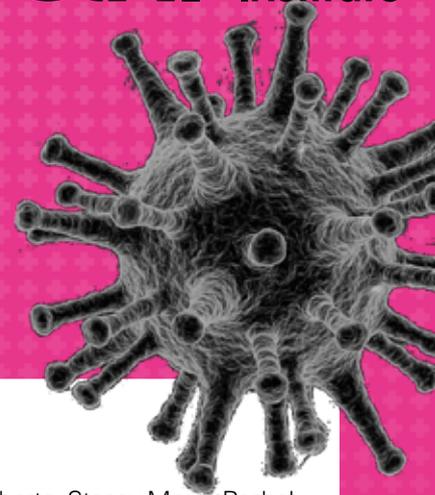
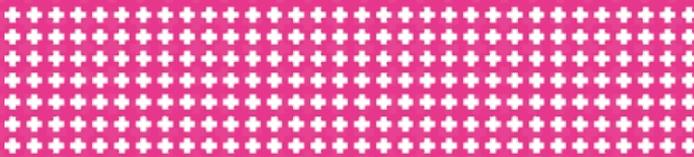


# Community Nursing Covid-19 Innovation/Best Practice

# CASE STUDY

## Personalised Care and Patient Empowerment during Covid-19



### 2/

#### Please describe your practice innovation.

Covid-19 gave us the opportunity to rapidly review our caseload to identify patients suitable to self care and increase patient empowerment in line with NHS Long Term Plan (2019) as well as maintain patient safety and capacity for our team to visit patients in response to the Covid-19 pandemic.

The allocation system and the knowledge we have of our patients allowed us safely to utilise the self-care guide developed within our Trust. Using emotional intelligence we were able to embed a personalised care plan with consent for all appropriate patients. These patients were educated to self manage, assigned quality assurance phone call support from a registered nurse who documented contact using a Trust developed telephone self care assessment form.

We formulated a spreadsheet to allow a snapshot look of which patients were self caring and how often telephone contact was required. This fitted very well for our nurses that are required to self-shield, in line with government guidance; however completing these phone calls to patients self caring helped maintain their skills and keep them as an integral team member.

The nurses have been able to work remotely, utilising digital tech to access records and daily virtual handover, huddle and supervision. Patients identified for self-care were those with leg ulcers who have good cognition, ample dexterity and able to safely mobilise to apply dressings, with telephone support. In addition, those patients receiving B12 injections were reviewed and joint decision with patients and their General Practitioner to assess their eligibility for oral vitamin B12 medication. This caseload review allowed our team to visit patients that were identified as high priority such as those requiring end of life symptom management and nursing care.

### 1/

#### Personal details

**Name:** Jo Paterson, Anne Roberts, Stacey Moss, Rachel Bailey, Lyndsay Birks, Leanne Morgan, Ashley Howard, Julie Davies, Rob Ratcliffe, Debbie Maddox

**Job title:** District Nurses **Employer:** Midland Partnership FT

### 3/

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

Having a high percentage of shielding staff has allowed us to develop patient empowerment through self care and to embed quality assurance through the use of digital technology and telephone communications to maintain those strong relationships we have with our patients who are able to self care, which subsequently allowed us as team to visit those reaching the end of their life in a timely manner as well as spend quality time with them during their visit knowing those that can be supported to self care can be using our nurses who needed to shield.

In addition this also upheld of nurses who need to shield to feel they are very much part of our team and providing an essential service to our patients. Using YouTube videos devised by our Trust and signposting patients to resources to aid their knowledge such as applying their hosiery correctly has helped maintain their overall health during this pandemic. Utilising Microsoft teams to continue with daily handover safely including the shielding nurses has enhanced communication and continuity for patients.

## 4/

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

Implementing self care regimes for patients has allowed us to work more efficiently and effectively for those patients that have rapidly deteriorating conditions or have become acutely unwell, to allow us to visit those that need our skills in a timely manner to either help treat them quicker to reduce the need for them to attend hospital or allow us to deliver end of life treatments and care they need to remain comfortable at home.

Digital technology has supported us to facilitate continuity of care, enhancing communication between us and the wider Multi Disciplinary Teams and specialist services to provide a seamless, joint working as best practice during these unprecedented times. It has been easier to connect to other professionals and build relationships. It is clear that our patients and team have been empowered; increased confidence through increased knowledge as well as building on new skills such as supporting patients over the phone, asking probing questions and recognising patients who may need more education or support to improve patient outcomes.

## 5/

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

COVID-19 has catapulted us to change our ways of work prematurely however patient empowerment through self care has always been a national and local driver to help sustain our NHS service provision. Therefore it is likely this will remain a permanent change. Our team have been challenged to empower patients who have been assessed as safe and able to do whilst maintain relationships and upholding quality assurance to allow us to deliver care and treatments to those who are reaching the end of lives as well as reduce the need of a hospital admission before they become acutely unwell.

## 6/

### **Please describe any particular challenges you had to overcome.**

Supporting our team to work differently, to be confident in both our approach and put confidence into our patients to empower patients, their carers and support network to promote a shared care approach to encourage patients to manage their wounds, increase their knowledge such as recognising the signs and symptoms of infection and act quickly to ultimately become the experts in their care. Handing over that full responsibility to patients takes experience and confidence by the nurse to those conversations and provide that education patients. This has been facilitated by regular team supervision over digital technology, shared learning, evidence base practice along with education from fellow MDT experts and through huddles and link nurse education.

## 7/

### **Please describe any continuing challenges you would like to address.**

Ensuring that we maintain this way of working and continue to look for innovative ways of working, the risk is that we fall back into previous working and we lose all the good practice hard work by all staff. We want to continue with staff/patient empowerment and continue this theme. We also want to push forward with the use of digital technology as without a doubt this has transformed the way our services works and we have rapidly achieved this progress.

**8/**

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

Microsoft Teams, and Siilo (secure messaging service), RIO software system for documentation, National guidance, NHS long term plan (2019)

**9/**

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

Mobile Phone with internet and a camera  
Laptop with Excel spreadsheets and RIO software system.

**4**

It is clear that our patients and team have been empowered; increased confidence through increased knowledge as well as building on new skills such as supporting patients over the phone, asking probing questions and recognising patients who may need more education or support to improve patient outcomes. Staff feedback

