education
- Administer injections/ LMWH
- Administer vitamin k
- Additional manpower for dosing patients
- Fast response service-improve patient care



August 2015- all shiny and new!



so it begins.....

- Initial focus on training
- Most time spent in consultation clinics shadow pharmacists and then dosing with support of BMS colleagues
- Administration of LMWH/ patient education
- Intervention for unwell patients
- Onward referrals- GPs, District Nurses, Social Services
- Follow up of patients for closer monitoring
- Home visits- allow more complete assessment
- Medicines management

Challenges

Its nice to be wanted!

Quite quickly 2 needed to become more

- Daily presence provided in clinic
- Daily presence in office
- Supporting phlebotomy service
- Filling gaps in service
- Supporting consultant with complex patients

Challenges- personal

- ❖ Time management
- ❖ Clinically available/main point of contact
- ❖ Service development- keep moving forward
- ❖ Maintain clinically safe service
- ❖ Developing Governance Structure
- ❖ Build team with right skill mix
- ❖ Support team members -ensure myself and my nurses have a work life balance
- ❖ Provide fast response for patients
- ❖ Manage patient expectations - PALS
- ❖ Continue own professional development - internal training and external and that of my team.

Developing sense of team

- Education of wider team as to nursing role
- Managing expectations
- Much wider remit that crosses boundaries of other health professionals
- Recognising limitations
- Building professional relationships

Still a work in progress



1 year in- going live with community clinics



Where are we now?

- 3 months since launch of point of care testing across Leeds
- Nurses competent in dosing and working well within our MDT
- Sense of team developing, much more than when we were office based
- CNS able to respond immediately to clinical need in community- big improvement in management of INRS >8.0
- Developing trust with patients
- Involved in many more 1:1 discussions with patients about their dosing
- Only covering community clinics
- Now have 2 X Clinical Support Workers in post to support the CNS role

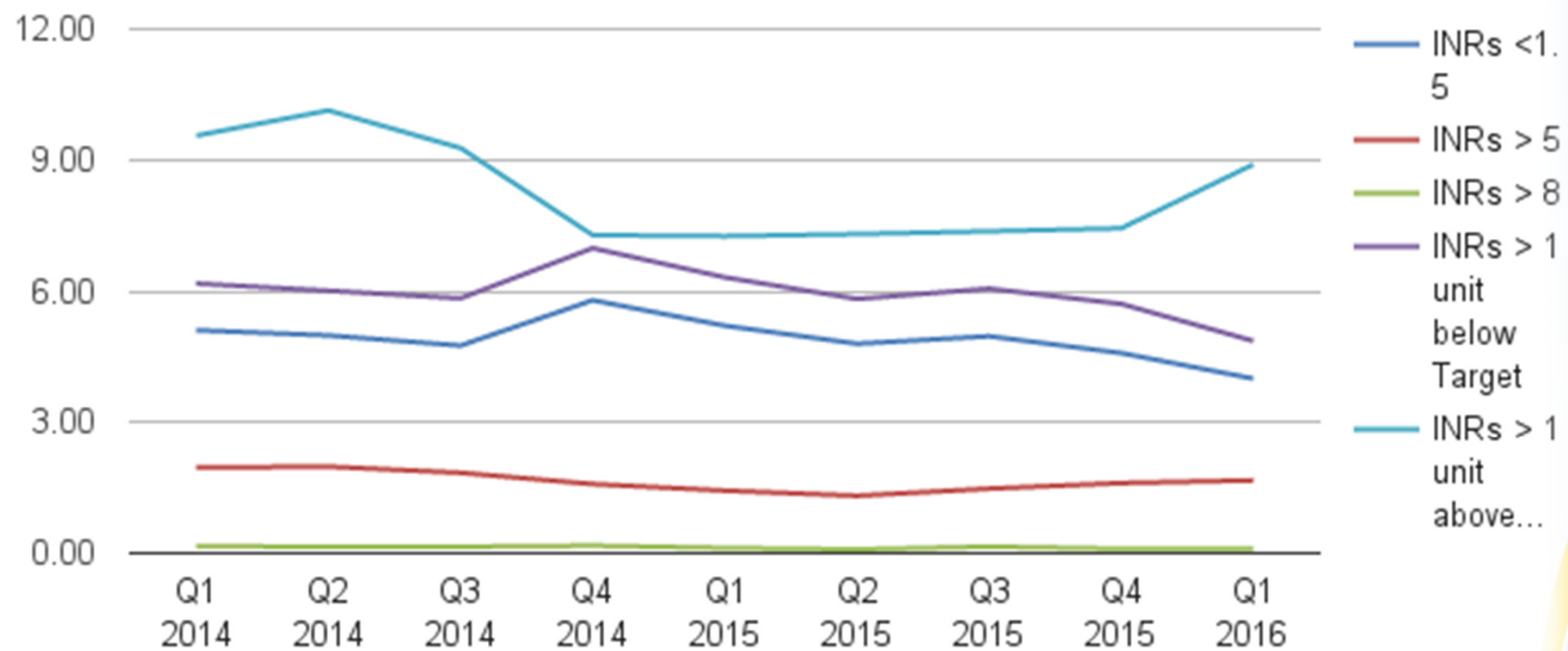
Friends and Family Feedback

- I appreciated the process being completed speedily and within each visit. I particularly enjoyed contact with the nurse who explained the result simply and yet comprehensively and my being able to ask any questions I might have and any dietary action I may need to take.
- The new arrangements are very efficient. Some may say that they don't like the extra wait. I don't mind this as the advantage is that the result is available straight away and any changes in the warfarin dose can be implemented immediately.
- On time, easily done with respect, humour and follow up info. excellent service.
- Efficient, caring approach. Fully informed about changes and listened to my comments. A well run NHS centre.
- The nurse who dealt with me was efficient and considerate. She explained why decisions had been made, and was reassuring.

Has there been any improvement?

- Management of INR's >8.0 immediate (few admissions)
- Assessment of patients who would benefit from home visits
- Flexibility for the nurse to review patient in the community
- Patient education is being reinforced
- Developing links with wider NHS services
- Support admin team
- See data on next slide - hoping to improve these figures

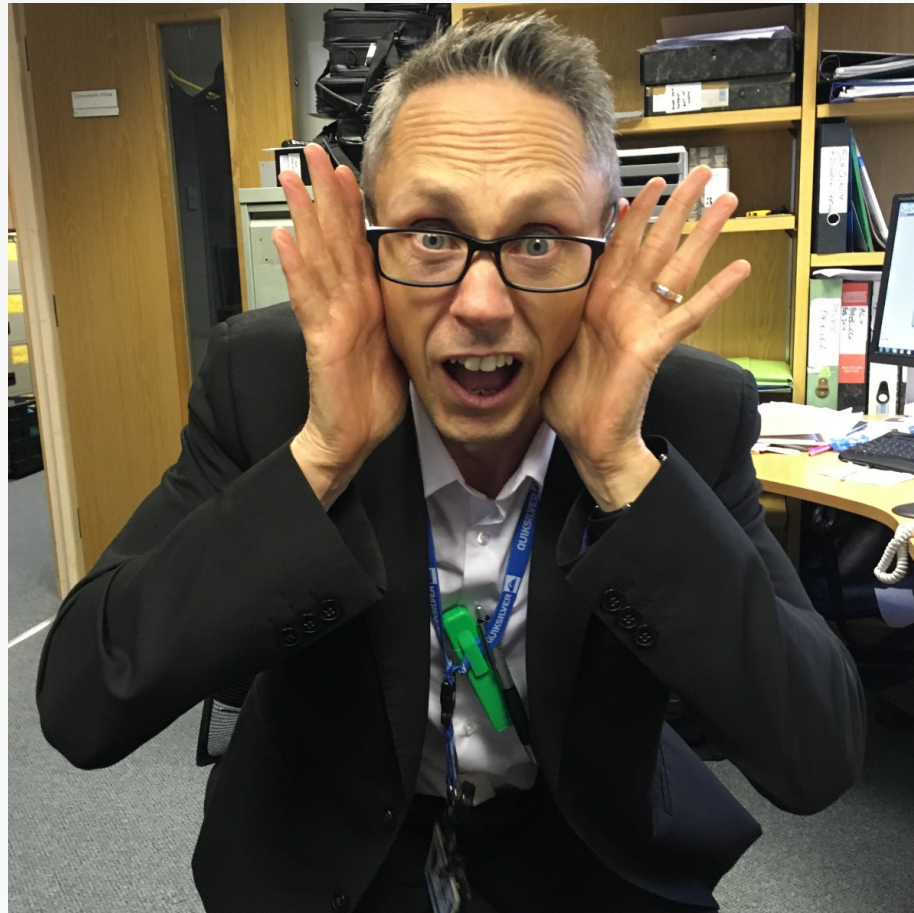
Leeds ACS INR Data



Where can the CNS team make further improvements within the Anticoagulation Service?

- Improving patient follow up on hospital discharge
- Assessing referrals into service
- Continued professional development (Non medical prescribing) which will enable practitioners who can undertake full range of service within anticoagulation
- Developing seamless links with trust VTE service to improve patient pathways
- Development of practitioners who can support our clinical lead with complex patients requiring anticoagulation.
- Continued provision of nursing service for community clinics
- Care for individuals who require visiting at home.

Poor Brad! The team is expanding!



Have we changed perceptions and reached expectations?

- I hope so!
- Provide clinical leadership
- Ensure patient safety
- Proactive in service development
- Adaptability and flexibility within the role
- Helped others to view patients from a more holistic view point
- Role is still developing

