Vision for Elderly Care Services

North Cumbria University Hospitals NHS Trust

J George, JM Orgee, JS Billett, DP Davies
N Russell, F Local, O Orugun
Cumbria has a greater proportion of elderly than national average

Patients > 85y spend on average 11 days in hospital (vs 3 days in patients < 65 y) and account for 25% of all hospital days

‘Trusts that provide early specialist geriatric assessment of old patients in A/E and short stay medical units achieve significantly fewer admissions and lower lengths of stay’*

*Foundation Trust Network Briefing Driving Improvement in Elderly Care Services, March, 2012
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Joint working between Primary and Secondary Care

Improves cost effectiveness of care and reduces admission rates*

*Kings Fund. Avoiding hospital admissions. What does the evidence say?, December, 2010
Joint working between Geriatricians and Surgeons in caring for elderly

Improves clinical outcomes

British Orthopaedic Association: The care of patients with fragility fracture (2007)

Summary

3 Strand Evidenced Based Vision & Focus for Elderly Care

- Early specialist intervention
- Surgical liaison
- Community geriatrics

Improved care
Better clinical outcomes
Reduced length of stay
Reduced mortality
Reduced admissions for elderly patients..

Greater financial return for Trust..
Ward Sisters presentation to update NCUH Trust Board about progress with Action Plan following the Care Quality Commission (CQC) visits to Cumberland Infirmary, Carlisle (CIC) and West Cumberland Hospital (WCH) in March and May 2013

Willow A – Ward Sister Amanda Miller
Elm A – Ward Sister Caroline Walker
Elm B – Ward Sister Barbara Kidd
Elm C – Ward Sister Julie Little
Maple C – Ward Sister Louise Fitzpatrick
Jenkin – Ward Sister Christine Musgrave
Gable – Ward Sister Lynn Morgan
Introduction by Lynn Anderson, Head of Nursing

Main Findings:

• Care and Welfare of people who use services: Moderate Risk
• Staffing: Major Risk
• Peoples personal records including health records, should be accurate and kept safe and confidential: Major Risk
Communication by Barbara Kidd, Ward Sister, Elm B

- **Patient**
  Visitor and family

- **Staff**
  Board to Ward
  Handover

- **Visitors and Relatives**
  Real time patient experience
Intentional Rounding and Care Rounding Checklist by Caroline Walker, Ward Sister Elm A

• What is it?

• Why we use it?

• When we do it?

• How we do it?
Staffing by Amanda Miller, Ward Sister Willow A

• Recruitment Drive
  Qualified and unqualified Nurses
  Ward Clerks

• Rostering presentation by Debbie Reape, Deputy, Director of Nursing, NHCT
  “Do my shift times and durations suit the patient care?”
  “Am I getting the best use of the Nursing Resource – can we afford not to?”
Why good rostering

• Safety
• Legal record
• Consistency/continuity of care
• Staff
• Legal reference document for today and in the future
Tissue Viability progress by Louise Fitzpatrick, Ward Sister, Maple C

- Reassurance to Trust Board that all Care of the Elderly Wards at NCUH have a designated Tissue Viability Link Nurse responsible for ensuring up to date information is cascade to the teams.
- Willow A - Ward Sister Amanda Miller
- Elm A – Staff Nurse Janice Armstrong
- Elm B – Staff Nurse Ann Willis
- Elm C – Staff Nurse Dot Frazer
- Maple C – Staff Nurse Rebecca Irwin
- Jenkins – Staff Nurse Anne Moore
- Gable – Staff Nurse Angela Slattery
Tissue viability continued

• To date 59 Registered Nurses in Care of the Elderly have completed 2 hours face to face training update with Fiona Kelly, Tissue Viability Nurse (TVN).

• Further training sessions have been arranged to have compliance of 100% by end of July 2013.

• Tissue Viability Nurse Specialist, Matron, and Ward Sister’s are checking daily, 3 sets of documentation to ensure standards are being maintained.
Summary

• We have been able to share with you the main aspects of the CQC Action Plan, however there is a lot of good work going on to ensure that we continue to improve our patients stay on the Care of the Elderly Wards at NCUH.

• Staff Nurse Gemma Lumsden, Maple C would like to finish with a patient story.
• Thank you

• Any questions?
Finally….

• We would like to leave you with 3 positives we have experienced from the CQC visit.
Positive Changes:

INFECTION CONTROL
• Positive audit feedback from external infection control nurse

COMMUNICATION
• Weekly ward meeting, staff feel more informed.
• Staff have picked up again with productive ward and feel more positive and motivated. However still lots to happen with alterations etc

DOCUMENTATION
• Sister/Staff nurse auditing 3 care plans daily to ensure pressure area care documentation and care appropriately done
• Positive audit feedback from Helen Maughan

ROTA TRAINING
• Staff discussing skill mix and need to complete rota to care for patients and Sister feels supported to do this. Staff more aware of request system
Lynne Morgan Ward Sister, Gable Ward, WCH

- Weekly ward meetings for all staff to be updated
- Use of the new intentional rounding form every 2 hours on the ward for all patients
- Documentation checks on a daily basis which will help to improve documentation as a whole on the ward.
Caroline Walker, Ward Sister Elm A

3 Positive changes:

• Staffing

• Intentional Rounding — this is a prompt for all staff to go back and check on the patient, we feel we have always done this but now we have a tool to record it. Still working on this and sometimes when we have a lot of bank staff this is more difficult to complete.

• Communication — staff feel they know more about what is happening and feel they are being listened to and valued. If they feel there is something that can be enhance patient care they feel more confident to speak up and say we want this and it will be listened to
Amanda Miller, Ward Sister Willow A

3 Positive changes:
• Staffing – addition of Consultant Joanna Cox
• Communication – commencement of weekly staff meetings positive feedback
• Record Keeping – Pressure sore audits carried out daily by sister or nurse in charge. 13 out of 15 trained staff have attended face to face training with Fiona Kelly
Louise Fitzpatrick, Ward Sister, Maple C

3 Positive changes:

• Improved communication through the use of weekly meetings and communication board
• All qualified staff now tissue viability trained
• Better documentation & record keeping with regular checks to ensure standards are maintained.
3 Positive changes:

• Staff feel more informed as a result of the weekly meetings and communication book
• Relatives seem more relaxed and appear to appreciate the visibility of staff as a result of “visitor rounds”
• Staff feel the water coolers will benefit both staff, patients, and visitors when in place
3 Positive changes:

• Introduction of Intentional Rounding
• Review of all documentation
• Tissue Viability Updates