

Alison Leary has tips on how nurse specialists can demonstrate added value

# PROVING YOUR WORTH

As efficiency savings turn into job cuts, it is often nurse specialists who find themselves having to justify their existence. They generally command higher salaries, as well as requiring set-up investment.

We know that these nurses are often highly rated by patients for their work – witness the patient charities' demand for more nurse specialists.

They are good value for money in terms of patient safety, quality of service and efficiency, yet nurse specialists struggle to demonstrate this to executive boards that want to see a return on their investment.



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## Evaluation

It is important that nurse specialists plan and carry out an evaluation of their service before managers demand that their time is spent elsewhere.

If you are a nurse specialist, ask yourself:

- ▶ Can you demonstrate how you spend your time, describe the complexity of your work and quantify your contribution to safety, quality and efficiency? Can you show a return on the investment in your salary?
- ▶ Is your work truly specialist? Be honest – are you doing the work of someone else? Are you merely acting as a helpful administrator? If so, this will make a vulnerable specialist post even more vulnerable.
- ▶ What is unique about your work? Are you using in-depth technical knowledge that helps you manage a caseload towards better outcomes? Is anyone else, perhaps in a more junior position, fulfilling

*Nurse specialists need to define and evaluate their contribution*

this role as effectively?

See the resource file for sample care pathways.

Describe your role in language that is appropriate but not simplistic. For example, 'I manage the continuing care of patients with diabetes' is more accurate than 'I support patients with diabetes'.

There is a perception that the contribution made by nurse specialists is intangible and difficult to describe. This is not so, but often it involves justification with quantitative data backed up with descriptions of the role and examples of work scenarios. Gather your facts and prepare your case.

Nurse specialists' contribution to patient safety is immense. Some ways to describe this contribution include:

- ▶ Rescued work – an important aspect of specialist practice. It involves early detection of impending deterioration and taking pre-emptive action to prevent adverse events.

Examples include detecting a chest infection, picking up on incorrectly prescribed medication or addressing anxiety caused by illness.

- ▶ Vigilance – first described in a nursing context by Florence Nightingale and often the precursor to rescue. It involves active patient monitoring and is a cornerstone of patient safety.
- ▶ Preventing unscheduled admission is integral to the work of many specialists. For example, do you intervene if a patient needs symptom control and refer to the GP, community services or appropriate acute service well before the patient is forced to attend the emergency department? How can you demonstrate this?
- ▶ Using outcome measures such as the alleviation of suffering, for example by symptom control; dealing with distress

## RESOURCE FILE

- ▶ **MS Trust (2009)**  
Commissioning pathway  
<http://tinyurl.com/mspathway>
- ▶ **National Lung Cancer Framework for Nurses**  
<http://tinyurl.com/nurselungca>

or managing anxiety; meeting information needs; avoiding admission; or negotiating appropriate admission and discharge

### Collecting data about your service

Justification of roles and services can be achieved with data sourced from audits, evaluations, surveys and clinical coding. Check what data is already collected in your organisation, possibly for other purposes.

Many aspects of specialist roles, such as caseload size and activity, for example, are amenable to data collection.

The matrix on page 66 includes these, as well as activities that nurses often discount, such as telephone contacts, meetings and ward rounds. Here are some tips about the type of data to collect and how:

- ▶ Before introducing a new service, evaluate and assess the need it will meet and re-evaluate it once introduced using qualitative and quantitative data. Many fantastic services came about because of perceived need, but were regarded as not financially sustainable until proof of their impact became available.
- ▶ Before and after data is vital. Before data should measure unmet need before the service was introduced. After data should measure the impact of the service on this need following its introduction.

- ▶ Collect data about the patient experience regularly and at least annually using surveys and focus groups. Managers often have a keen interest in service evaluation. Foundation trusts in particular are anxious to demonstrate patient involvement and may already collect similar data.
- ▶ Find out what data is already collected about your service by checking with the clinical coding department or performance management team. As a precaution, make sure any data collected in this way is a valid reflection of your, not someone else's, activity.
- ▶ Use audit to benchmark your service against a national standard. Key performance indicators (KPIs) may have been agreed in your specialty or you can use more generic measures such as admission avoidance. Look for best practice guidance from bodies such as the National Institute for Health and Clinical Excellence or the national disease frameworks. A good example is the Best Practice Guidance in Lung Cancer from the National Lung Cancer Forum for Nurses

### Specialist roles – job plans

The work of specialist practice is complex and varied. Putting this into a conventional job plan can make it look too straightforward.

If you choose to use a job plan, make sure it shows the details of the activity not just where you are at certain times. For example, rather than writing 'Monday AM: in clinic', explain what activities this involves, such as meeting information needs, alleviating anxiety, symptom assessment, managing toxicity of long-term drug therapy.

A basic sample job plan and a detailed plan, on pages 64 and 65, will show how you might do this.

(2009). If there is no obvious guidance in your area, ask a local information service such as the university library to run a search.

- ▶ Map the pathway you manage and show how you meet the needs of the patients and the trust. An excellent example was undertaken by stoma specialists Porrett *et al* 2010.
- ▶ Produce an annual report including the results of audit, patient experience work and how the service meets policy or guidance. Record your other achievements in this format too.
- ▶ Engage with clinical managers and nurse leaders in your trust. Many nurse leaders find it difficult to envisage the contribution of specialist nursing. Furthermore, the roles and nature of specialist nursing have changed in the last decade. Even former nurse specialist leaders may not appreciate this, so do not assume managers know what you do.
- ▶ Get help. Not everyone is an expert in data collection. Ask academic partners, audit departments, performance managers, service managers, juniors, colleagues and clinical coders to help you capture your work and impact.

Remember – no matter how much it is called into question, your job is worthwhile.

### Sampling your activity

The Cassandra Matrix plots the context of work against interventions. Here are some hints for using the matrix (page 66) (Leary *et al* 2008, Leary and Oliver 2010):

- ▶ Record a sample of your work across the working week/

## Basic job plan

Monday	Tuesday	Wednesday	Thursday	Friday
Clinic New patients Assessments	Administration	Clinical work on ward	Multidisciplinary team meeting	Clinical work on ward
Clinical work on ward  Ward round with medical colleagues	Clinic	Clinical work on ward	Clinic Follow up patients	Office Telephone calls to patients

month in as much detail as possible.

- ▶ You can use the matrix on page 66 during the day and tick every time you employ one of the interventions.
- ▶ You can keep a running total during the day and then transfer it to an Excel spreadsheet or an Access database or similar.
- ▶ You could key data directly into a personal digital assistant.
- ▶ You can make charts and graphs in Excel. Ask your IT department for help or a tutorial for all specialists in the trust.

- ▶ You can change the situations or contexts to suit. The interventions are broad and based on national data sets. You can add to them if you wish.
- ▶ It is important to collect data over about 10-20 days in the year in a lot of detail rather than broadly over many days but in little detail.
- ▶ Delete irrelevant activities in the datasheet below and replace with more relevant work elements that apply to your specialty **NS**

**Alison Leary is an independent healthcare consultant**

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## A detailed job plan suitable for an annual report

Monday	Tuesday	Wednesday	Thursday	Friday
<p>Telephone advice/support</p> <p>9-9.45 am <b>Palliative care meeting</b> Process, triage and vetting new referrals Fax GPs Prepare patient packs</p> <p><b>Check inpatient list via patient administration system/ update Excel data base</b> Print clinic lists Plan week</p> <p><b>Review inpatients for:</b></p> <ul style="list-style-type: none"> <li>▶ Symptom control</li> <li>▶ Psychological support</li> <li>▶ Family meetings</li> </ul> <p>Informal teaching</p> <p>Referrals</p> <p>2-5pm <b>Specialist clinic (define)</b> Liaise with (insert specialist team) re patient reviews in terms of proactive case management</p> <p><b>Review inpatients:</b></p> <ul style="list-style-type: none"> <li>▶ Symptom control</li> <li>▶ Psychological support</li> <li>▶ Family meetings</li> <li>▶ Informal teaching</li> <li>▶ Referrals and so on</li> </ul> <p><b>Telephone advice/support</b> Assessment, rescue work</p>	<p>Telephone advice/support.</p> <p>9-10am <b>Journal club</b> With palliative care team (second Tuesday of month)</p> <p><b>Service development</b> Teaching preparation Research Audit</p> <p><b>Chemo suite:</b> Review patients</p> <p>2-6pm <b>Review inpatients for</b></p> <ul style="list-style-type: none"> <li>▶ Symptom control</li> <li>▶ Psychological support</li> <li>▶ Family meetings</li> <li>▶ Informal teaching</li> <li>▶ Referrals and so on</li> </ul> <p><b>Multidisciplinary team preparations</b> Brokering of investigations/ reporting</p> <p><b>Telephone advice/support</b> Assessment, rescue work, prevention of unscheduled care</p>	<p>Telephone advice/support</p> <p>9.30-11am <b>Nurse-led clinic</b></p> <p>Notes/Letter dictation</p> <p><b>Review inpatients:</b></p> <ul style="list-style-type: none"> <li>▶ Symptom control</li> <li>▶ Psychological support</li> <li>▶ Family meetings</li> <li>▶ Informal teaching</li> <li>▶ Referrals and so on</li> </ul> <p>2-5pm <b>Specialist clinic</b> Check notes Support/information needs</p> <p><b>For Thursday multidisciplinary team</b> Check MDT list and proformas for accuracy with multidisciplinary team co-ordinator</p> <p><b>Telephone advice/support</b> Assessment, rescue work, prevention of unscheduled care</p>	<p>Telephone advice/support</p> <p>9.30 -11.30am <b>Multidisciplinary team</b> Meet with other team members to discuss patients</p> <p>Patient advocate</p> <p><b>Ward round with consultants (define which specialty)</b></p> <p><b>Check multidisciplinary team proformas, sign in and allocate</b> Clinic patients New diagnosis to GP</p> <p>2-6pm <b>Specialist clinic</b> New patients; support and information needs at new diagnosis and follow up</p> <p><b>Urgent telephone advice/support</b> Assessment, rescue work, prevention of unscheduled care</p>	<p>Telephone advice/support</p> <p>9.30-11.30am Handover from multidisciplinary team/specialist clinic:</p> <ul style="list-style-type: none"> <li>▶ Referrals</li> <li>▶ Investigations</li> <li>▶ Follow up</li> <li>▶ Liaison with healthcare professionals.</li> <li>▶ Did not attend follow up via telephone or letter</li> <li>▶ Brokering of investigations and reporting</li> <li>▶ Case management work</li> </ul> <p>Drop-in nurse-led clinic</p> <p>1.30pm <b>Specialist clinic</b></p> <p>Drop-in nurse-led clinic</p> <p><b>Telephone advice/support</b> Assessment, rescue work, prevention of unscheduled care</p>

**Daily and ad hoc**  
Telephone rescue work; case management; chemo review; specialist symptom control and assessment; review of inpatients including support to junior staff.

**Note**  
Keeping a diary for a few days showing all rescue work, admissions avoided and other aspects of your clinical specialist contribution can be a useful addition to a job plan. The matrix can be transferred into an Excel spreadsheet and provides a useful framework for a diary. Work sampling or recording activity at specific times does not accurately reflect complex work.

## The Cassandra Matrix

Context	Outpatient new		Outpatient follow up	Telephone	Inpatient		Outreach	Multiprofessional meeting/ward round
Intervention								
Physical assessment								
Symptom control (generalist)								
Symptom control (specialist)								
Requesting investigations								
Performing procedures								
Rescue work (physical/ drugs/iatrogenic reactions)								
Promoting self-management								
Psychological assessment								
Anxiety management								
Supporting clinical choice/ meeting information needs								
Anxiety rescue work								
Dealing with distress								
Communicating significant news								
Social assessment								
Mediation of relationships								
Advice (social)								
Advocacy								
Referral								
Chasing up/tracking								
Non-clinical administration								