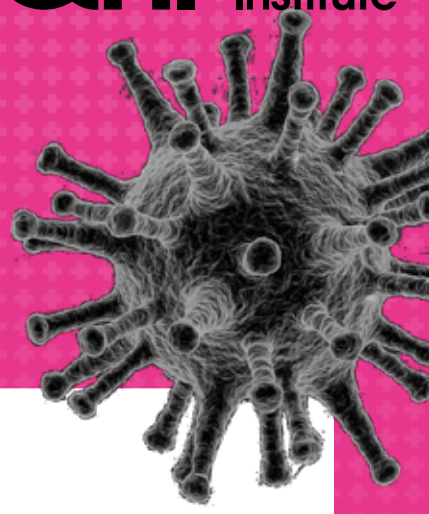
The Queen's Nursing Institute

Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

Creating a Care Home Testing Team



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Personal details

Name: Denise Broderick
Job title: Team Lead Permanent Placement Team
Employer: South Eastern Health & Social Care Trust

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Please describe your practice innovation.

I was tasked with setting up a team to respond to requests from care homes and supported living facilities to test those residents who were presenting with Coronavirus symptoms, in order to mitigate the effects of Covid-19 within the Trust area, where there are approximately 125 care homes and supported living facilities.

Fundamentally, this required the setting up of a team from scratch, along with a set of admin processes and associated logistics. For our team, we pulled together 13 staff (8 redeployed AHPs and 5 Clinical Nurse facilitators), an admin group of 7 staff and 2 bus drivers. Nursing staff required swab training, with extra training for the AHPs. The whole team was split, between 4 main sites, the coordination for training and deployment was understandably complex.

What we achieved was a highly functioning 7 day service, where we could deploy a testing team to a care home within a few hours of a referral, based on suspected symptoms. Positive results were communicated via lab, often arriving from the lab at midnight, and we could deploy a full home test (all residents and staff) on the following day in the event of a positive result.

Despite the understandable anxiety of our own staff, and learning as we went, we were commended on numerous occasions for our efficiency and our reassuring manner in dealing with elderly residents, who could be easily distressed. In the event, we have delivered over 6,000 tests across the Trust and at the peak of the pandemic, we were receiving numerous referrals per day, all of which required testers. We completed around 70 full home tests out of 125 care homes and supported living facilities visited.

It is worth noting that all this was scaling up while the pandemic was active, referrals were increasing and we were also trying to source adequate PPE for staff, manage training of our own and care home staff and manage infection control among the deployment teams and equipment. Along with this we set up working processes with NIAS (Northern Ireland Ambulance Service) to extend our ability to deliver. The core of the practice was the creation and implementation of the reporting system and its use in driving the testing regime.

Where care homes discovered a patient or staff member with suspected Covid-19 symptoms, they would make a referral to our team, who would then deploy to test referred individuals. Where one or more tests returned positive, this triggered a full care home test process where we would deploy our team, and test all staff and residents. Depending on the results, individuals or groups might then be transferred out of the home to special Covid-19 units, or in the case of staff, sent home to self-isolate.

To manage all this, we created a Process Map and for the sake of speed and simplicity this was based on a spreadsheet model, editable by multiple admin users. In addition we set up a BT text network to manage communication of results to care home staff. The Process Map collected incoming referrals and details. Test swabs would be dispatched to the lab and results matched against the referrals. Positive results would then trigger full home tests. Daily reports on tallies of tests taken and results were reported daily to senior management which allowed an overview of the Covid status.

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How has this enabled you to treat/support patients /residents/families/carers more effectively and safely?

By being focused as a single team, however remote, we were able to coordinate training and reporting through a single point of management, and by sourcing four vans we were able to deliver a very focused and efficient testing team in a dynamic way.

The responsiveness of the team and ready access to results helped alleviate fears and anxieties of residents, their families and staff. Access to information enabled decisions to be made to isolate or to move those who had tested positive within the home.

This reduced spread, minimising the outbreak and enabled support staff to support appropriate cleaning regimes in the affected care home.

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How has this enabled you to work more effectively with colleagues/partner organisations?

We worked closely with the care homes within the South Eastern H&SC Trust, with the microbiology lab and also with the Northern Ireland Ambulance Service in regards to home testing.

With our Process Map, all staff had centralised visibility of each stage of the process, allowing us to coordinate efforts across multiple partner organisations.

5/

Do you see this new way of working as a temporary adaptation to current conditions, or a permanent/evolving change?

We see what we have created as being temporary for the duration of the current pandemic, but beyond that it will exist as a management template should this or a similar, pandemic return in the future. In that respect we have created something enduring.

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Please describe any particular challenges you had to overcome.

We had numerous challenges to overcome. Admin - setting up a new admin process, a new email domain and BT text service for communication. Training for all staff and particularly AHPs who came from a completely different service and needed more input.

Testing on this scale was new and we needed to source what kind of tests were appropriate, what kind of swabs to use, forms to use and this required a lot of collaboration with the microbiology lab.

Managing remote staff and giving training and guidance in a dynamically changing environment where PHA guidance was changing regularly.

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Please describe any continuing challenges you would like to address.

Re-deployed staff need to return to their substantive posts and so we need to source new people. Given that the pandemic is ongoing, we need to continue to respond to whatever challenges that present. We have all been working above and beyond the call of duty, in some cases 14 hour days including weekends, and our challenge is to keep up the pace while avoiding exhaustion and burnout in the team. We need to manage the transition from 'crisis response' to a stable service. We need to manage the existing service gradually back to whatever becomes the new normal.

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Please list any websites, online platforms or apps that have helped you.

South Eastern Trust daily staff updates, PHA Daily update and website.

9/

What are the main pieces of IT or other equipment you need (e.g. digital camera, phone, laptop, iPad).

These have all been provided by SEH&SCT.

10/

Please give any individual examples, quotes or other information.

'Your team gave my team all the information they needed to set up. With this information, I was able to allocate a room for all the residents to come and be tested individually. Both staff who undertook the testing of the residents were gentle and kind with each resident and as a result all residents on-site (26) completed testing, with no distress or upset. This is an extraordinary achievement as all our residents have a diagnosis of moderate to severe dementia and despite full PPE, the tests were carried out in a calm and unhurried manner according to the needs of each resident.'

'Two mobile vehicles arrived in the car park well ahead of time to set up. The team were superb in dealing and reassuring each member of staff as there was some trepidation and stress regarding whether it was painful or it made you gag. The efficiency and coordination was exemplary. Staff were tested quickly with clear instructions from both testing teams. The teams were on site until 1pm and around 57 staff, including bank staff from Patient Experience and Redeployed staff all were successfully tested with absolutely no adverse effects. Clear information was given as to when and how the result would be available by a phone call to each member of staff personally. The feedback from all staff was very positive and I certainly picked up a sense of relief that finally staff from Care Homes have been tested. It is a credit to your team, through great leadership, communication, cooperation and engagement with my staff and residents that the screening process was a positive experience.'

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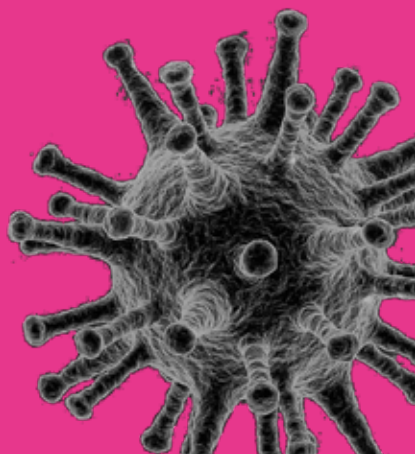
Feedback from Manager of a Residential Care Home