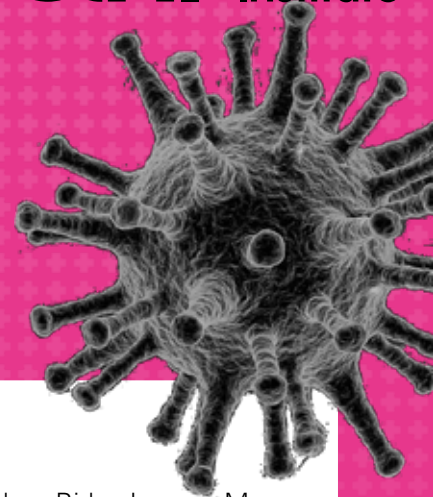
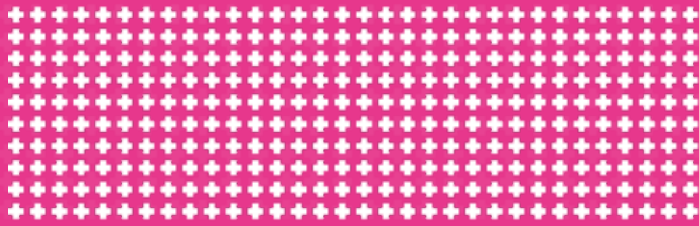


Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

Digital Technology and Remote Working in the Community



1/

Personal details

Names: Rachel Bailey, Lyndsay Birks, Leanne Morgan, Joanne Paterson, Stacey Moss, Ashley Howard, Julie Davies, Rob Ratcliffe, Debbie Maddox, Anne Roberts.

Job title: Clinical Leads across North Alliance of Midlands Partnership Foundation Trust.

Employer: Midlands Partnership Foundation Trust

2/

Please describe your practice innovation.

In the current climate with the COVID-19 pandemic, our community nursing teams have really had to embrace the use of digital technology, which we have previously been slow to uptake. Due to the limited numbers of staff being able to be in the office environment, so that social distancing measures can be adhered to, we have embraced the use of Microsoft Teams to complete handover, weekly team huddles, MDT meetings, training, supervision and internal conference calls.

The teams have also actively used Siilo (a secure medical messenger platform designed for healthcare professionals) to keep in touch with one another and securely discuss patient care in line with information governance and Data Protection.

Additionally, during the pandemic, we have now moved from completing paper-based documentation to utilising our Trust IT system 'RiO' for completing notes.

3/

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

Using this technology has allowed us to communicate important updates to staff more efficiently, ensuring that up to date information is reaching our staff on the frontline, to ensure patient safety.

Staff have been able to access training more easily online and have boosted their knowledge and skill set, which ultimately will enhance patient care and safety.

4/

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

This has enabled us to keep in touch with our key partners in the Primary Care Networks and discuss complex patient care when needed via Microsoft Teams.

Staff have still been able to continue to have regular clinical supervision even if unable to attend a face to face meeting, so that we can be aware of and address any issues and provide feedback.

Using 'Siilo' has enabled staff to keep in touch with one another, share and discuss patient information and offer support to each other where needed.

5/

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

Whereas face to face contact still remains important to most individuals, the use of this new technology has given us the ability to communicate with each other when we are unable to meet face to face whether because of social distancing or time/capacity issues, therefore we will be continuing to use these communication methods regularly once COVID restrictions have lifted.

6/

Please describe any particular challenges you had to overcome.

The only real challenge was ensuring the staff were able to use these systems effectively, so initially some staff required some increased IT support.

8/

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

Microsoft Teams, Siilo, Social Media outlets, Webinars
Local and national trust guidelines

7/

Please describe any continuing challenges you would like to address.

Remote connectivity.

9/

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

Laptop, Mobile phone

10/

Please email any images.



MPFT staff on Teams conference calls

“ The use of this new technology has given us the ability to communicate with each other when we are unable to meet face to face. Rachel Bailey

