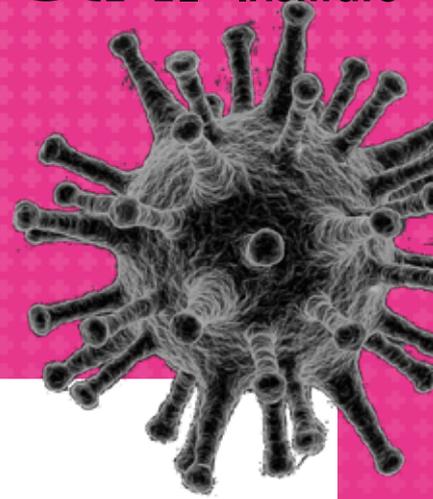


Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

Remote Working and Care Co-ordination in District Nursing



1/

Personal details

Name: Leigh Dillon

Job title: Clinical Service Lead for Planned Care, District Nursing

Employer: Royal Wolverhampton NHS Trust

2/

Please describe your practice innovation.

Due to the challenges faced because of COVID-19, it was quickly evident that the District Nursing Service would have to adapt the way it functioned, in order to continue to provide a safe service to vulnerable patients in their own homes. Some of the new ways of working are as follows:

Remote working

All registered and non-registered nurses have iPads; however the apps which were previously disabled were now enabled to allow the nurses to use Microsoft Teams (MST), FaceTime and the ability to take images. This allowed nurses to continue with safe handovers, by maintaining social distancing, as handover would be via MST. FaceTime allowed all nurses, especially junior staff, to contact a senior to troubleshoot, confirmation of wound categories and advice on treatment plans to prevent duplication of visits, aid patients to receive the most appropriate treatment plan in a timely manner and to support our workforce.

The photo enablement was a huge benefit, as we were able to get prompt images of wounds, COVID skin changes and end of life skin changes, which then allowed us to discuss with our Tissue Viability Team, again ensuring we were able to provide the most appropriate and safe treatment plan to all our patients.

Care Co-Ordination

As a community directorate we have collaboratively developed at pace a new central back office team, to help maximise the clinical time frontline staff have and reduce how many patients we have to reschedule, due to the high community demand. The Care Co-ordination team have taken on all triage as a single point of access, addressing and troubleshooting the callouts from patients to ensure we can relieve any anxieties or signpost them in the right direction, depending on their concern. The team were also working closely with the Community Matrons and Clinical Commissioning Group (CCG) around supporting and educating care home staff, who have experienced huge challenges during the pandemic. Collaborative working with Compton Care (Hospice)

Compton Care adapted their referral eligibility for their service during the COVID challenges, due to the high number of patients who were near end of life (EOL). This collaborative working has enabled us to share good practices between services, ensure patients and relatives have the best available EOL care to support them through this journey and unprecedented times. This has been a great help and definitely something we are looking to continue, as we feel we can continue to build and develop on the working relationships, the transition between palliative and terminal care, but also better use of resources.

Aspirant Nurses

Along with many Trusts, our Community teams welcomed five Band 4 Aspirant Nurses, who were existing 3rd year students. They have been an asset to our teams and have enhanced our workforce considerably. They have all now secured permanent Band 5 jobs within our community district nursing teams.

Practice innovation– continued.

Callout project

To enhance our efficiency and to enable us to visit all our planned care patients and operate in a safe and responsive manner, we have separated the way we handle and allocate callouts for blocked catheters, stat doses for symptom control and category 3 and 4 pressure ulcers that require a same day visit. These callouts now go to the community Urgent Care team. This has allowed us to concentrate on seeing our patients who are allocated in a timely manner to prevent further deterioration of their condition, improve patient outcomes and experience, reduce hospital admission and reduce the number of callouts we get as a result of rescheduling visits due to the unscheduled callouts.

Proactive working and Promoting self-care

To aid our efficiency of care delivery and enhance our capacity, we have looked at proactive work such as trials without catheter, Doppler assessments and educating and building confidence in self-care with simple dressings and insulins, both with patients and their carers/ relatives. This work has helped aid us to be more efficient in how we deliver a district nursing service but has allowed us to try new things which we will continue to build on in the future. #nogoingback

3/

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

The new ways of working above have enabled us to release additional capacity to meet the increasing demand on community nursing, prevent hospital admission and reduce the local acute pressures. In turn, vulnerable patients who have had to shield from friends and family have had the assurances and support of the district nurses to visit and help maintain their safety.

5/

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

The new ways of working will be a permanent change. We have other new ways of working in the pipeline such as systems and processes, centralisation as part of Community Transformation, all to develop and protect our workforce and enhance the service delivery for our patients.

4/

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

This work has enhanced collaborative working with care homes, Compton Care, specialist services such as tissue viability and other community teams. This collaboration has had patients at the centre of all we do, enabling us to continue to deliver an effective, safe, responsive and well led service, aiming to meet the needs of the Wolverhampton population and improve their outcomes and experience during this pandemic. I feel this pandemic has raised awareness of how much we need to ensure we can safely adapt to change and better utilise the resources available from all teams to ensure patients get the best possible service available to them.

We have also worked collaboratively with West Midlands Ambulance Service – looking at how we can reduce how many patients are conveyed to the emergency departments that could be better managed in the community by our experienced community District Nurses.

6/

Please describe any particular challenges you had to overcome.

The challenges we have had and had to overcome have been those of the staff. This pandemic has been challenging for staff also and amongst this we have pushed for teams to work very differently in order to continue delivering an effective service.

Technology use has been their biggest challenge, utilising remote technology for handover and senior reviews; however with support and time they have embedded this as part of their practice really well and have done a fantastic job in being resilient during a time that really counts.

7/

Please describe any continuing challenges you would like to address.

IT challenges are ongoing as we implement and embed new software systems. There will be ongoing challenges as National Guidance changes in relation to PPE use, clinical practice and shielding of staff/ patients are released.

8/

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

Microsoft Teams, POWWOW, E:Community, FaceTime.

9/

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

We need improved IT hardware; we currently use Apple iPads however these do not interface with all of the other essential systems that we use. This would require us exploring options for an Android tablet for all community nurses. Laptops for senior/ junior sisters may be required, as they are all being encouraged to work remotely; the use of better IT to enable them to do this effectively would be useful. This would then allow them to complete reports, rosters, and patient allocation from any location.

10/

Please give any individual examples, quotes or other information.

Video link: <https://youtu.be/lq-kUxNM2U>



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