

# The story for specialist nurses

- Increase in workload and decrease in value of posts-QIPP
- “value” was misunderstood and subjected to T&M or similar
- Politically things are changing “invest to save” becoming more known
- Complex multidimensional things cant be measured-but they can be modelled

# Here is a model



# Why we do things with maths



Monday	Tuesday	Wednesday	Thursday	Friday
<p><b>Telephone advice/support.</b> 9.00-9.45 5 HPCT meeting. Process &amp; triage new referrals: vetting, fax GP, pt packs etc. Check inpatient list - PAS/ update Excel data base. Print clinic lists/plan week.</p> <p><b>Review Inpatients:</b> Symptom control, psychological support, family meetings, informal teaching, referrals etc</p>	<p><b>Telephone advice/support.</b> 9 – 10.00 Journal Club with HPCT (2<sup>nd</sup> Tue of the month). Service development Teaching preparation Research Audit</p> <p><b>Chemo suite:</b> Review patients (insert another specialist seeting)</p>	<p><b>Telephone advice/support 9.30-11 Nurse Led Clinic</b> Notes/Letter dictation <b>Review Inpatients:</b> Symptom control, psychological support, family meetings, informal teaching, referrals etc</p>	<p><b>Telephone advice/support 9.30 – 11.30 MDT</b> Meet with other team members to discuss patients Patient advocate <b>Ward round</b> with +/- Consultants (define which specially), Check MDT proformas, sign &amp; allocate i.e. Clinic pts, I/P, New diagnosis to GP</p>	<p><b>Telephone advice/support</b> Handover from MDT/CFTC: referrals, investigations, follow-up, liaison with HC professionals etc . DNA's- follow up via telephone or letter. Brokering of investigations and reporting. Case management work. Drop – in Nurse Led Clinic</p>
<p><b>14.00 Specialist clinic (define)</b> Liaise with (insert specialist team) re management of patients in terms of proactive case management. <b>Review Inpatients:</b> Symptom control, psychological support, family meetings, informal teaching, referrals etc <b>Telephone advice/support</b> Assessment, rescue work, prevention of unscheduled care</p>	<p><b>Review Inpatients:</b> Symptom control, psychological support, family meetings, informal teaching, referrals etc MDT preparations. Brokering of investigations/reporting <b>Telephone advice/support</b> Assessment, rescue work, prevention of unscheduled care</p>	<p><b>14.00 Specialist clinic</b> Check notes. Support/information needs. <b>For Thursday MDT</b> Check MDT list &amp; proforma's for accuracy with MDT coordinator <b>Telephone advice/support</b> Assessment, rescue work, prevention of unscheduled care</p>	<p><b>14.00- 18.00 Specialist Clinic (CFTC)</b> New patients; support and information needs at new diagnosis &amp; follow-up. <b>Only Urgent Telephone advice/support</b> Assessment, rescue work, prevention of unscheduled care</p>	<p><b>13.30 Specialist clinic</b> Drop – in Nurse Led Clinic . <b>Telephone advice/support</b> Assessment, rescue work, prevention of unscheduled care</p>

### Daily & ad hoc

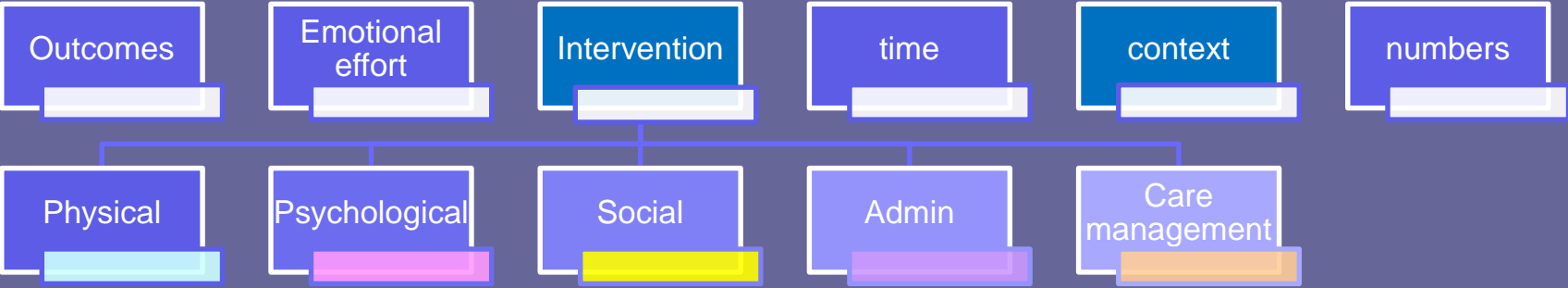
Telephone rescue work, case management, chemo review, specialist symptom control and assessment

Review of in patients includes all inpatients including support to junior staff.

# The story for specialist APRNs

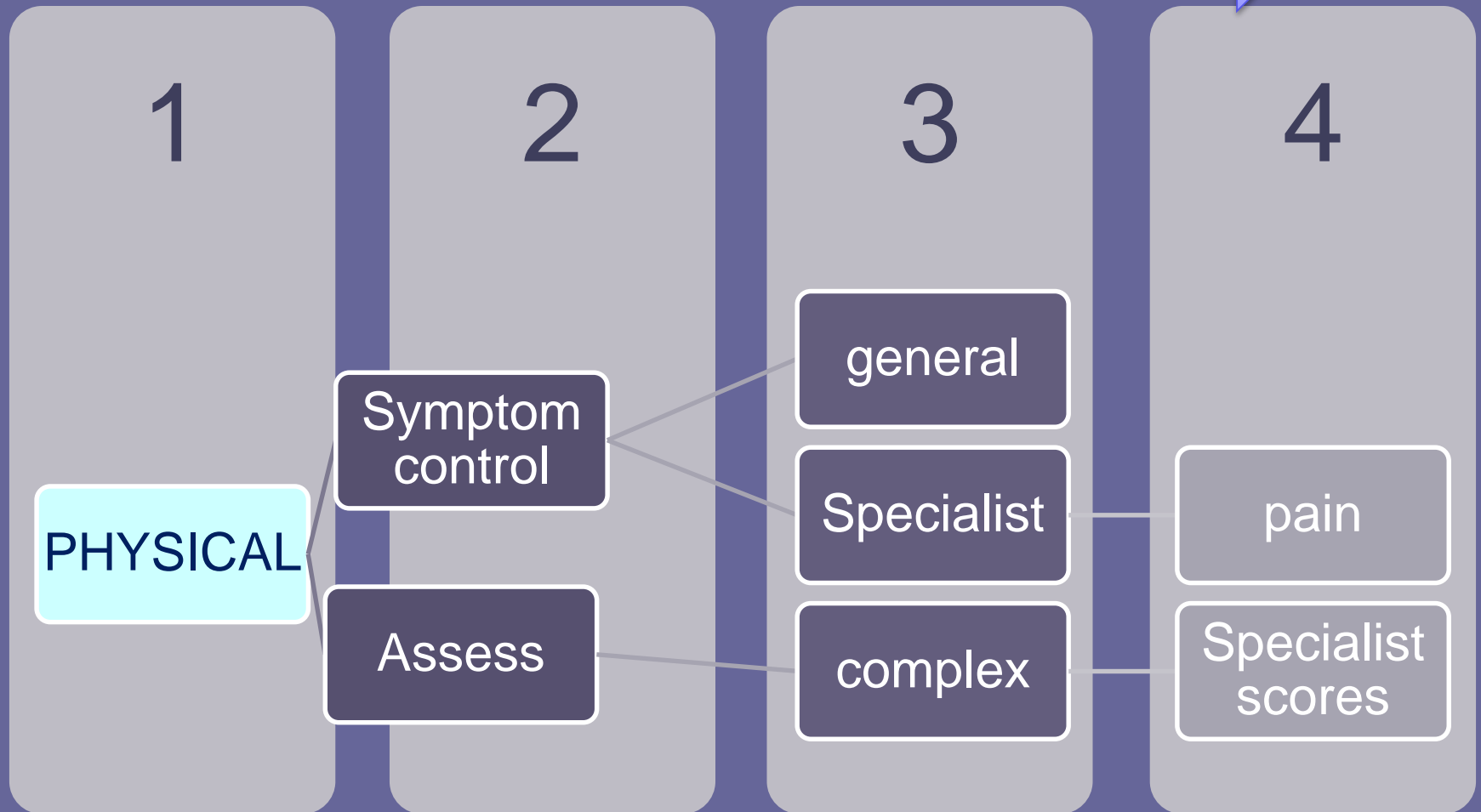
- Proactive case managers/brokers
- Key accessible professional across a journey
- Technical expertise
- Alleviate suffering
- Perform rescue work to a high degree
- High quality patient experience including resolving poor experience
- Design and manage own services & work in collaboration with other colleagues

# Activity of specialist APRNs

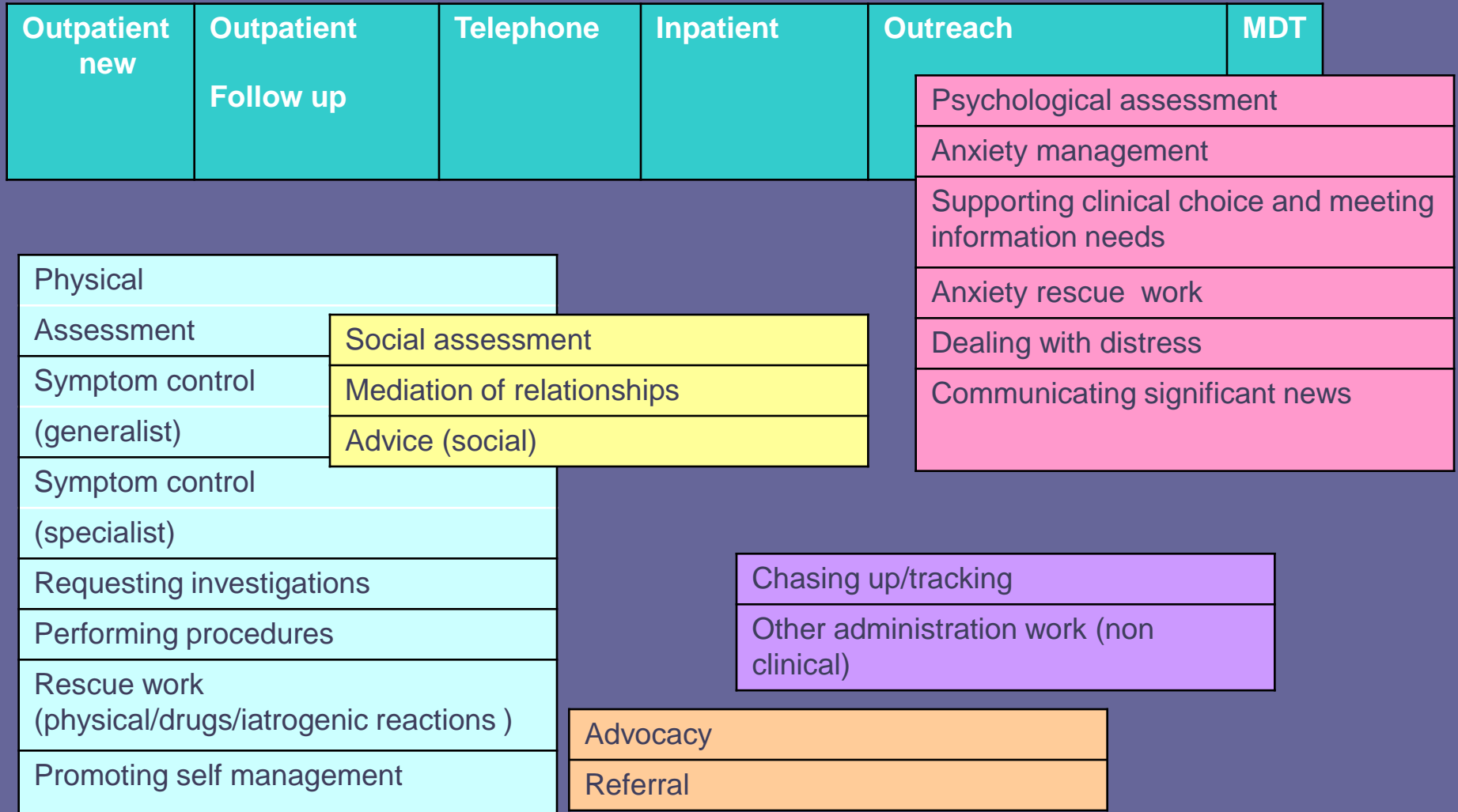


# Layers & patterns

Increasing technical knowledge

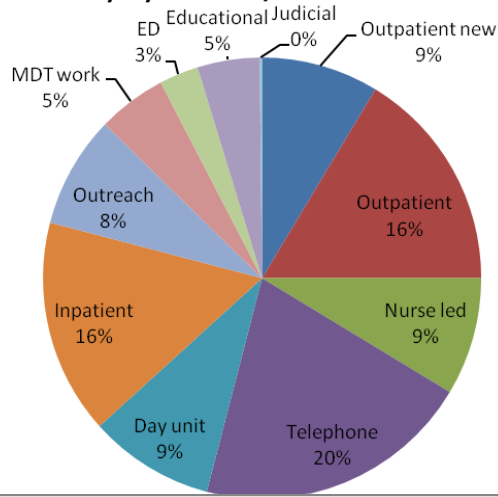


# The Cassandra dataset

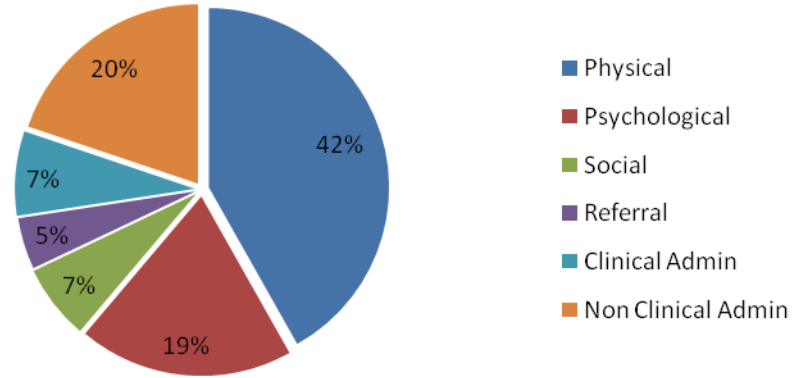




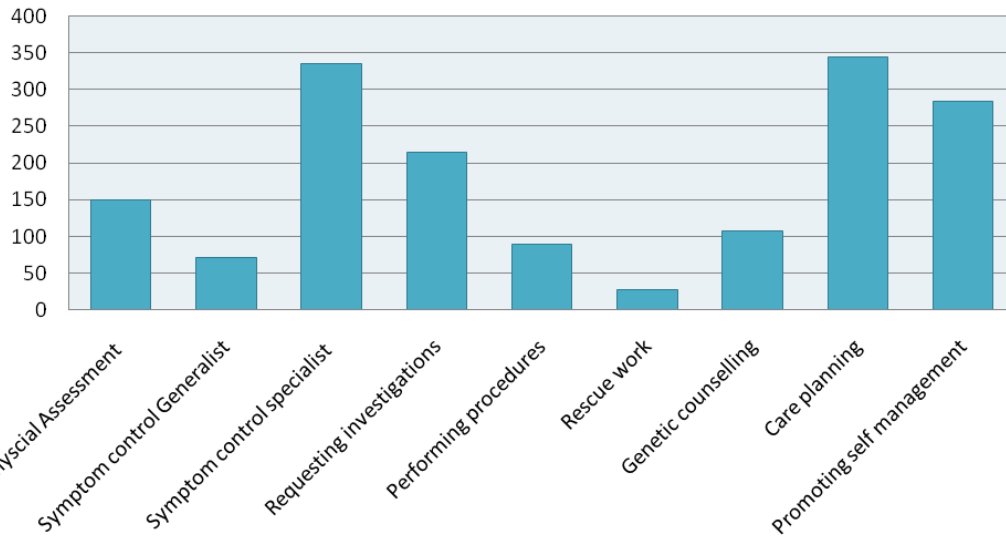
### Acute activity by location/context n=3883



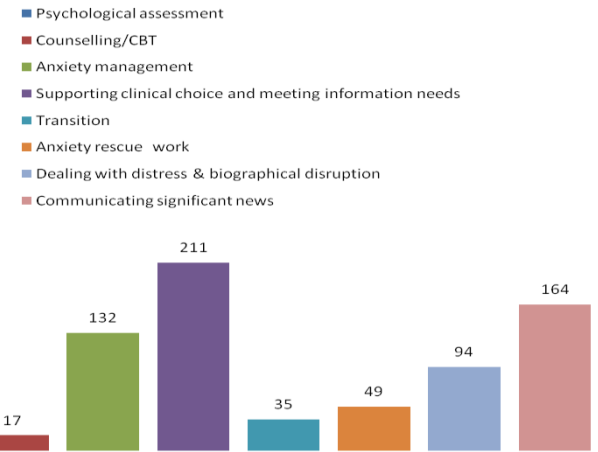
### Acute Activity n=3883



### Acute Physical Activity n=1624 or 42% of total



### Community Psychological Activity n=799 or 13% of total



# Cassandra in community



## Cassandra matrix™ for community teams

[Home](#) : Data Collection

### Interventions, Physical

1 of 5 Complete

1. [Start](#)
2. [Interventions, Physical](#)
3. [Interventions, Psychological](#)
4. [Interventions, Social](#)
5. [Case management & Admin](#)

Physical Assessment  
Symptom Assessment  
Prescribing medications  
Titrating medications  
Administering medicines (oral)  
Administering medicines (IM, SC)  
Administering or managing IV  
Requesting/recommending medications  
Medicines education  
Medicines advice  
Requesting investigations  
Performing near patient testing  
Review results & act on findings  
Wound management  
Performing procedures  
Rescue work (physical/devices/drugs/iatrogenic)  
Promoting self-management  
Falls assessment  
Contenance assessment  
Contenance management

*Press Ctrl and click to choose more than one intervention. When you have chosen please click on 'Next'*

Rescue work is where you prevent something harmful from happening for example you might detect an infection and act

Previous

Next

# Next steps

- We have collected data from practitioners
- We are undertaking a literature review
- Will use this data to compare with the literature and a bigger data set
- We will start to build a multidimensional model of practice
- Possibly construct a MH version of Cassandra to test