Standard Operating Procedures

Clinical Nurse Specialists

3 February 2021

Document Profile

Type	Standard Operating Procedures
Title	Clinical Nurse Specialists
Author(s)	Gilly Glendewar and Fiona Le Ber
Category	Clinical
Version	1
Approval Route	Organisational Governance Approval Group
Approved by	Organisational Governance Approval Group
Date approved	3 February 2021
Review date	3 February 2024
Document Status	This is a controlled document. Whilst it may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, it should not be saved onto local or network drives but should always be accessed from the intranet.

Version Control / Changes Made

Date	Version	Summary of changes made

Contents

Introduction

This standard operating procedure (SOP) has been developed to identify and clarify the clinical practice, education, research, leadership and management components of a Clinical Nurse Specialist (CNS) role and is aligned with the District Nursing SOP. Adherence to this SOP will support achievement of service KPI's.

Please note these SOPs are subject to change dependent on service development. Please ensure the most up to date version is used.

Principles

The following are overarching, guiding principles for safe and effective practice when using any standard operating procedures:

- The standard operating procedures do not replace professional judgement, which should be used at all times.
- A clear rationale should be presented/recorded in support of all decision making.
- Practice should be based on the best available evidence.
- Appropriate escalation when indicated.
- The 'default position' should be to accept all reasonable referrals, assess the patient first then make an informed decision about the most appropriate team/service to care for the patient.
- Discharge planning should commence at the point of admission.
- Where care is delegated to a Non-Registrant, the Registered Nurse remains accountable for the appropriateness of the delegation and for ensuring that the care has been given. They are also responsible for the overall management of the service user that includes a regular review of the care.
- Where potential safeguarding issues are identified, FNHC will adhere to the Jersey Safeguarding Partnership Board's adult safeguarding procedures and organisational policy and procedure.
- Staff will be alert to the identification of patients who may be in the last year of life and will follow the Gold Standard Framework where this is required.

SOP 1 External Referrals to Clinical Nurse Specialist

Purpose

To promote robust referral and triage processes to the CNS through having access to clear and concise patient information in order to make safe and effective decisions about the patient's care.

Scope

All patients referred to CNS from a range of sources.

Core Requirements

1. Referrals to the CNS are received through email: Adult.Referrals@fnhc.org.je or telephone call direct to Admin Hub Team (AHT) 443603 Mon-Fri 08.30-5pm or the Clinical Coordinator (CC) outside of hub hours.

2. CNS normal working hours range from 8.15 - 6pm Monday to Friday and urgent referrals should be triaged by CC and visited by DN team in the interim.

3. When a referral is received for the CNS, a member of the AHT will search EMIS for the patient in the 'find patient tab on EMIS using SSD number obtained from referral form or TrakCare. A member of the AHT will be responsible for adding the referral to EMIS.

4. The referring professional should have completed all relevant information on the FNHC referral form to support clinical decision making and managing risks associated with delivering care.

5. Where referral information is unclear or insufficient, the necessary clarification should be sought from appropriate sources:

    *   If demographic information is missing the AHT is to access this from TrakCare or other appropriate source.

    *   Where there is missing/unclear clinical information required to safely determine/deliver care, the AHT will return the referral to the originator via email with the standardised response

    *   The primary reason for referral as indicated on the referral form should be recorded in 'details' section/referrals tab

6. Where a referral is for the provision of care to a visitor to the Island, the AHT should liaise with the Operational Lead for District Nursing and Finance Director as patients will be expected to pay for their care including for consumables and dressings. (Appendix 1)

7. The AHT or CC (CC at weekends and out of hours) will contact the referrer and the patient, if their contact details have been supplied, within 2 hours of the referral being received to confirm receipt of the referral and advise that the CC will triage the referral to determine priority. The AHT/CC (out of hours) should advise the patient of contact details for the service should they have any questions.

8. The AHT or CC should check all patient details are correct before confirming the patient or registering the patient.

9. The referral should be scanned and attached to the patients EMIS record.

10. The AHT will provide labels if required.

11. Once registered on EMIS the AHT/CC moves the patient to 'CNS specific awaiting visit 'section of EMIS. The AHT must record the time referral received, referrer and patient contacted in the patients 'consultation' in EMIS record.

12. The AHT to email the CNS to inform referral added to CNS specific; 'awaiting visit' section.

13. The CNS will decide where and when to carry out review, care or training.

14. If an individual declines CNS input then a risk assessment should be considered and completed risk assessment to be logged on EMIS. A letter should be sent to the GP and/or referrer explaining the patient had declined CNS input. The patient's decision to decline input to be recorded on their EMIS record.

15. If the referral is to be rejected due to inappropriateness of referral this should be discussed with the referral source explaining reasoning and signpost to more appropriate professional.

16. If CNS is unavailable the AHT/CC should discuss with the DN Team lead and if appropriate, request the DN team to visit in the interim.

17. The CNS is responsible for reviewing all referrals to the specific CNS caseload.

18. When FNHC receives a referral for person in a nursing bed the DN team nurses can offer generalist nursing advice and support. Where the nursing home are requesting specialist advice then the CNS can visit to offer advice/support, however the person remains the responsibility of the Nursing Home.

19. The CNS should consider any safeguarding issues that they may have when visiting patients in a nursing setting and seek safeguarding supervision

SOP 2 Escalation to Clinical Nurse Specialist by FNHC Teams

Purpose

To promote a robust pathway for all escalation requests.

To support appropriate specialist input.

Scope

All patients escalated to CNS from FNHC teams.

Core Requirements

1. CNS Escalation form to be completed when referring to CNS (Appendix 2)

2. It is the expectation that CNS will follow relevant advice and guidance provided in the DN SOP.

3. When raising an escalation request to CNS the patient must have been reviewed by Grade 5 or 6, demonstrating the rationale for seeking CNS input having exhausted their options and needing further clinical advice.

4. Non concordance should be reviewed by grade 5/6 and recorded using the multiple risk assessment form on EMIS documents.

5. All patients escalated to the CNS by the DN service remain the ongoing responsibility of the DN Team leader.

SOP 3 The Clinical Nurse Specialist Scope of Practice, Values and Behaviours

Purpose

To clarify the role of the CNS and define the scope of practice, their values and behaviours that influence care at key stages

Scope

All professionals in both FNHC and external partners accessing CNS

Core Requirements

1. Provision of a Safe, Caring, Responsive, Effective and Well-led CNS service.

2. Collaborative working with other professionals to promote, develop and redesign services in response to specific client and organisational needs.

3. To follow evidence based and best practice guidance or interpret when to use experience if evidence is less robust.

4. The CNS will offer monthly meetings with DN team leaders to discuss any patient care needs.

5. Team leaders will support their team members to identify their training and development needs and attend CNS training.

6. CNS to offer support to team members who are managing patients with multifaceted care needs to inform care delivery and support staff development.

7. CNS have a key role in education and development of competency framework.

8. Development of clinical policies and procedures and offering specialist advice to nurses in a range of settings who are managing multifaceted patient care issues.

9. CNS have a key role in quality assurance activities to identify and support quality improvement.

Appendices

Appendix 1

https://www.gov.je/Health/Travelling/Pages/MovingReturning.aspx

The AHT should liaise with the Operational Lead for District Nursing and Finance Director as visitors and those new to the island would not normally be entitled to access free district nursing services. Patients would be expected to pay for their nursing care time including for consumables and dressings. (See DN patient pathway SOP. District Nursing Service Provision to those not entitled to non-urgent nursing care in Jersey – document not currently available)

Appendix 2

Escalation request to FNHC CNS

Name: ....
This should be populated from EMIS if document on EMIS
Address: ....

....

Date of Birth: ....EMIS number

(Or affix patient label)

Reason for referral to FNHC CNS :

Evaluation of current patient Care plan

Review of care plan by Grade 5/6

Other Professional Involved/required: (Tick all that apply)

Dietician ☐   Physio ☐   Social Worker ☐   Occupational Therapist ☐

SALT ☐   GP ☐   CPN ☐   Other ☐

Anticipated outcome of escalation to CNS:

Please email this form to CNS from EMIS record

CNS escalation request V1.2020