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

It's 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