

Making the invisible-visible

Understanding the complexity of clinical work

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Chair in healthcare & workforce modelling.

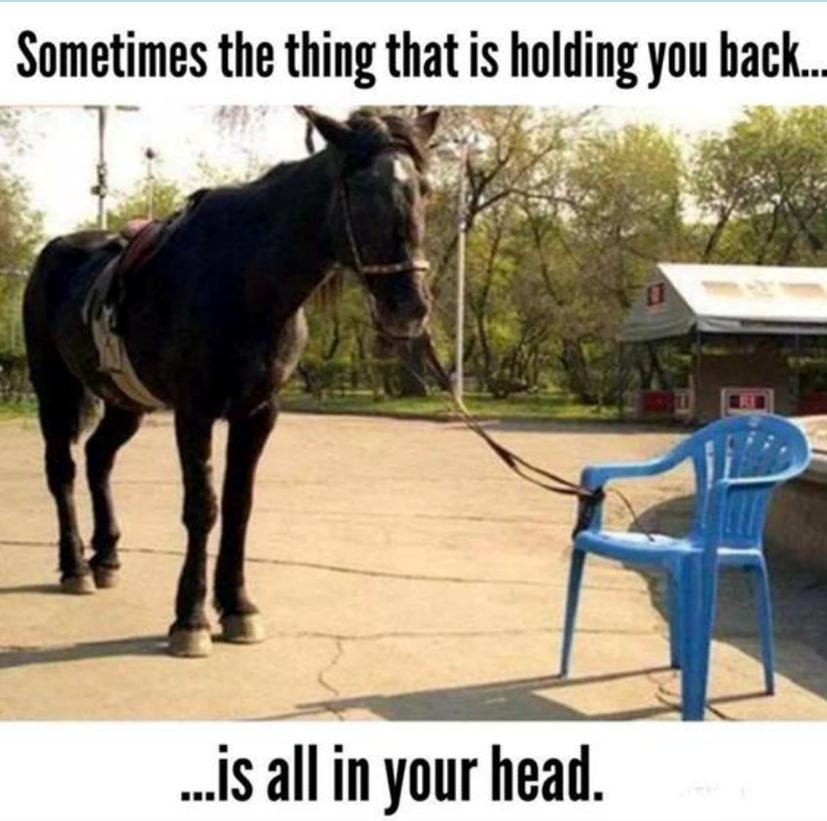
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The hardest sell....



False assumptions in nursing

- Nursing is linear-Nursing is a series of primarily physical tasks that occupy time
- Nursing is the application of a task based skillset with little decision making
- True demand is never modelled
- Data collection mostly linear-measuring i.e. time and motion type of activity.
- Not restricted to nursing
- But the biggest aspect of invisibility....

Safety critical
workforce!



Frontline expertise is a good return on investment

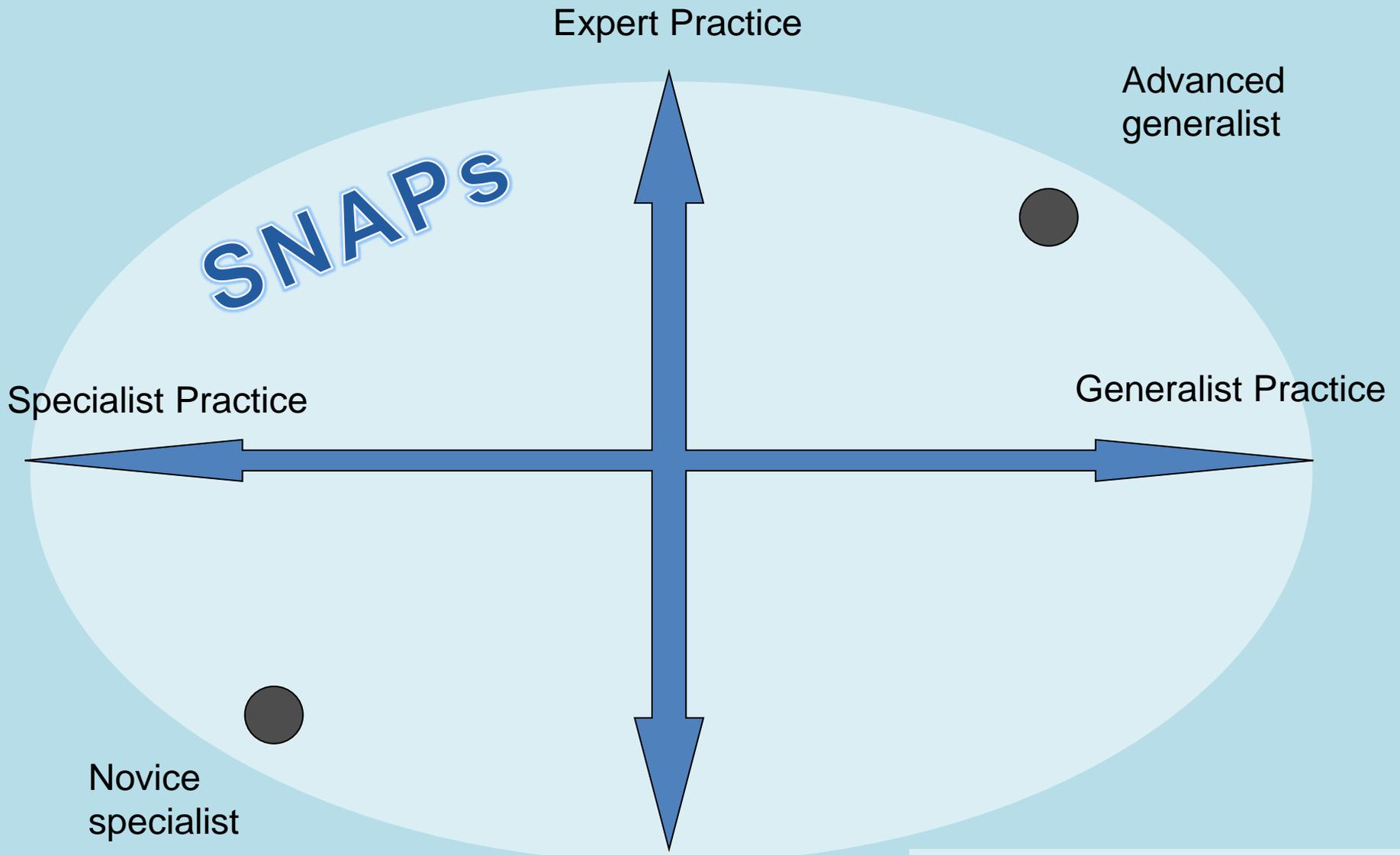
- Buurtzog expert RNs higher cost per hour of care but managed a 50% reduction in the number of hours that are needed.
- Replicated in different systems-in acute reflected in LoS & LWT times.
- NCPES consistent CNS quality
- Replicated many times in other safety critical industries “rookiefactor” is a **cost**.

2014 Kings Fund

- Closing the 'income–expenditure gap' at local level also requires significant efforts to increase income (rather than just reduce costs).
- Invest to save models are more sustainable than just cutting costs.
- Investment being made in other new professional groups

How to make it visible

- What do practitioners really do?
- What contribution they make to patient care and the organisation?
- Are they worth having?
- Looking for patterns in the work of 12,000 RNs (about 50 million hours of work) and about 6,000 papers.
- The evidence can be found on www.apollonursingresource.com



Expert Practice

Advanced
generalist

SNAPS

Specialist Practice

Generalist Practice

Novice
specialist

Novice Practice

Job titles appear to have no relationship with level of practice.

The complexity of SNAP work

- Proactive case managers/brokers/vigilance
- Promote and enable self management
- Key accessible professional across a journey
- Technical expertise
- Alleviate suffering
- Perform rescue work to a high degree
- Admission avoidance work/referral
- High quality patient experience including resolving poor experience

This is Isobel

- Consultant nurse in gastroenterology
- Departmental lead
- Advanced practice education
- Developed into a leadership position and now develops others into specialist practice
- Recently shown to have a very good ROI
- Enables self management & manages acute episodes
- High quality/patient experience person centred care



SNAPs are good value!

- Increasing body of evidence in LTCs in terms of ROI (Parkinson's, Diabetes, MS, rheumatology, cancer, IBD, palliative care, heart failure, primary care).
- Generate income, efficient, high quality services
- Key to future efficiency is self management-SNAPs enable this
- Majority of research around contribution to quality-access to treatment
- Evidence suggests high quality, cost effective resource-so why the doubt?

SNAPs, like most clinicians, are invisible.

Showing up here

Efficient Use of Supplies						
Task	Supplies	Cost/unit supplies	Units/task for Infusion Nurse	Cost of task for Infusion Nurse	Units/task for Non-Infusion Nurse	Cost of task for Non-Infusion
Start (PIV)	start kit, catheter	\$5.00	1	\$5.00	3	\$15.00
Pre-op Start	start kit, catheter, infusate, administration set	\$20.00	1	\$20.00	3	\$60.00
Restart	start kit, catheter, dressings	\$6.00	1	\$6.00	3	\$18.00
Dressing chg., PIV	TSM, gloves, antiseptic agent	\$5.00	1	\$5.00	3	\$15.00
DIC PIV	gloves, occlusive dressing, tape	\$5.00	1	\$5.00	2	\$10.00
Culture Site	sterile gloves, culture tube, collection container, requisition and labels, antiseptic agent	\$10.00	1	\$10.00	2	\$20.00
Bld. Draw, periph.	gloves, culture tube, collection container, requisition, venipuncture set, start kit	\$15.00	1	\$15.00	3	\$45.00
Bld. Draw, VAD	gloves, culture tube, collection container, requisition, syringes x3, antiseptic agents, mask, flushing solutions (0.9% sodium chloride, 20 mls, heparin 10 units/ml, 5 ml container) stopcock, sterile injection port/cap	\$35.00	1	\$35.00	3	\$105.00
DIC CVAD	sterile dressing tray (CVAD), sterile gloves	\$65.00	1	\$65.00	2	\$130.00
PICC insert.	insertion tray, PICC, x-ray confirmation	\$200.00	1	\$200.00	0	\$0.00
Transfusion, platelets	components, administration set, infusate (0.9% sodium chloride infusate), filter, EID	\$500.00	1	\$500.00	2	\$1,000.00
TOTAL		\$866.00	11	\$866.00	26	\$1,418.00

But not here


 Department of Health
 

Transforming Primary Care

Safe, proactive, personalised care for those who need it most



April 2014

OPINION CONTRIBUTOR

Advanced nurses lower costs, improve care

24 861 103 75



The authors say both research and patient anecdotes support the

By SHEILA BURKE and BILL NOVELLI | 5/6/13 10:46 PM EDT

As our nation prepares to implement the bulk of the provisions of access to care and unsustainable cost continue to rise, an aging population with increasing chronic health issues can we meet the increasing demand, maintain quality and

Legislators looking for solutions to these questions can turn to advanced practice nurses by removing regulatory barriers that prevent them from practicing and training

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New NHS chief: Advanced nurses key to future of NHS care

5 June, 2014 | By Sarah Calkin

The new chief executive of NHS England has said he wants to "accelerate the redesign of care delivery" and change traditional staffing models to include more senior nurses.

In one of his first speeches since taking up the post in April, Simon Stevens said that while in some cases services needed to be concentrated, he believed in others they could be redesigned to make facilities such as district general hospitals more viable.

Speaking at the NHS Confederation NHS management conference in Liverpool he said he wanted to "accelerate the redesign of care delivery... Rather than constantly debating the reorganisation of our management tiers, let's now ask the more profound questions about how care is actually being delivered".

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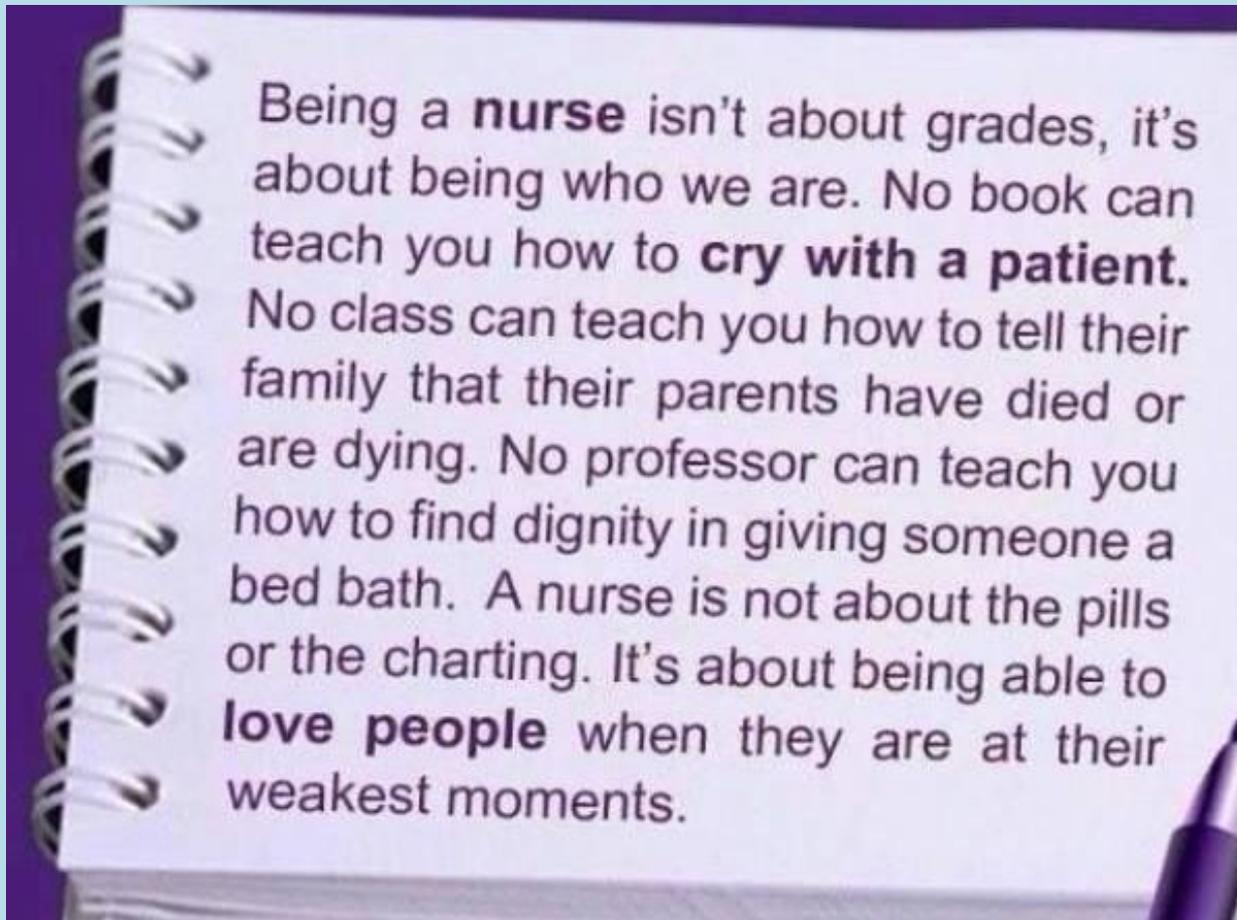
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23 October 2013
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Contribution is not always recognised

Davies, Consultant Urologist
adder & update on advances in bladder manag

lker, Consultant Dermatologist & *his nurse*
of Common Skin Lesions and *ABPI & Dressings*



Being a **nurse** isn't about grades, it's about being who we are. No book can teach you how to **cry with a patient**. No class can teach you how to tell their family that their parents have died or are dying. No professor can teach you how to find dignity in giving someone a bed bath. A nurse is not about the pills or the charting. It's about being able to **love people** when they are at their weakest moments.

Reliance on the “virtue script” has devalued nursing expertise.

Not a uni-professional issue!





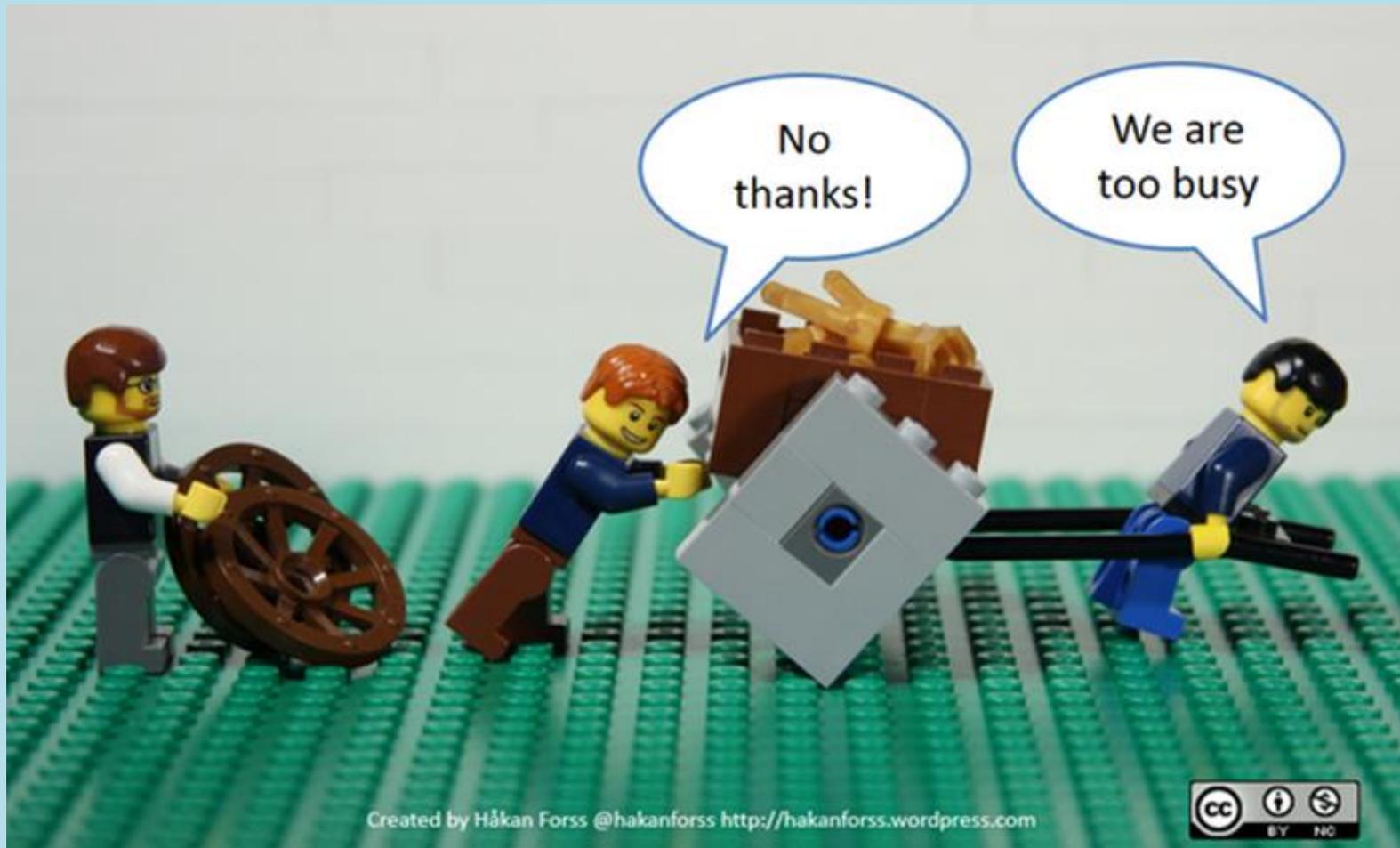
Leadership-a hidden facet of the role

Monitor standards, teach staff, vigilance,
able to see the big picture in services,
close to the patient and family

How can we help others understand complexity?

- Never use “killer phrases”
- Use the knowledge alongside the virtue script
- Email auto signatures, behaviours and writing can all give out negative signals
- People who make decisions about services also make assumptions
- Unless you tell them otherwise these are likely to be the wrong assumptions!

Time to think?



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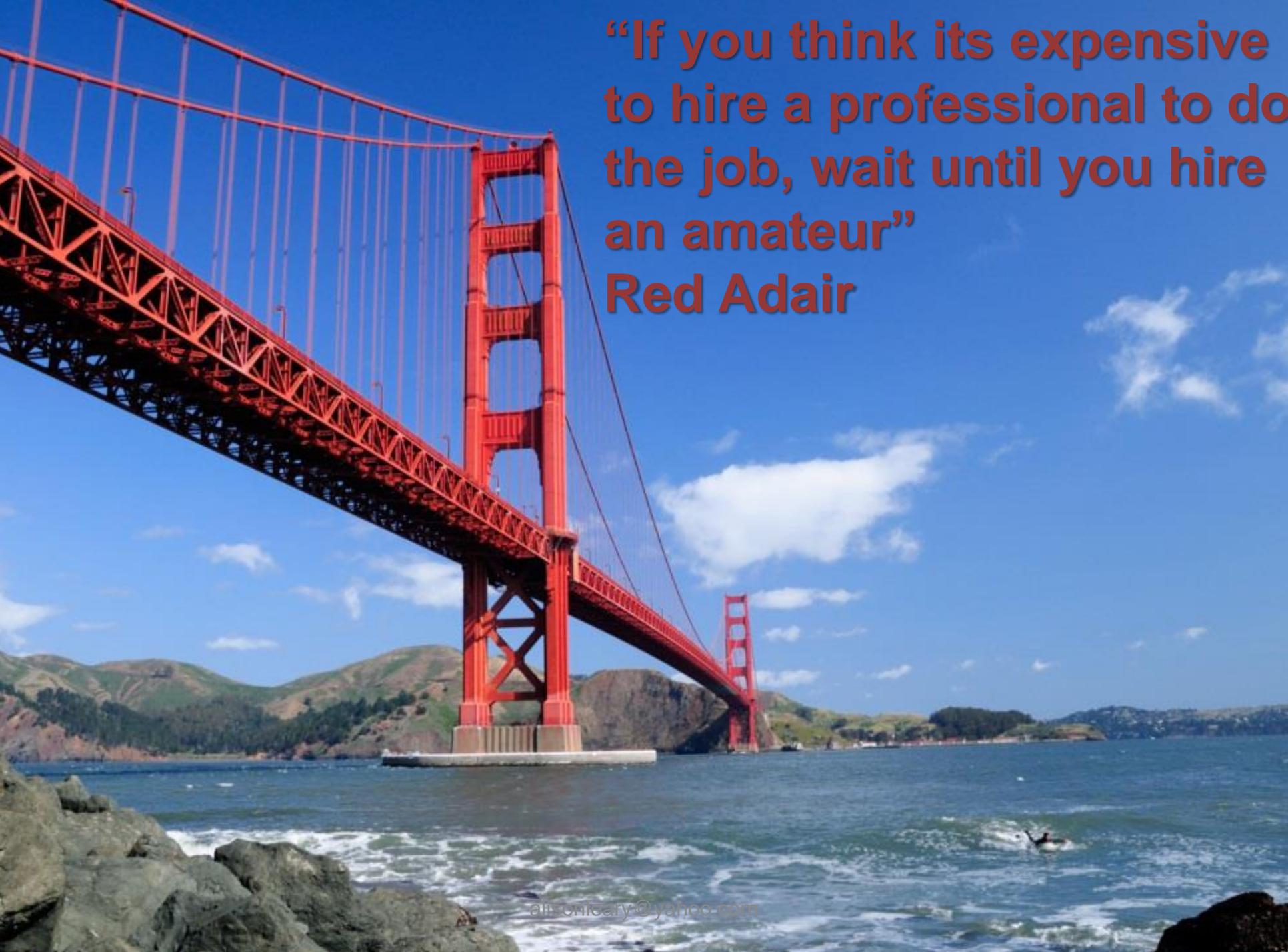
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Nursing is a safety critical profession

Healthcare is expensive but nurses are part of the solution-not the problem





**“If you think its expensive
to hire a professional to do
the job, wait until you hire
an amateur”
Red Adair**