Enhancing waiting times post COVID: Innovating the Clinical Nurse Specialist team's role in bladder, bowel and sexual function service for Spinal Cord Injured Patients – A quality improvement service.

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Hypothesis / aims of study

Post COVID the Neuro-Urology department experienced a significant reduction in medical staffing and significant waiting lists for patients

- 1. Urology Consultants reduced from 3 part- time to 1 (loss of 1.3 WTE) Recruitment of new consultants delayed for >1year.
- 2. CNS team and Scientist deployed to wards during COVID.
- 3. New patients referrals were breaching
- 4. Outpatient medical appointments numbered >2000 patients waiting for review
- Diagnostics Video-urodynamics = 600 patients 5. waiting
- 6. Sexual function medical clinic reduced monthly from weekly with > 6 month waiting times.

Results and interpretation

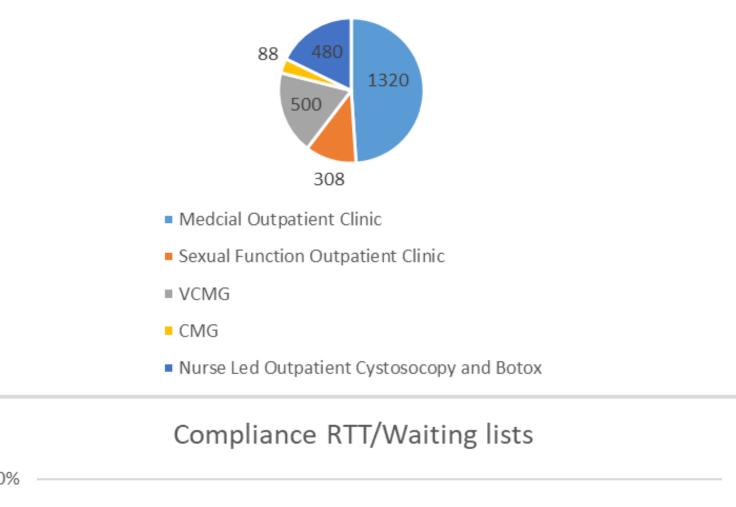
Results: from April 2022 to April 2023

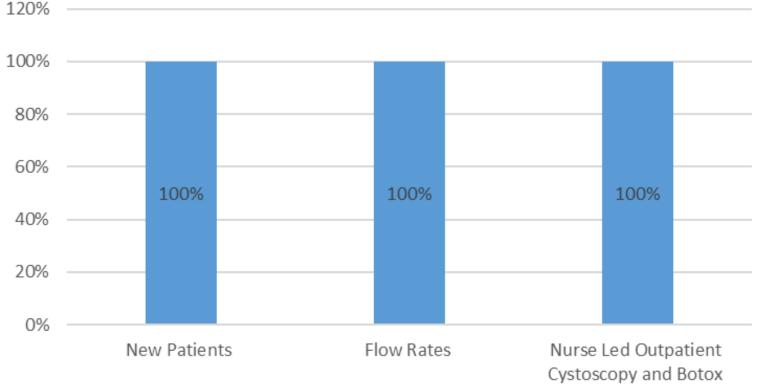
- Medical Outpatient clinic 1320 seen
- Sexual Function clinic 308 seen
- New Patients 100% compliant with RTT
- Nurse led Flexible Cystoscopy outpatient procedure 480 procedures completed now 100% compliant
- VCMG 100% complaint with new patients, reduced waiting list from 600 to 100 by extra lists and validation
- CMG extra 88 appointments created
- Flow rates 100% compliant
- Main theatre validation and diverting patients to new outpatient procedure = 550 patients
- Pelvic Floor Physio appointment increased to x1 per week from 0.5.

Number of patients Seen

Study design, materials and methods

- 1. Seconded a Band 5 Nurse 0.8 WTE for 1 year (cost pressure) to back fill the current Band 6 CNS to backfill the CNS Band 7 allowing them to take on medical outpatient clinics as a Consultant Nurse
- 2. Upskilled current CNS and SHCA team
- 3. New urology inpatient referrals seen by Band 7 CNS and plan agreed with Urologist.
- 4. Weekly Bladder and Bowel Ward Round done by **CNS** team
- 5. CNS nurses referred patients to external specialists i.e. haematuria clinic 2 week protocol, removal of renal and bladder stones, urgent colonoscopy for surveillance under the 2 week protocol
- 6. Non-Medical prescribing for inpatients and outpatients - done by Band 7
- 7. Diagnostics requests done by Band 7
- 8. New patients RTT seen by Band 7
- 9. New Nurse Flexi-cystoscopy list (Band 6) supported by new urology Consultant once recruited
- 10. Validation of theatre, diagnostics and outpatient flexi-cystoscopy lists
- 11. Secured funding through the COVID recovery allocation to work weekends and longer days to reduce diagnostic waiting times





Conclusion

We are a Team of highly experienced Nurse Specialists, Senior Healthcare Assistant, Clinical Scientist and Pelvic Floor Specialist Physiotherapist.

By up-skilling our workforce and working within agreed safe parameters we have made a significant impact on reducing waiting times for patients.

12. Spinal Cord Injury Rehab Consultants agreed to be our medical clinical support due to reduction of onsite Urologists.

AWARDS

Finalists – Nursing Times Awards 2023

Team of the Year 2023 – RNOHT

Nominated by Patients for Patient Choice Award – **RNOHT**

Validation of waiting lists is essential.

Positive patient feedback and satisfaction for our service – Patient Choice nominations

Clinical Nurse Specialists, Clinical Scientists, and Allied Healthcare Professionals can utilise their extensive skills and knowledge to provide expert care of spinal cord injured patients for bladder, bowel and sexual function.

The success of this quality improvement service has led to successful business cases for a Lead CNS for Neuro-Urology, a new CNS for Neuro-Urology/Sarcoma.