

Upper Limb Surgery - Nurse Led Clinic UHL Orthopaedic Policy.

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW.

AUGUST 2013- V1 reviewed and revised as follows;

- Change made to format, in line with the 'policy for policies' document May 2012.
- The statement 'the nurse will have met the patients on the ward...' was removed. This reflects the change in service delivery where clinics remain at the Glenfield Hospital and surgery at the General Hospital.
- The change in service delivery has meant this document is not solely about reviewing patients within a clinic setting but also on the day of surgery and when the patient is attending any occupational therapy or physiotherapy appointments.
- Ms L. Cutler was added to the list of specified surgeons.
- Within the guidelines, a change was made to show that the care given during a visit to the wound clinic is mostly written in the patients medical notes, not dictated. A dictation continues to be made if the patient is discharged.

KEY WORDS.

Nurse-led.
Musculo-Skeletal.
Upper limb surgery.

1. INTRODUCTION.

1.1 This document sets out the University Hospitals of Leicester (U.H.L.) N.H.S. Trusts policy for a nurse-led clinic/service within the Musculo-Skeletal CMG for patients following upper limb surgery.

2. POLICY AIMS.

The document gives directives for the safe and effective review of post-op patients who have received upper limb surgery by specified consultants.

The document reflects the emphasis upon role development and new ways of working within Making a Difference (DOH 1999), and the N.H.S. Plan (DOH 2000).

3. POLICY SCOPE.

3.1 All nurses who undertake the role must be a registered nurse and employed by the trust.

3.2 Authorised nurses must;

- Have a minimum of 3 years post registration experience of which at least 2 years should be within the speciality of Musculo-Skeletal at Band 5 level.
- Be in possession of an orthopaedic nursing qualification (degree or diploma level)
- Have a recognised teaching qualification
- Have experience in tissue viability
- Have followed and completed the training and assessment as specified in this document. (Appendix B, page 12).

- Accept accountability for the role.
- Maintain their knowledge and skills in order to fulfil the role.
- Be familiar with and demonstrate an understanding of the following documents:-
 - I. N.M.C. code of Professional Conduct, (N.M.C. 2015), which includes recognise and work within the limits of your competence.

3.3 This policy relates to all patients undergoing upper limb surgery carried out by Professor J.Dias, Miss. N.Picardo, Mr A.Ullah, Ms C.Wildin, and Ms L.Cutler.
 The patient will not be seen by the nurse if;
 The patient is under 16 years of age.
 The patient's treatment, assessment or rehabilitation is beyond the capabilities of the nurse.

4. DEFINITIONS.

The Nurse –Led clinic described within this policy is known locally as 'The wound clinic', situated in Clinic E, Glenfield Hospital.

5. ROLES AND RESPONSIBILITIES.

- The role of the Nurse is to provide patients with a nurse-led service which is easily accessible and can provide expert knowledge in their pre and post-operative management.
- The role provides a resource for the multi-disciplinary team.
- Is the main contributor for the collection of data for patient outcome scores.
- Contributes toward audit and research within MSK.
- Responsible to the Head of Nursing for Musculo-Skeletal.

6. POLICY STATEMENTS.

The nurse-led service will provide patients with an expert nurse in the post-op management of their wounds and rehabilitation. The nurse-led clinic will ensure timely and accessible care allowing more patients to be seen on the 'main' clinic.
 The nurse can provide a point of contact for patients and a resource for patients and staff as described by Dyson (1997).

6.1 Objectives and intended outcomes.

- To provide patients with a holistic consultation involving wound management, mobilisation of the affected limb, social and work advice, assessment of rehabilitation.
- To provide patients with an advice service via telephone or e-mail.
- To increase the number of slots available in the main clinic enabling more patients to be seen by a medical specialist.
- Standardisation of care and information given.
- The nurse is able to give more time to each individual patient as needed.
- Patients feel more at ease talking to a nurse (Torn & McNicholl 1998)

- The role ensures consistent communications with the appointment's 'team'.
- The nurse ensures patients are receiving the correct multi-disciplinary intervention at the appropriate time.
- The post provides ownership, personal development and satisfaction for the nurse.
- The post is a role model for other nursing staff.

This policy is supported by the following guidelines found in the associated documents as detailed below, which must be used in conjunction with this policy:

Procedure / Process / Standard	Appendix
Guidelines for the Nurse-Led clinic, for patients who have received upper-limb surgery within Musculo-Skeletal.	A
Record of observation and Training.	B

7. EDUCATION AND TRAINING.

This will involve completion of the workbook in appendix B, which includes;

- Attending the consultant's clinic and the nurse-led clinic to observe clinic protocol and gain knowledge of appropriate post-op assessment.
- To continue to attend the consultant's clinic on a regular basis, i.e. at least once a month.
- Gain or consolidate knowledge of possible diagnoses associated with complications of surgery.
- Training with the physiotherapist practitioner to be able to advise on basic hand and elbow rehabilitation.
- Training with the occupational therapists about scar sensitivity management and the variety of splints available.
- Undertaking HISS/patient centre training relevant to the post.
- Undertake the nurse referral course for requesting x-rays.
- Gain or consolidate knowledge of acute pain management and assessment, be aware of advice and intervention available from the 'UHL Pain Team' when necessary.
- Observing key upper limb procedures in the operating theatre.
- It is the responsibility of the nurse to ensure that they regularly maintain their knowledge of tissue viability, post-operative complications and therapy regimes. The trust will ensure that the practitioner has access to relevant education and training.
- The nurse should have a yearly appraisal meeting with the designated Matron.

8. PROCESS for MONITORING COMPLIANCE.

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
Policy number 37725 C26/2007.	Trust Admin – Category A&B CEPSO – Category C	Report run from Sharepoint on annual basis to cross match with Trust Admin P&G Register	Annually	CMG P&G Committees, escalated to Divisional Quality & Safety Committees via Q&S Managers/Committee Chair where applicable and subsequently to the UHL Policy & Guidelines Committee	P&G Leads to be contacted where missing Trust Ref Numbers. Non response to be escalated to Line Manager/Q&S Committees Lead – TA/CEPSO	
All P&Gs will be reviewed within 6 months of their stated review date	Trust Admin – Category A&B CEPSO – Category C	Report run from Sharepoint on annual basis to confirm which P&Gs are within review timescales	6 mthly	CMG P&G Committees, escalated to Divisional Quality & Safety Committees via Q&S Managers/Committee Chair where applicable and subsequently to the UHL Policy & Guidelines Committee	P&G Leads to be contacted where P&G review dates passed. Non response to be escalated to Line Manager/Q&S Committees Lead – TA/CEPSO	
Review of Divisional and CMG P&G processes	Trust Admin (and P&G Committee)	Receipt of CMG P&G processes	Annually	CMG Quality & Safety Committees via Q&S Managers/Committee Chair and subsequently to the Executive Team where necessary	P&G Committee to advise dependent upon Results of Monitoring	

9. EQUALITY IMPACT ASSESSMENT.

- 9.1** The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 9.2** As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

10. LEGAL LIABILITY STATEMENT.

The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

- Have undergone any suitable training identified as necessary under the terms of this policy or otherwise.
- Have been fully authorised by their line manager and their CBU to undertake the activity.
- Fully comply with the terms of any relevant Trust policies and/or procedures at all times.
- Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

It is recommended that staff have Professional Indemnity Insurance cover in place for their own protection in respect of those circumstances where the Trust does not automatically assume vicarious liability and where Trust support is not generally available. Such circumstances will include Samaritan acts and criminal investigations against the staff member concerned.

Suitable Professional Indemnity Insurance Cover is generally available from the various Royal Colleges and Professional Institutions and Bodies. For further advice contact: Head of Legal Services on 0116 258 8960.

11. SUPPORTING REFERENCES.

Dept of Health. (1999). *Making a Difference*. London, DoH.

Dept of Health (2000). *The NHS Plan-A Plan for Investment, A Plan for Reform*. London, DoH.

Dyson, L. (1997). 'Advanced nursing roles: their worth in nursing'. *Professional Nurse*. 12, 10. 728-732.

NMC (2015). *The Code*. London, NMC.

Torn A. & McNicholl E (1998) "A Qualitative Study Utilising a Focus Group to Explore the Role and Concept of the Nurse Practitioner" *Journal of Advanced Nursing* 27:1202-1211

University Hospitals of Leicester NHS Trust (2002). *Wound Care Resource File*. Tissue Viability, Leicester, UHL NHS Trust.

University Hospitals of Leicester NHS Trust (2002). *UHL NHS Trust policy for Adjustments and Development of Practice for Registered Practitioners*. Leicester, UHL NHS Trust.

UHL NHS Trust (2004). *Policy for Consent to Examination or Treatment*. Leicester, UHL NHS Trust.

12. DOCUMENT TRACKING, ARCHIVING AND REVIEW.

This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.

This document will be reviewed by the author every two years.

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1. INTRODUCTION.

- 1.1 This document sets out the University Hospitals of Leicester (U.H.L.) N.H.S. Trusts Guidelines for a nurse-led clinic within the musculo-skeletal directorate.
- 1.2 Guidelines to provide a nurse-led clinic assessing wound status, progression of rehabilitation, education of condition and administration of treatment required for any surgical wound.
- 1.3 Guidelines to identify patients who require intervention from other members of the multi-disciplinary team.

2. SCOPE.

- 2.1 All nurses who undertake the role must be a registered nurse and employed by the trust with experience in Musculo-Skeletal.
- 2.2 The guidelines relate to Musculo-Skeletal patients who have received upper limb surgery.

3. GUIDELINES.

- All patients will be informed that they will see a nurse in clinic, not a doctor. The nurse must fully explain their role and sphere of practice.
- The wishes and needs of the patient must be paramount and the right to be referred to a doctor on request will be honoured.
- The nurse will see all patients undergoing upper limb surgery, performed by specific surgeons, in the nurse-led clinic, at the length of post-op time requested by the consultant.
- The specified surgeons are; Professor J. Dias, Miss.N.Picardo, Ms C. Wildin and Mr A. Ullah, Ms L.Cutler.
- The 'wound clinic' may be utilised by other consultants if their patients have 'problem wounds'.
- The clinic will be run alongside the main clinic, ensuring a consultant or specialist registrar is always available.
- It is the responsibility of the nurse to allocate all patients onto the clinic through the clinic co-ordinators.
- The co-ordinators will request all notes for each patient and produce a list of those attending each clinic.
- The nurse will call her own patients into the consulting room.
- All patients will be assessed regards wound status, pain, stiffness, swelling, quality of sensation and function of the affected limb. The nurse will request medical assistance if needed.
- The nurse will administer the appropriate treatment after gaining the patient's verbal consent as in The Policy for Consent to Examination or Treatment. (UHL 2005).
- Appropriate advice will be given regards; Wound management and wound hygiene; Scar management and desensitisation; Use of limb and an appropriate exercise regime; Returning to work, driving and returning to household duties.

- All patients will be assessed for their need of further physiotherapy or occupational therapy assistance and referred as necessary. The physiotherapist practitioner present in the clinic may be utilised for advice or instruction of exercise regimes.
- If physiotherapy or occupational therapy has already been requested, the nurse will ensure that the patient has attended their appointments or has been notified of an appointment.
- If specimen results are not available at the appointment with the nurse she/he will endeavour to obtain these and to take appropriate action.
- The nurse will document/dictate the care given to each patient. A dictated letter should be sent to the G.P. if the patient is discharged.
- If a patient Does Not Arrive for their appointment, the nurse will contact the patient by phone or letter. If unsuccessful and the patient has a wound that may need attention, then an attempt will be made to contact the patient via the GP. If this is still unsuccessful the patient's consultant must be notified.
- The nurse will request the next follow-up appointment on the clinic outcome sheet, and record if any further interventions are needed. e.g. x-rays, removal of Plaster Of Paris.
- If a POP is required this is arranged with the plaster technician within the out-patients department.
- The nurse may be called upon to advise and support her patients as appropriate and act as health promoter.
- Endeavour to give the contact details of the Nurse Specialist to all patients, allowing accessible advice and/or treatment.
- When appropriately trained, the nurse will request any X-rays to be performed, when necessary.
- All patients seen in the clinic will be recorded onto a database.

4. EDUCATION AND TRAINING.

Appendix B identifies specific observation and training for staff delivering the nurse-led clinic/service.

The person completing this training must be assessed by the designated assessor for each category.

When these have been achieved, professional issues must be discussed with the directorate Head of Nursing, and the training record countersigned.

Observations and training.	Comments.	Dates.	Assessor.	Signed.
Observe the nurse-led clinics and reflect on the knowledge gained.			Nurse Specialist.	
Observe the consultant clinics, and reflect on the knowledge gained.			Each Consultant.	
Wound management. Please refer to UHL's Tissue Viability page on Insite.			Nurse Specialist.	
Assessment of knowledge of post-operative complications regards; Infection. Delayed healing. Increased pain. Altered sensation Decreased function.			Nurse Specialist.	
Training with the physiotherapist to gain knowledge of basic range of movements, and specific regimes.			Physiotherapy Practitioner.	
Training with the occupational therapist to observe scar management, splint making, and to attend the 'hand class'.			Tracy Graham. Senior Occupational Therapist.	
Completion of the nurse referral course for x-rays. (see local Protocol)			Confirmation from Radiology.	
The appropriate HISS/patient centre training to view appointments.			Confirmation of attendance.	
Review of pain management and assessment knowledge.			UHL Acute Pain Team.	
Professional requirements, as specified in this document.			M-S Head of Nursing.	
Observe 'key procedures' in theatre.			Nurse Specialist.	
Access to Ice with extended access to view histology results. Access to ORMIS.			Nurse Specialist.	

Gain access to current dictation format.			Admin office.	
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INDIVIDUAL EXERCISE REGIME.

To be competent in teaching basic exercise regimes to patients following hand, elbow and shoulder surgery.

Range of achievements	Method of assessment.	Date achieved.	Signature of assessor.	Signature of Nurse.
HAND surgery; to assist, <u>where appropriate</u> , with flexion and extension to all interphalangeal and metacarpal joints, thumb opposition and rotation.	Discuss and observe with the physiotherapists.			
WRIST and ELBOW surgery ; to assist, <u>where appropriate</u> , with flexion and extension, supination and pronation.	Discuss and observe with the physiotherapists.			
SHOULDER surgery; to assist, <u>where appropriate</u> , with basic pendulum exercises.	Discuss and observe with the physiotherapists.			
Be fully aware when NOT to encourage exercises, i.e. tendon repair, fixation of bone.	Discuss and observe with the physiotherapists and consultants.			

Be able to recognise the need for qualified physiotherapy assistance.

Please refer to the Leicestershire and Rutland Hand Therapists Regime Booklet for exercise regimes relating to specific operations.

SCAR MANAGEMENT.**To be competent in teaching the patient;**

Range of achievements	Method of assessment.	Date achieved.	Signature of assessor.	Signature of Nurse.
Scar desensitisation.	Discuss and desensitisation with Occupational Therapists.			
Scar management.	Discuss and observe with Occupational Therapists.			
To be able to recognise the need for Occupational Therapy intervention when the scar becomes raised or adhesions cause functional problems.	Discuss and observe with Occupational Therapists.			

PROFESSIONAL REQUIREMENTS –**To be assessed by the Head Nurse for Musculo-Skeletal.**

Range of achievements.	Method of assessment.	Date achieved.	Signature of Head Nurse.	Signature of Nurse.
Guidelines for undertaking expanded roles are understood.	Discuss with Head Nurse.			
Awareness of the N.M.C. Professional requirements and Scope of Practice demonstrated.	Discuss with Head Nurse.			
Awareness of accountability demonstrated.	Discuss with Head Nurse.			

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This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
Author / Lead Officer:	J.M.BREWER RGN		Job Title: NURSE SPECIALIST.
Reviewed by:	Sue Collins RGN Nurse specialist		
Approved by:	MSS CMG Board		Date Approved: September 2017
REVIEW RECORD			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
September 2015	2		Change in service delivery and policy format.
September 2017	3	Sue Collins	4. DEFINITIONS changed to include where the 'nurse-led' clinic is situated. Record of observation and training : appendix B changed to reflect the use of 'ice' instead of 'ILab'
DISTRIBUTION RECORD:			
Date	Name	Dept	Received