

# PROVIDING A CO-ORDINATED APPROACH TO CARE

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# Definition Clinical Coordinator

- \* Utilises expertise, to manage a series of clinical situations and health promotion.
- \* A clinical coordinator continuously reviews practice to ensure that excellence is achieved in patient care.

# Renal Coordinator

## **Purpose of Position**

It is the role of the Renal Transplant Recipient Coordinator to case manage kidney recipients within the RNSH Renal Transplant Programme. The Clinical Nurse Consultant is an expert practitioner who facilitates sound evidence based clinical practice through research and leadership. The Clinical Nurse Consultant is a role model to peer nursing groups within the field of renal services. He/she plays a vital role in health promotion and continuously reviews practice to ensure that excellence is achieved in patient care. The Clinical Nurse Consultant must fulfill the five domains of clinical nurse consultancy as outlined in the Functional/Operational/Clinical position requirements. The Renal Transplant Recipient Coordinator works closely with and supports the role of the Renal Transplant Donor Coordinator.

## **Renal Transplant Coordinator (CNC Level 1)**

Come and join the dynamic renal transplant team at Royal North Shore Hospital (RNSH) and make a difference.

RNSH has a long history with transplantation in Australia with some of the longest surviving renal transplant patients in the world. The Renal Department at RNSH has a dedicated team of nurses & doctors including 3 physicians, 5 surgeons, a living donor coordinator and transplant coordinator who manage patients both pre and post renal transplantation.

The service actively promotes renal transplantation including: pre-emptive, living related, living unrelated, altruistic, paired kidney and deceased donor donation. Currently up to 50% of our transplant operations are living donor transplants with excellent outcomes.

This position will manage the deceased donor renal transplant program at RNSH coordinating the preparation of patients for the waiting list, maintenance of patients active on the waiting list, immediate post operative follow-up and the on-going care of up to 200 transplant patients.

## **Selection Criteria**

Current registration with AHPRA as a Registered Nurse with five years post registration experience and at least 3 years in the specialty of renal nursing.

Relevant post graduate qualification, working towards or equivalent experience.

Knowledge of the principles of Case Management

Understanding of Human Tissue Act and future directions of Renal Transplantation in the state of New South Wales including Paired Kidney Exchange Programme

Demonstrated ability to work independently within flexible working hours and to work as part of a team with a commitment to a multi-disciplinary approach to patient care

Excellent written and verbal communication and inter-personal skills and demonstrated effective organisational, time management and computer skills (word & excel).

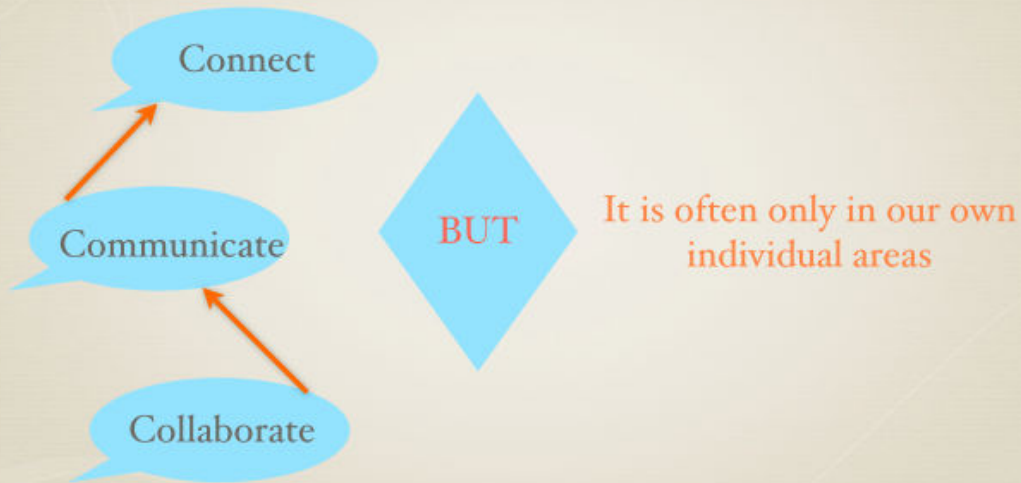
Commitment to personal and professional development, quality improvement and a demonstrated ability to implement change.

Demonstrated interest in the development and implementation of education programs for patients, community and staff.

## Role of a Clinical Coordinator

- \* Assist the patient through the process of Bariatric Care, including pre and post op multidisciplinary appointments.
- \* Manage those specialists required in the process
- \* Assist patient and clerical staff with healthfund and/or superannuation paperwork
- \* Collate all relevant clinical information and organise appropriate GP and specialist follow up
- \* Measure patient outcomes
- \* Analyse-Assess-Evaluate-Systemise-(Fine tune)

# We all coordinate really !





# Qualities of a Coordinator

- \* Understand the Bariatric Program
- \* Ability to bring all aspects of the Bariatric services together
- \* Collating results and distributing to specialists/ICU/ Ward/Patient
- \* Keep abreast of latest research based practice- latest updates eg DVT treatment
- \* Systems Analyst/ Information specialist

# Clinical Coordination

- \* Knowledge
- \* Patients
- \* Systems



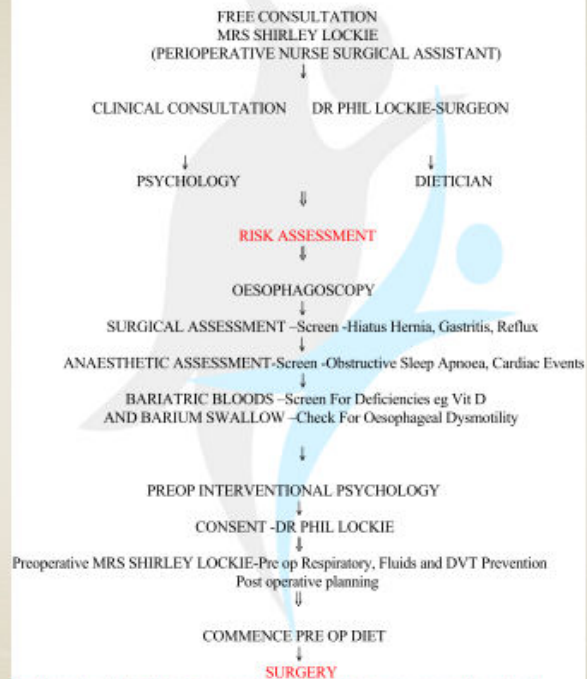
# Knowledge

- \* Knowledge of the practitioners
- \* Patient knowledge and accuracy- DR GOOGLE
- \* GP knowledge on metabolic surgery and outcomes
- \* Knowledge of those specialists required in the process
- \* Specialists involved from a team perspective
- \* Maintain good relationships with them-in case you need to fast track a referral

## Knowledge of Bariatric Processes

- \* Initial risk assessment and triage
- \* Meet the criteria for surgery-if not what alternatives can we offer?
- \* Start a program -risk assessment -support of specialists eg dietitian
- \* Manage funding : Health fund/ Superannuation/ uninsured
- \* Speak to a past patient -invitation to support group

**FLOW CHART**



Practice policy is to attend post-op appointments with the team as per practice protocol.

Please note that this is a guideline only.

# Working it through with a patient

- \* Patient History
- \* Patient referral
- \* Understand time frames
- \* Realistic expectations and can we meet them?
- \* Financial ?and available options
- \* Medical specialist support/ GP post op followup

# Bariatric Assessment Process

- \* Referral-BMI; Previous surgery
- \* History: HT; OSA; Diabetes-Medications/Stability
- \* Preop Check: OSA; Bloods; Gastroscopy; Barium Swallow
- \* Appointments with Surgeon, Dietitian, Psychologist, Anaesthetist .Communicate to GP/Bariatric Physician/Endocrinologist
- \* Management pre and post op: OSA; HT Diabetes, Medications
- \* Ongoing support Bariatric Team-3 monthly bloods work/ Surgeon

# Time line

- \* Consultations-teach the concept of metabolic surgery.  
“it’s a process, not an event”
- \* Pre operative review-consent-complete correspondence to team and theatre list notes: cc interested parties
- \* Ideally 2 weeks preop: discuss DVT (Clexane 40mg); Hydration (Loading with fluids); Respiratory -Tri Flo
- \* Surgery
- \* Follow up for life-ongoing support/education

- \* Post operative recovery is discussed in advance.
- \* Realistic expectations including pain management.
- \* Provide the tools for the patients to take control.

#### Post Op Recovery Sleeve Gastrectomy 0-12 Hours Post Operatively



##### Fluid Goal:

Sip water with a straw 30mls per 15 minutes **THIS IS YOUR MINIMUM TARGET**

Note: It is helpful to try different temperatures e.g. cold - ice - warm water



=1 Hour

##### Deep Breathing:

Tri Flo  
Physio

Use straws to minimise air intake

##### Pain Relief:

You need to be able to take deep breaths  
Deep breathe standing

##### Constipation:

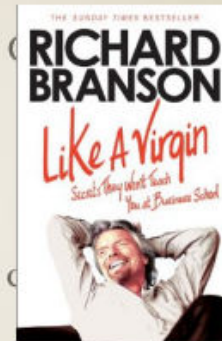
Pear Juice  
Green, Peppermint and fruit teas

##### Mobilising:

Walking to bathroom  
Walking around your bed  
Walking around your ward

# Systems

- \* Bariatric Registry
- \* Asana (email management)
- \* Evernote (task management)
- \* Dispatch (task management)
- \* Cloud magic (MYOB)
- \* awebber.com (database management)





# Working Relationships

- \* Staff
- \* Specialists
- \* Patients
- \* Admissions-Ward-Theatres -ICU-Community.
- \* Management role-Audits
- \* Treat people how they need to be treated!



# Case Report

- \* 2004: 41 yr old female: Dx Adrenal insufficiency -Prescribed prednisolone Size 8-10 -58Kg
- \* 2010: Size 20 joined weight watchers lost 3 kg-Depression
- \* 2011: HT ; Diabetes; OSA Dx: CPAP
- \* Numerous admissions: pneumonia; axillary abscess (met surgeon)
- \* Weight loss-metabolic surgery-process
- \* GP/Endocrinologist Day 5 letter preop with post op app
- \* Post op diabetes and BP resolve Week 1
- \* 3 months post op OSA resolve and reduction of prednisolone
- \* 4 years later 90% excess weight loss. No HT/OSA /Diabetes

# Problem areas

- \* Patients who don't have a good relationship with their GP
- \* Health care practitioners who don't understand the benefits of Bariatrics
- \* DIY surgery

# Does a Clinical Coordinator help your practice ?

- \* Great idea ? or ESSENTIAL to patient care?
- \* Enhances patient care and outcomes
- \* Safeguards your practice-Layers up your communication
- \* Helps achieve momentum in the practice continually driving it forward.