



## The Specialist Nurse role – what happens in a typical day?

### HOW DOES THE TEAM WORK?

- Changed the way the team reviewed patients – weren't achieving 48 hour assessment tt
  - *VBA triage with an initial offer of specialist assessment*
  - *Use Whatsapp to inform team of what patients want full assessment*
- **Sell the quit for 'at that moment in time'** if patients do not respond to the initial offer of support
- Integrate CURE as an important part of organisation – Trust uniform and branding
  - *Being visible in the hospital will ensure staff see you as part of the organisation and the service the hospital delivers to patients*
- Patients can respond better to being seen by a 'nurse' – helping with the message of medicalising the treatment of tobacco
- Team members will require the confidence & knowledge to run clinics on their own and address other co-morbidities of the patient
- Not a 7 day service currently – Monday patients triaged and team will call patients who have been discharged over the weekend and offer the service which will also be sent via a letter
  - *It is with the patient to contact the team if they want to engage – more efficient use of time*

### HOW DO YOU RECORD SERVICE DATA – PATIENT RECORDS (EPR)

- **Opt out nature of the service is so important**
  - *Ability to generate an automatic referral electronically is really helpful*
- Don't want to ask question and move on – we wanted to ask, refer and prescribe
- Comms & engagement has ensured people prioritise completing the screening question
- Importance of collecting data!
  - *Show why the service is needed – monitor outcomes for patients*
  - *Allows team to monitor own performance and identify challenges/risks etc*

### WHAT FOLLOW UP IS OFFERED TO PATIENTS?

- All patients are offered the same follow up – **2 week telephone call, 4 week face to face or telephone & 12 week telephone**
- Variance in community smoking cessation services available meant the CURE Specialist Nurse team based in the hospital would provide follow up appointments to ensure equity of service for all patients
- Ottawa used an automated telephone follow up triage system for their patients
  - *Good patient reviews*
  - *Machine generates timeslot – nurses only speaking to patients who require specialist input (efficiency of time for nurses)*



## PRESCRIBING – HOW DOES THE TEAM ENSURE PATIENTS HAVE RAPID ACCESS TO MEDICATION?

- **Use of NRT and Varenicline PGD** – not all specialist team are Nurse Prescribers
  - *Important to have the ability to change and dispense medication as a result of the specialist assessment rather than rely on ward staff to complete a prescription*
  - *Decrease waste in unnecessary prescriptions*
  - *Avoid potential wait for patient while team are trying to find a doctor to complete prescription*
- Specialist Nurse Team should be recording what medication is given (and previously offered) so you can **monitor what is popular with your patients**
  - Microtabs – monitoring numbers has shown very popular
    - Feedback from patients they like the size, discreet nature and can take more in a day
- Keep yourself up to date on the evidence available about e-cigarettes – will advise accordingly and don't discourage if the patient feels this is a viable option to help the quit (post discharge)
  - *Patients cannot use in hospital*
  - *Specialist Team will not prescribe e-cigs*
- Ensure you are discussing the WHOLE pathway with the patient – understand what medication could work when they are back at home & around their normal triggers
- **Harm reduction approach** – *'can't use while you're here, let's prescribe something else while in hospital'*.
- Wards with high level of referrals will hold main spare stock of NRT

**Top tip:** Encourage patients to use the short acting nicotine regularly e.g. on the hour every hour. Cravings for nicotine are extremely powerful and nicotine lozenges are weaker than cigarettes. Patients cannot overdose on nicotine except for causing mild symptoms such as light-headedness or nausea. However, under-dosing will affect how well NRT can alleviate cravings!

## Why is training the workforce important?

### IS THIS PART OF THE ROLE OF THE SPECIALIST NURSE TEAM?

- **YES** – promoting the service and the supporting the culture change of getting staff to see smoking as an addiction and treat it as such is a HUGE part of the specialist teams role
- **Be the experts** that the workforce can speak to and ask how best to treat their patient
- Launching and embedding a new pathway and way of treating people is challenging but rewarding
  - *Unpicking the challenges and resistance is key*
  - *Education, training and engagement is a way of changing perceptions*
- Important to promote training modules – share primary care modules with community staff (eg community COPD nurses)

### WHAT TRAINING SHOULD THE SPECIALIST TEAM RECEIVE?

- Specialist Nurse Training Manual – use this with a pre-prepared pack of practice medications and patient leaflets (nurses take to the ward with them)
- **Pre-plan an induction week for new starters!**
  - *Introduction – background, current and future state of service*
  - *Provide a full day of medications training*
  - *Tricky scenario & difficult questions – able to practice conversations in safe environment*
  - *Role play of patient and nurse – complete paper work, assessment, drug cardex etc*
    - *Some staff may never have done this before!*
- Create set of competencies and standard of excellence to ensure a consistent high level of care for all patients – but you don't want to create robots
- Learn from each all the time as this will enrich the team

