

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

Facts

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’*

Facts

Cumbria

has a greater proportion of elderly than national average

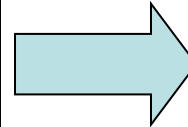
Patients > 85y spend on average 11 days in hospital
(vs 3 days in patients < 65 y)
and account for 25% of all hospital days

Joint working between
Primary and Secondary Care

Improves cost effectiveness
of care
and reduces admission rates*

Facts - Surgery

Joint working between
Geriatricians and Surgeons
in caring for elderly



Improves
clinical outcomes

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

*NCEPOD Report, Elective and Emergency Surgery in the Elderly:
An Age Old Problem (2010)*

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..

North Cumbria University Hospitals



NHS 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

North Cumbria University Hospitals



NHS Trust



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 on 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?

North Cumbria University Hospitals



NHS Trust



Finally.....

- We would like to leave you with 3 positives we have experienced from the CQC visit.

Barbara Kidd, Ward Sister, Elm B



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.



Julie Little, Ward Sister Elm C

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



Christine Musgrave, Ward Sister Jenkin Ward, WCH

3 Positive changes:

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