

Evaluation of the *NHIVNA National HIV Nursing Competencies*

Summary

Questionnaire sent out to 251 NHIVNA members with a closing date of Friday 21 May 2010.

Overall

Total replies: 30

Out of NHIVNA members sent to: 251 and a 12% response

<i>Membership - Are you a member of NHIVNA?</i>	<i>No.</i>	<i>Percent</i>
Yes	29	97%
No	1	3%
Not sure	0	0%
Total	30	100%

<i>Which of the following areas do you currently work in?</i>	<i>No.</i>	<i>Percent</i>
Outpatients HIV Specialist clinic	19	63%
Outpatients GUM clinic	9	30%
Specialist Inpatient care	8	27%
General Inpatient care	3	10%
Primary Health Care	2	7%
Specialist Community setting	5	17%
General community setting	3	10%
Palliative Care	0	0%
Voluntary Sector	1	3%
Mental Health	2	7%
Specialist Day Care facility	2	7%
Other – please state:	3	10%

Other areas you currently work in

- HIV
- HIV support at home
- Patients home and GP surgery
- Voluntary community rapid HIV testing
- Terrence Higgins Trust
- Clinical nurse specialist (PCT)

NHIVNA competency framework

<i>Are you aware of the NHIVNA competency framework National HIV Nursing Competencies?</i>	<i>No.</i>	<i>Percent</i>
Yes	29	97%
No	1	3%
Not sure	0	0%
Total	30	100%

<i>Do you use the NHIVNA website?</i>	<i>No.</i>	<i>Percent</i>
Yes	13	43%
No	2	7%
Not sure	0	0%
No reply	15	50%
Total	30	100%

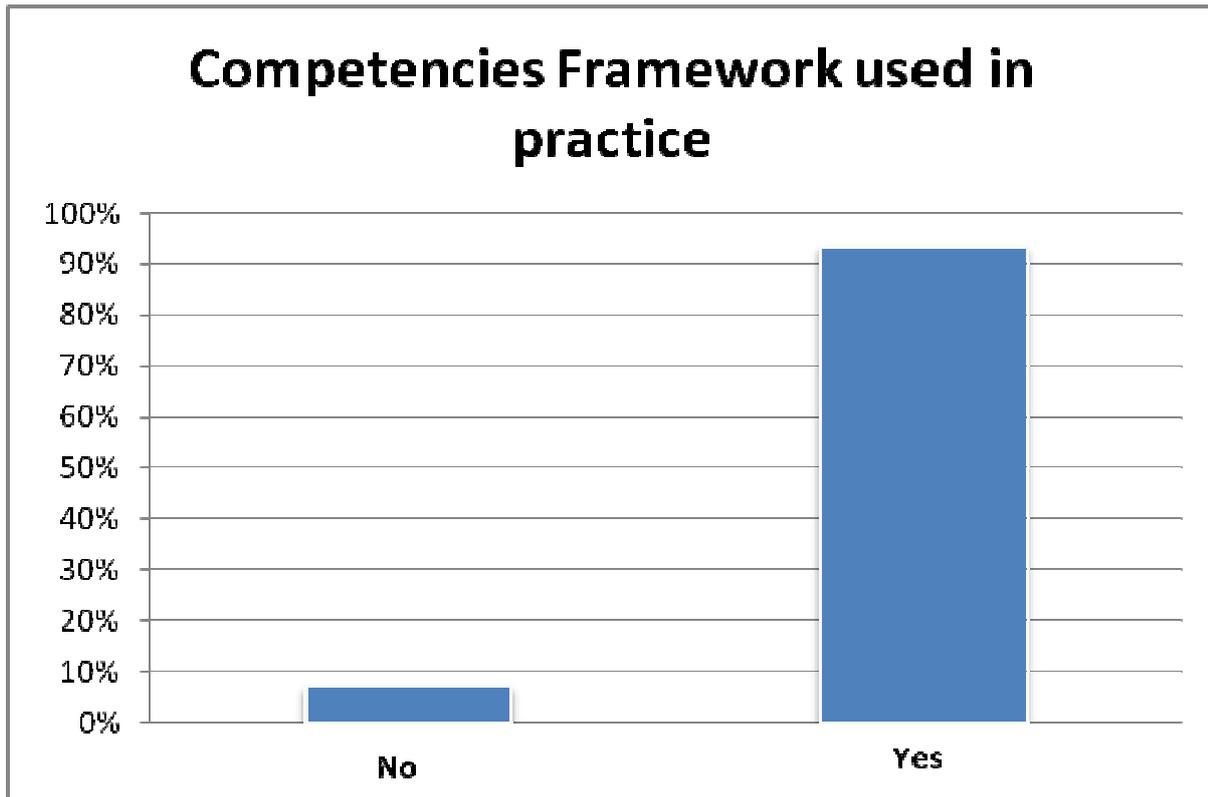
<i>Have you attended NHIVNA Conference/ and or study days in the last 2 years?</i>	<i>No.</i>	<i>Percent</i>
Yes	9	30%
No	6	20%
Not sure	0	0%
No reply	15	50%
Total	30	100%

<i>Have you attended BHIVA Conference in the last 2 years?</i>	<i>No.</i>	<i>Percent</i>
Yes	4	13%
No	10	33%
Not sure	0	0%
No reply	16	53%
Total	30	100%

<i>Do you read the NHIVNA publications?</i>	<i>No.</i>	<i>Percent</i>
Yes	14	47%
No	0	0%
Not sure	0	0%
No reply	16	53%
Total	30	100%

Use of Competency Framework

<i>Have you used the Competency Framework in any area of your practice?</i>	<i>No.</i>	<i>Percent</i>
Yes	28	93%
No	2	7%
Total	30	100%



<i>Why do you think you have not used the Framework to date?</i>	<i>No.</i>	<i>Percent</i>
It appears too complex	1	3%
It is not 'user friendly'	1	3%
Not enough time	0	0%
Not a priority	0	0%
I don't think it is applicable to my work	0	0%
Difficult to adapt for our purpose	0	0%

As you are not using the NHIVNA Framework, are you using another framework instead?	<i>No.</i>	<i>Percent</i>
Yes	0	0%
No	0	0%
No reply	30	100%
Total	30	100%

If you are not using any framework how do you measure the quality of HIV nursing care?

- Journal of Rare Disease and job description

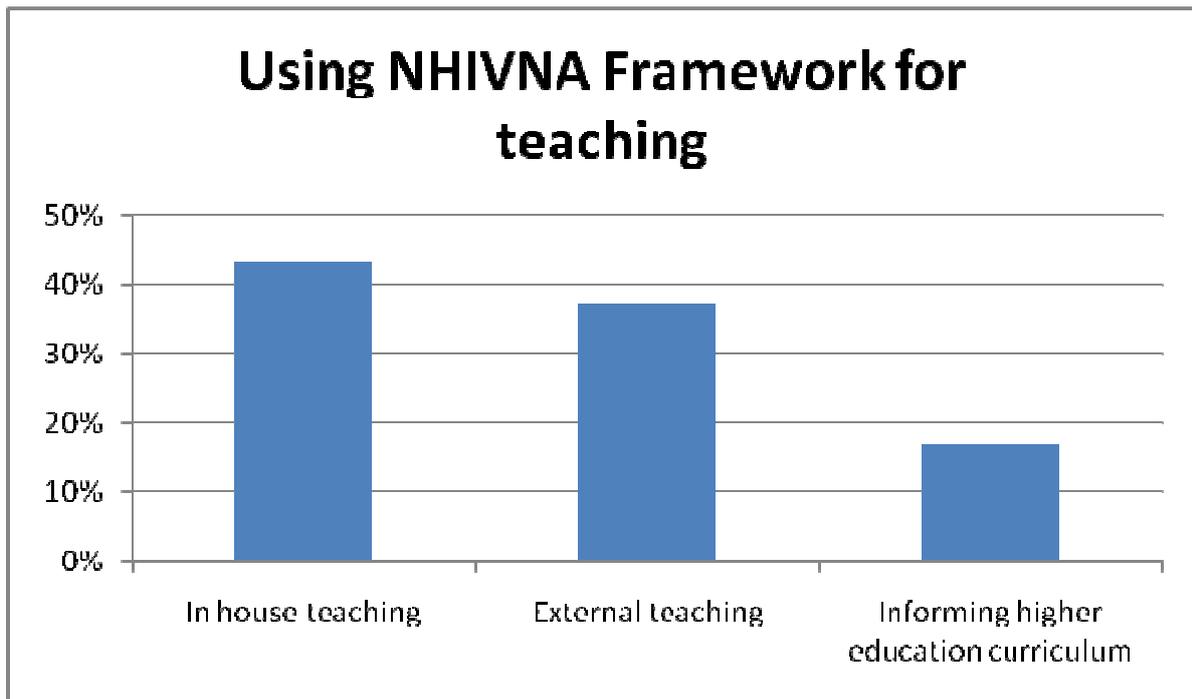
Do you envisage using the NHIVNA Framework in the future?	<i>No.</i>	<i>Percent</i>
Yes	0	0%
No	0	0%
Don't know	1	3%
No reply	29	97%
Total	30	100%

To which of the following have you applied the NHIVNA Framework?	<i>No.</i>	<i>Percent</i>
For appraisal purposes	16	53%
To assist in writing job descriptions	12	40%
For teaching/education	16	53%
For job banding guidance	7	23%
For professional development plans	14	47%
For career planning	5	17%
For setting up nurse-led clinics	11	37%
Informally for my own information	18	60%
For review of service provision	7	23%

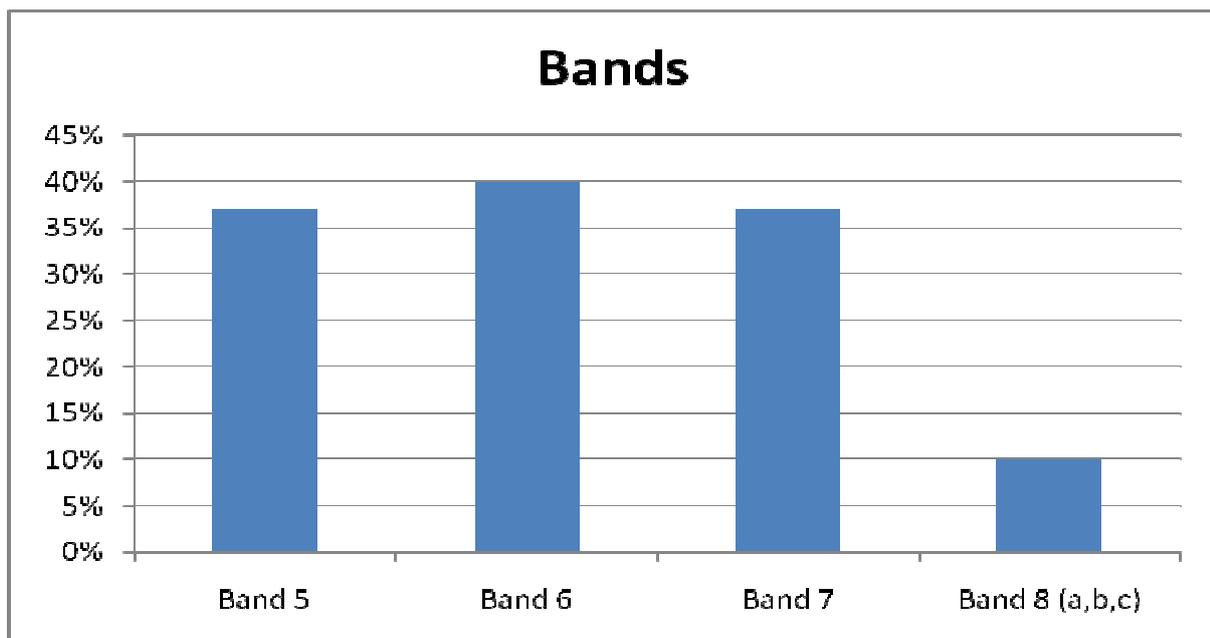
Comments

- For job applications
- Development of HIV blood clinics in GUM
- Writing guidelines
- As framework for developing competencies in Australia

If for teaching was this for:	<i>No.</i>	<i>Percent</i>
In house teaching	13	43%
External teaching	11	37%
Informing higher education curriculum	5	17%



<i>If for banding, which bands?</i>	<i>No.</i>	<i>Percent</i>
5	11	37%
6	12	40%
7	11	37%
8 (a,b,c)	3	10%



<i>Have you measured the benefits of using the NHIVNA framework in your setting?</i>	<i>No.</i>	<i>Percent</i>
Yes	2	7%
No	25	83%
No reply	3	10%
Total	30	100%

If 'yes' which areas have you measured, and how?

- Adapted the competences to help with our Nurse I prescribing HIV clinics held in GUM. Re-evaluated recently on informal basis within the team and with a new HIV pharmacist – being used as basis for training/development for her as new in post and not yet a prescriber.
- The benefits have not been measured directly, but we have in place a competency framework for all of nurses and HCA roles in the HIV clinic. This informs any new roles or services we develop and new local competencies are adapted from the NHIVNA framework for any new roles. The competencies all aspects of HIV nursing practice and have helped to inform the develop new roles such as HCA's and Clinical nurse specialists. The competencies have certainly positively influenced the banding of HIV nursing posts.

<i>Do you think patients have benefited from the use of the NHIVNA competencies in your area?</i>	<i>No.</i>	<i>Percent</i>
Yes	1	3%
No	12	40%
Not sure	15	50%
No reply	2	12%
Total	30	100%

- Nurses are working within clearly defined roles and competencies I would hope that patients are benefiting from nurses who have undergone appropriate education and training by demonstrating they can meet the NHIVNA competencies
- Clear guidance as to performance expectations for staff assists in ensuring best care.
- Enabled us to develop early morning specific blood test clinics using band 5 to assess for competency and maintain standards. Helped in training them for this role.
- Nurses are more prepared to provide care and treatment for patients with HIV
- More coherent and standardised approach to planning care and auditing outcomes
- Setting up competencies for GUM nurses to run early morning blood clinic
- As the nurses have a clear framework which enhances their practice it increases nurses skills and areas of competence especially by identifying further training this improves patient care.
- Yes, particularly in relation to governance. If nurses are trained to a certain level and possess specialist skills then the quality of service will improve. I think this is evident locally in the nurse-led follow-up service, triage, annual health checks, and nurse-led clinics.
- Allows practitioners to expand clinical skills and knowledge while working within defined clinical roles.

- Practitioners more confident within roles
- Standardised practices across area
- All of the above leads to increased awareness and a more informed clinical staff which leads to better patient care and outcomes
- Measurable standards and expected standards for nursing staff providing the care

<i>Have you measured the benefits to patients?</i>	<i>No.</i>	<i>Percent</i>
Yes	26	87%
No	1	3%
No reply	3	10%
Total	30	100%

If 'yes' Please describe how you have measured the benefits to patients

- Not formally but feel there has been a benefit
- In some cases it is used as a checklist to make sure competencies are being met it has changed practice have developed treatment care plans incorporating aspects of the competencies but do not have the staff to formally audit the effect on patient care.
- I have not measured them directly, but when I undertook a patient satisfaction questionnaire, our patients were asked how they found the level of expertise of the nursing staff and we were rated highly by our patients.
- Yes but not directly. The benefits have been measured indirectly by looking at role definition and the use of competencies and how this has improved waiting times in the clinic. This will also be evident in local practice audits that monitor nurse-led services such as triage and out of our services that show outcomes associated with service. While this cannot be directly attributable to the national competencies but they underpin the training and skills development for these services

What limitations or problems have you encountered with the competencies?

- Finding a way to measure impact.
- When working outside of London or another major centre the CNS role can encompass all of the competencies, e.g. We work in the community, outpatient, visit in-patients, look after the children as well as the HIV pregnancies. This meant the only ones I did not have to consider were the research ones. While helpful this is very time consuming as needed significant adaptation. Also we don't have the spread of grades only doing HIV as the HIV service is based within GUM and my colleague and myself are the only non-medical specialists in the city and surrounding area
- No problems. I think they are excellent
- A little unwieldy so sometimes reluctant to refer to them even when I know they would be useful
- Could perhaps be more prescriptive? Reduce interpretation
- I don't find them user friendly, they need to be clearly set out and an idea of what can be used as evidence would be useful, development of work books for each banding would be useful.
- None really
- A self assessment or line management tool for competency assessment would be useful for its use in appraisals and development plans.

- Being able to directly measure the benefits! In essence we may need to explore baseline patient outcomes before and after competencies are introduced in one particular area. Or perhaps relate them to governance.
- Have had to adapt to work within Australian (NSW) health department guidelines but not problematic

<i>Do you envisage using the NHIVNA Framework in the future?</i>	<i>No.</i>	<i>Percent</i>
Yes	27	90%
No	0	0%
No reply	3	10%
Total	30	100%

<i>If 'Yes', for which of the following are you considering using the NHIVA Framework?</i>	<i>No.</i>	<i>Percent</i>
For appraisal purposes	16	53%
To assist in writing job descriptions	20	67%
For teaching/education	24	80%
For job banding guidance	10	33%
For professional development plans	20	67%
For career planning	7	23%
For setting up nurse led clinics	10	33%
Informally for my own information	16	53%
For review of service provision	11	37%
	1	3%

Others

- Writing Guidelines

What other purposes, if any, do you think the NHIVNA Framework could be used for?

- None that I can think of at present
- Should be for Holistic care
- Pathway planning
- Joint working with other specialities (Mental Health and Social Care)
- Supervision
- Managing under performance
- Improving patient experience

What, if any, changes would you like to see made to the existing Competency Framework?

- Better guidance in relating to KSF competence areas
- I feel, transfer easily or clearly when our trust uses different KSF

- Competence areas to the NHIVNA ones
- Flow chart-pathway for escalating career
- More development of community services
- A self assessment of necessary competencies for grades 5, 6, and 7 or line management tool for competency assessments would be useful for its use in appraisals and development plans.

Other comments

- I feel that in general nurses working in HIV have no real idea what they are, a standardised approach to their use would be beneficial
- Surprisingly no.

Clinic name and number of registered patients

<i>Clinic</i>	<i>No. of registered patients</i>
Wharfside Clinic	2800
RIDU	approx 700
Grahame Hayton Unit	2000+
Lawson Unit and Elton John Centre	1860
Brighton	1800
a city in southern England	approx 2000
Elizabeth Glaser Paediatric AIDS foundation	6million
TAMESIDE AND GLOSSOP	42
Tayside	250
RIDU x	700
Community Health Action Trust	drop in testing clinic/outreach
Kobler	6000
RIDU Edinburgh	550
Ian Charleson	3000
Watford Sexual Health Centre	400
Barts & the London NHS Trust	2200
Blanche Heriot Unit	320
Lawson Unit, Brighton	1700
Clinic 16, Northern Sydney Health Services	250
Chelsea and Westminster	approx 5000