A step by step introduction to setting up and running a successful nurse-led clinic in practice

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Why have nurse-led clinics?
Drawbacks
What can go wrong
Importance of planning
My experience in setting up 3 nurse led services
What have I learnt?
Why have nurse-led clinics?

- Lots of evidence
- Government support
- Changes in the way healthcare is delivered
- NMC support
- Career structure
- Patient support
Aims of nurse-led clinics

- Monitor patient’s progress
- Patient education
- Psychological support
- Assisting patients in maintaining their optimum state of health
- Diagnosis
Identifying the need

- Is the clinic necessary?
- Who will benefit from the new nurse-led clinic?
- Who is the best person to run the clinic?
- Can the service support a nurse-led clinic?
- Use the evidence
What are the drawbacks?

- We want to run before we can walk
- Medical staff don’t always think of the practicalities
- Management often driven by income targets
- Lack of experience
What can go wrong?

- Nurse ends up doing everything!
- No admin support
- No secretarial support
- Problems with a service run by one person
- Nurse ends up burnt out and wanting to leave
Types of nurse-led clinic

- Follow up/monitoring
- Pre admission
- New patient
- Day case services
- Independently run
- Medically supervised
- Primary care/secondary care
Competency 1

Collins English Dictionary

‘the condition of being capable, ability’.
Competency 2

- Specific skills/knowledge
- History taking
- Physical examination
- Interpretation of tests/investigations
- Prescribing
Advanced Nurse Practitioners – an RCN guide to advanced nursing practice, advanced nurse practitioners and programme accreditation

This considers the nurse’s levels of competence as a whole. It combines the skills, knowledge and attitudes, values and technical abilities that underpin safe and effective nursing practice and interventions.

ICN Nurse Practitioner/Advanced Practice Nursing network - A Nurse Practitioner/Advanced Practice Nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice.
Why do we need to ensure competency in advanced practice?

- Patient safety
- Practitioner accountability
- Organisational accountability/liability
- Standard of care
- Proposed NMC regulation of advanced nurse practitioners (NMC 2010)
Training and experience

- Advanced practice - Band 6/7/8
- Expert knowledge/ relevant courses
- Clinical examination skills
- Analytical skills
- Ability to question
- Time management
- Prescribing

- Observation
- Supervision
- Evaluation
- Performance review
Practical issues 1

- Location of clinic
- Medical support
- Secretarial/admin support
- Dictaphones
- Peer support
- Professional development
- Policies/procedures/guidelines
Practical issues 2

- Medical staff not wanting to ‘share patients’
- A clinic is a clinic whoever runs it
- Need support from everyone
- CCG input
Policies, guidelines and protocols

- New areas of working for nurses
- Nurses are familiar with working to guidelines/protocols/procedures
- Enables practice to be measured
- Provides role clarity
- Ensures standard of care
Essential steps

- Generation of the idea
- Planning
- Discussion
- Visit other clinics
- Business case
- Planning
- Documentation
- Trial period
Importance of planning

- Look at all aspects of the clinic
- Visit as many other similar clinics as possible
- Learn from other’s mistakes
- Think about the future from the start
- Take time to plan
Start as you mean to go on

- Building relationships pays dividends
- Be clear about what you want and don’t take no for an answer!
- Think about potential problems – sickness, annual leave
- Where will your clinic be in 2 years?
Examples from my clinical practice

- Rapid Access Chest Pain Clinic
- Post PCI follow-up clinic
- Pre-admission clinics
Rapid Access Chest Pain Clinic

- Medically led clinic already in operation - changing previous practice
- NSF for CHD published 2000
- Nurse Consultant employed 2000
- Location of clinic
- Organisation of clinic

- Trying to plan for the future
- Selling the service
Selling the service

Clinic Procedures
The Rapid Access Chest Pain Clinic is situated in the cardiology department at Harefield Hospital. This is a short walk from the main reception. The patient is likely to spend approximately 1½ hours at the hospital.

On arrival in the cardiology department, the patient will be greeted by one of the reception staff who will book them into the clinic and check all the registration details are correct.

The patient will then undergo a 12-lead electrocardiograph (ECG) recording. This records the electrical impulses of the heart and provides some information on the function of the heart.

The cardiology nurse consultant will then see the patient. She will undertake a full assessment of the patient, including an examination, recording of relevant history, current symptoms and risk factor analysis. Suitability for exercise testing will also be assessed.

If further evaluation in the form of an exercise test (sometimes called a stress test) is required, this will be carried out by one of the cardiac clinical scientific officers (CCSO). The test involves walking on a treadmill whilst the ECG, heart rate and blood pressure are monitored. During the test we are looking for any changes on the ECG and also assessing whether the exercise causes any chest pain.

Following the exercise test the patient will have a second consultation with the nurse consultant who will review the results of the investigations and provide an assessment of the risk of the problem being angina. If a diagnosis of angina is suspected the treatment that may be required is discussed.

Where angina has been excluded, the patient is provided with some explanation as to the possible cause of their pain. They are referred back to their GP for further management.

The patient will also see a member of the cardiac rehabilitation team. She / he will discuss any risk factors the patient may have and provide advice on primary / secondary prevention.

A written report will be faxed back to the GP on the same day the patient attended the clinic. This provides information regarding the patient’s visit to the Chest Pain Clinic and a treatment plan if necessary.
Number of patients seen in the RACPC

* To end September 2013
Progression of the clinic

- Initially medical cover if I was away
- Training a new member of staff
- Co-ordination with local DGH
- Changes in protocol
- Audit
- Research opportunities
- Patient satisfaction
Changes in the past 12 years

- Location of clinic
- Protocol reviewed every 2 years
- Changes in the tests we carry out
- Improvements in documentation/paperwork
- Purpose built database
- Implementation of NICE/ESC guidance
- Publications
Where are we today?

- Twice weekly clinics
- Established nurse-led service – GPs refer directly to me
- Hospital consultants refer to me
- New members of staff have been trained
- Format of the clinic has been used as a template for new rapid access heart failure clinic
- Further liaison with local DGH and CCG
Audit

*Initial*
Questionnaires sent to GPs 6 months after reorganization of clinic

Questionnaire sent to patients 6 months after attendance at clinic

*Now*
Questionnaire sent to all patients who have not had an angiogram 6 months after attendance at clinic.
GP audit

Ease of Referral: Very Good
Speed of Report: Satisfactory
Quality of Information: Good
Overall Satisfaction: Very Good

- Very Good
- Good
- Satisfactory
- Poor
Comments from patients

‘An excellent service’.

‘I was very grateful for the immediate investigation of the pain.’

‘The service was quick and efficient. The lay person would not know the distinction between nursing and medical staff.’

‘The friendliness and explanations given by the staff were excellent.’

‘Excellent. Wonderful service.’
Post PCI follow-up clinics

- New initiative
- No similar clinics elsewhere
- No national guidelines
- Protocol written
- Careful negotiation
- Selling a new service and new ways of working
Development of the clinic

- No specific training available
- Observation of medical clinics
- Business case and protocol written
- Cost analysis undertaken
- Service commenced with 2 clinics and 2 telephone clinics per week
- Service initially run by Nurse Consultant alone
Problems

- Clinics started January 2001
- No succession planning
- No leave
- Lack of ‘support’
- New problem

Result…

One very frustrated nurse consultant!
Solutions

- New staff employed/redeployed
- Expansion of nursing roles
- Training in non-invasive testing
- Clinic format changed
- Improved communication with admin staff in OPD
- New clinic started
Number of patients reviewed in the post PCI clinic

* 2013 – to end September
The post PCI clinic today

- 3 follow-up clinics a week
- 3 telephone follow-up clinics a week
- 5 Clinical Nurse Specialists in post (3.20 WTE)
- In house training programme
- Active audit programme
- Nurse Consultant no longer runs clinics
Patient feedback 1

Bi-annual audit – data from March 2013

- 79 questionnaires returned
- All patients happy to be seen in clinic by a nurse
  ‘Very professional’
  ‘Knowledgeable’
  ‘Well informed’
  ‘Before attending the clinic I was worried about not seeing doctor. However my fears were laid to rest on attending the first time and I now have no fears that I will not get proper attention. Highly satisfactory.’
All patients felt the length of the appointment was appropriate

98.7% found the nurses approachable

96.2% were satisfied with the nurse’s knowledge

94.9% found attending the clinic a satisfying experience

75.9% were aware that the clinic was nurse led
Pre admission clinics

*2013 – to October 17
Competence

- Experience in post PCI clinic
- MSc level module in clinical examination
- Observation of Nurse Consultant in clinic
- Audit

- Patient information DVD produced 2011
Problems identified in PCI pre-admission clinic - 2012

- 1 patient admitted to hospital from clinic
- 21 (4.8%) patients found to have a problem that required their admission to be delayed
- Additional 6 patients had their admission deferred once blood results were reviewed
- 176 patients (38.8%) found to have a potential problem with blood result or clinical finding
Patient evaluation – pilot study

- ‘Thank you for your superb treatment.’
- ‘Very pleased with everything.’
- ‘I am impressed with your efficiency and kindness.’
- ‘A forward thinking organisation, proactive in the introduction of new procedures which greatly facilitate the well-being of the patient.’
- ‘Excellent experience.’
- ‘Very well run clinic and excellent staff. Many thanks.’
- ‘Perfect.’
Developments in 2013

- Pre admission unit opened June 2013
- Expansion of pre admission services to all cardiology patients
- Development of pre admission to other divisions within the hospital
- Further expansion of CNS role
What have I learnt?

- Don’t reinvent the wheel
- Take your time – double your initial estimate
- Time invested in the planning pays dividends at the end
- Write a detailed business plan
- Plan for where you will be and what you will need in 2 years time
Conclusion

- Nurse led clinics and services continue to expand – they work!!
- Services have been shown to provide high quality care
- There is a wealth of experience in the UK
- Numerous opportunities for role development
- We need to continue to develop these services and ‘sell’ our skills to colleagues in the NHS and to other countries

- Exciting time to be a nurse!!