

Patient outcomes of specialist nursing services

An RCN quality improvement initiative



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1. Introduction

This report describes the implementation of Phase 1 of a quality improvement project to develop a range of measures to assess the quality of specialist nursing services. Phase 1 was the development of a patient evaluation measure to assess the impact of the specialist nurse on patient outcomes, as determined by patients. This work is closely linked to the development of the RCN's Principles of Nursing Practice launched in 2010.

Background

This work arises from a resolution at RCN Congress 2007 which highlighted a growing concern that NHS organisations were losing a large number of specialist nursing posts in order to reduce the NHS deficit. The election of the Coalition Government in 2010 has resulted in a raft of major reforms aimed at cutting the NHS budget to an unprecedented level and, once again, NHS organisations appear to be instigating a systematic cut to specialist nursing posts.

The RCN Congress 2007 resolution stated:

“That this meeting of RCN Congress urges government to safeguard the role of the expert nurse in the 21st Century”.

The debate that followed focused on a number of key points, including the loss of nursing expertise as a result of NHS deficits, which in turn could have a negative impact on patient and health outcomes, the nursing profession, and health care organisations.

A key outcome of the work arising from this Congress 2007 resolution was a requirement to undertake a review of the literature on the role and impact of the specialist nurse. It became apparent from the literature review that there was a need to develop patient-identified measurement tools (Currie VL, Watterson L (2009) investigating the role and impact of expert nurses. *British Journal of Nursing* 18(13): 816-824).

Research objective

The primary purpose of the quality improvement project is to develop a patient evaluation measure to assess the impact of the specialist nurse on patient identified outcomes.

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2. Method

A mixed method approach was taken which included: focus group discussions, telephone interviews and a web-based survey. There was:

- a consultation exercise with a wide range of patient organisations
- two patient consultation events, lasting approximately three hours and comprising three focus groups each
- a small number of telephone interviews
- an electronic questionnaire for participants who expressed a wish to be involved (but who were unable to attend the focus group discussions).

During the patient consultation exercise we obtained the views of patients who have accessed specialist nursing services within the last twelve months across a wide range of health-related issues or disease-specific treatment.

We asked for patient feedback on:

- key problems when accessing specialist nursing services across public and family health and long-term conditions
- the contribution made by specialist nursing in supporting patients with the problems identified
- ideas about how best to assess the specialist nursing contribution to patient care across public and family health, and long-term conditions.

Sample

Collection of the sample data was carried out through a number of sources. We initially contacted 86 third sector organisations, asking them to cascade information about the RCN quality improvement exercise to their members, via their forums and networks. This contact was initially through email and then followed up by telephone calls between January and February 2011. A total of 73 third sector organisations agreed to post information regarding the project on their network/forum websites.

In addition, we also targeted patients through two organisations: National Voices and Patient Views. These organisations help recruit patients using various health care services.

The total number of participants who took part in the patient consultations and their basic demographical information (ie gender, age, health conditions and health services accessed) is provided in Appendix 1.

Data collection

Focus group discussions

There were six focus groups during March and April 2011: three on 21 March 2011 and three on 1 April 2011. All focus group meetings were held in central London due to budgetary constraints and an agreed focus group schedule was used by all facilitators. Demographic information was collected from participants in hard copy, which they completed before they left.

All six focus group discussions were audio taped and transcribed verbatim by Lynne Currie and Mehreen Chandan, which resulted in approximately 120 A4 pages of single-line spaced qualitative data.

The focus group discussions were facilitated by Mehreen Chandan and Lynne Currie, who were supported by two other members of the QSIU team: Jenny Gordon and Chris Watts. Lynne Currie, Mehreen Chandan and Chris Watts facilitated two focus group discussions each (one on each day), whilst Jenny Gordon acted as a roaming moderator across the six focus group discussions.

Across the six focus groups, the majority of participants were fully engaged and involved in the discussions. However, one of the focus groups was extremely challenging for the facilitator as one participant came along with a very specific agenda (being overly critical of the NHS), and another participant had profound language difficulties (which made it difficult to fully participate in the discussions).

Telephone interviews

A total of four telephone interviews were conducted between 21 March and 1 April 2011. The participants taking part in the interviews had a variety of different health conditions for which they accessed the services of a specialist or advanced nurse. On average, the length of each telephone interview was 45 minutes. The script used for the telephone interviews was the same as that for the focus groups. The data from the telephone interviews corresponded with the findings from the patient consultation events and the online survey.

Electronic web-based survey

Invites for the electronic survey were sent out to 39 participants who were unable to take part in the patient consultation events and the telephone interviews. A total of 14 participants took part in the online survey and the response rate was approximately 36 per cent.

The online survey covered the same questions as those asked in the focus groups and telephone interviews. It was designed by the RCN on QuestBack and sent to participants via an email link. The survey was live between 1 July and 17 July 2011. The data emerging from the online survey corresponded with the findings from the patient consultation events and telephone interviews.

Data analysis

The RCN's Principles of Nursing Practice was used as the analytic framework for theming the data. A coding document was generated for each focus group discussion and a copy of the coding document template is provided in Appendix 2.

Data coding and theming was undertaken by Lynne Currie, Mehreen Chandan and Chris Watts to strengthen inter-rater reliability (concordance) of the analysis. A full day was spent coding and theming the data and resulted in the identification of 159 patient identified prompts. Following another look at these 159 prompts, Lynne Currie and Mehreen Chandan removed all duplication and ambiguity. It was agreed that 80 of the 159 prompts were duplicates, 32 prompts were ambiguous or poorly worded and the remaining 47 prompts were then turned into positive statements. After a further meeting to discuss the statements, a number were removed as they still appeared ambiguous, resulting in a draft patient evaluation measure containing 36 items. Each item is measured using a Likert Scale ranging from 'strongly agree' to 'strongly disagree'. The draft

patient evaluation questionnaire can be found in Appendix 3.

Final agreement on the 36 item scale, and the dimensions under which each item would be grouped, was undertaken in consultation with Chris Watts and Jenny Gordon. The dimensions agreed upon broadly reflect the key themes underpinning the RCN Principles of Nursing Practice.

3. Findings

The outcome of this patient consultation is the creation of a draft patient evaluation measure that can be used by acute, primary, community and tertiary health care organisations to measure the effectiveness of specialist nursing services on a range of patient identified outcomes.

4. Next steps

The next stage of this project is to pilot the draft questionnaire. The outcome will be reported following completion of the pilot. The second stage of the quality improvement exercise is currently being planned (this comprises a consultation with advanced and specialist nurses across the five pathways of nursing).

Appendix 1: Participant profile

No.	Gender	Age	Ethnicity	Health condition	Advanced/specialist nurse
1	Female	65+	White British	Heart problems, temporal arthritis, angioplasty, cardiac rehab	Diabetic specialist nurse
2	Male	65+	White British	Parkinson's disease	Parkinson's disease specialist nurse
3	Female	35-44	Pakistani	Daughter has severe anaphylaxis	Allergy senior nurses, triage nurses, community asthma senior nurses, practice nurses
4	Male	45-54	Mixed	Referred for possible brain injury	Never saw nurses
5	Female	65+	White/Black African	Mother has terminal lung cancer. Participant has diabetes	Macmillan and hospital specialists
6	Male	65+	White British	Long-term partner died from AIDS	Numerous specialist nurses
7	Male	65+	White British	Cather ablation, various cardiac queries	Cardiology consultant nurses
8	Female	35-44	White British	Diagnosed with low grade brain tumour	None
9	Female	55-64	White British	Parkinson's disease	Diabetes specialist nurse, diabetic nurse, chiropody nurse, neurological nurse
10	?	?	?	Sister and self suffering from Parkinson's disease	Parkinson's specialist nurse
11	Female	55-64	White British	Concern that husband has hernia and participant has Parkinson's	Consultant or surgical nurse
12	Male	55-64	Black African	PSA monitoring for prostate cancer	Urology specialist nurse
13	Female	45-54	White British	Addison's disease	Clinical investigation unit nurse
14	Male	65+	White British	Prostate cancer	Urology specialist nurse
15	Female	55-64	White British	Daughter has depression	Psychiatric nurses
16	Male	45-54	Black African	Emergency dentistry	Road show nurses
17	Male	45-54	White British	Blood clots in lungs	May day hospital specialist nurses
18	Male	45-54	White British	Myocardial infarction and diabetes diagnosis	Cardiac specialist
19	Female	45-54	White British	Diabetes and osteoarthritis	Diabetes specialist nurse
20	Female	55-64	White British	Range of health issues	None
21	Female	55-64	White British	Neurologist	None
22	Female	45-54	White British	Asthma and husband has stomach problems	None
23	Female	65+	White British	Blood pressure and under-active thyroid	Practice nurse
24	Female	65+	White – any other white background	Cardiac failure and severe deterioration of lumbar spine	None
25	Male	45-54	White British	Immunology and gastroenterology	Immunology and gastroenterology nurses
26	Male	65+	White British	Cardiac rehabilitation	Cardiac specialist nurses
27	Female	35-54	White any other background	Vascular treatment	?
28	Female	65+	White British	Heart attack	Cardiac specialist
29	Female	65+	Black Caribbean	Heart attack	Cardiac specialist
30	Female	45-54	White – any other background	Mental illness – borderline personality disorder	Psychiatric nurses
31	Male	55-64	White Irish	?	Nurse practitioner
32	Female	65+	White British	Rheumatoid arthritis, chronic obstructive disease and osteoporosis	Rheumatology specialist nurse
33	?	?	?	?	?

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Appendix 2: Coding document template

Principle A – Nurses and nursing staff treat everyone in their care with dignity and humanity – they understand their individual needs, show compassion and sensitivity and provide care in a way that respects all people equally.

Sub-theme	Doc No	Pg No	Quotes
Dignity			
Equality			
Diversity			
Humanity			

Principle B – Nurses and nursing staff take responsibility for the care they provide and answer for their own judgements and actions – they carry out these actions in a way that is agreed with their patients, and the families and carers of their patients, and in a way that meets the requirements of their professional bodies and the law.

Sub-theme	Doc No	Pg No	Quotes
Ethical integration			
Legal integration			
Accountability			
Responsibility			

Principle C – Nurses and nursing staff manage risk, are vigilant about risk, and help to keep everyone safe in the places they receive health care.

Sub-theme	Doc No	Pg No	Quotes
Patient safety			
Health and safety			
Risk management			
Clinical safety			

Principle D – Nurses and nursing staff provide and promote care that puts people at the centre, involves patients, service users, their families and their carers in decisions, and helps them make informed choices about their treatment and care.

Sub-theme	Doc No	Pg No	Quotes
Advocacy			
Empowerment			
Patient-centered care			
Patient involvement in care			

Principle E – Nurses and nursing staff are at the heart of the communication process: they assess, record and report on treatment and care, handle information sensitively and confidentially, deal with complaints effectively, and are conscientious in reporting the things they are concerned about.

Sub-theme	Doc No	Pg No	Quotes
Communication			
Handling feedback			
Record-keeping			
Reporting			
Monitoring			

Principle F – Nurses and nursing staff have up-to-date knowledge and skills, and use these with intelligence, insight and understanding in line with the needs of each individual in their care.

Sub-theme	Doc No	Pg No	Quotes
Evidence-based practice			
Technical skills			
Education			
Training			
Clinical reasoning			

Principle G – Nurses and nursing staff work closely with their own team and with other professionals, making sure patients' care and treatment is co-ordinated, is of a high standard and has the best possible outcome.

Sub-theme	Doc No	Pg No	Quotes
Care and treatment			
Multidisciplinary working			
Multi-department working			
Co-ordination			
Integration			

Principle H – Nurses and nursing staff lead by example, develop themselves and other staff, and influence the way care is given in a manner that is open and responds to individual needs.

Sub-theme	Doc No	Pg No	Quotes
Leadership			
Contributing to open and responsive cultures			
Leading by example			
Influencing care			

Room 101 – Miscellaneous

Sub-theme	Doc No	Pg No	Quotes
Support provided to nurse			
Valued			
Access			
Discrimination			
Self-advocacy			
Variations in price			
Lack of referral			

Appendix 3: Draft patient evaluation of specialist nursing measurement tool

Instructions for use

The following questionnaire has been developed to assess how patients evaluate the care and treatment they receive from the specialist nurse. Please read each statement and tick one box in the response scale which best describes how you feel about each individual statement.

For example: Most of the time, the specialist nurse explains the risks associated with my care and treatment in a way that I understand (Please tick one only).

Strongly agree (SA) ☐ Neither agree nor disagree (N) ☐ Disagree strongly (DS) ☐ N/A ☐
Agree (A) ☐ Disagree (D) ☐

The questionnaire should take you between 15 to 20 minutes to complete. We would be very grateful if you would complete the questions on both sides of the two sheets of paper. Once you have completed the questionnaire please return it to the specialist nurse, or place it in the box provided.

Demographics

1. Are you...?

- ☐ Male
☐ Female

2. Are you...?

- ☐ 18-24 ☐ 35-44 ☐ 55-64
☐ 25-34 ☐ 45-54 ☐ 65+

3. Please state your ethnic group, for example, White British, Black Caribbean, British Asian (Pakistani)

4. Which country do you live in?

- ☐ England ☐ Wales
☐ Scotland ☐ Northern Ireland

5. Please list any education qualifications you have (if none, please state none)

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6. Which specialist nurse do you see?

7. How many times in the last 12 months have you seen the specialist nurse?

- ☐ 1-5 times
☐ 6-10 times
☐ 11-15 times
☐ 16-20 times
☐ More than 20 times

8. Please read each of the following statements carefully and tick one box which best describes how you feel about that statement.

No	Statements	SA	A	N	D	SD	N/A
1.	I am able to contact the specialist nurse at any time during working hours						
2.	In most cases, the specialist nurse returns my calls within a reasonable time						
3.	In most cases, the specialist nurse is able to answer my questions						
4.	The specialist nurse takes into account any personal circumstances when discussing my care and treatment options, as appropriate						
5.	Most of the time, the specialist nurse treats me as an individual						
6.	Most of the time, the specialist nurse considers my opinions when discussing my care and treatment options						
7.	The amount of time I spend with the specialist nurse is acceptable to me						
8.	I trust the specialist nurse						
9.	Most of the time, the specialist nurse treats me with respect						
10.	I see the same specialist nurse each time I have an appointment						
11.	Most of the time, I have been given the choice of seeing either a female or male nurse, as appropriate						
12.	Most of the time, the specialist nurse asks me about any cultural requirements I may have regarding my care and treatment options						
13.	Most of the time, the specialist nurse asks me about any religious requirements I may have regarding my care and treatment options						
14.	In the past, I have been asked to provide feedback on the specialist nursing services I accessed						
15.	Most of the time, the specialist nurse tells me when they have to get information from elsewhere before meeting my care and treatment needs.						
16.	Most of the time, the specialist nurse accepts responsibility for meeting my care and treatment needs						
17.	Most of the time, the specialist nurse lets me know that they will get back to me with information I have requested						
18.	Most of the time, the specialist nurse explains the risks associated with my care and treatment in a way that I understand						
19.	Most of the time, the specialist nurse listens to any concerns I have about the risks associated with my care and treatment plan						
20.	Most of the time, the specialist nurse has the necessary knowledge to manage any risks associated with my care and treatment						
21.	I do not have to keep repeating the same information each time I see the specialist nurse						
22.	Most of the time, the specialist nurse explains very clearly the side effects of any medication						
23.	The specialist nurse provides me with an opportunity to discuss risks associated with my care and treatment						
24.	Most of the time, the specialist nurse keeps me informed through all stages of my care and treatment						
25.	Most of the time, the specialist nurse has discussed all the available options in meeting my care and treatment needs						
26.	Most of the time, the specialist nurse does refer me to other health services, if appropriate						
27.	The specialist nurse acts as a link between any social services I require						
28.	The specialist nurse does provide me with information on strategies that can help me to manage my health care condition						
29.	Most of the time, the specialist nurse communicates with me in a way I can understand						
30.	Most of the time, the specialist nurse appears to understand any questions or concerns I raise						
31.	Most of the time, I am able to discuss alternative choices before reaching a decision about my care and treatment options						
32.	Most of the time, the information I receive from the specialist nurse does not contradict information I have been given by others						
33.	Most of the time, the specialist nurse has provided me with information on any follow-up care that I need						
34.	Most of the time, the specialist nurse listens to any concerns I have regarding my care and treatment option						
35.	Most of the time, the specialist nurse acts on any concerns I have regarding my care and treatment options						
36.	The specialist nurse always addresses me by my preferred name						

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43. Please list any questions you found difficult to answer and, if so, please tell us the reasons
(if none, please write none in the space below)

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

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