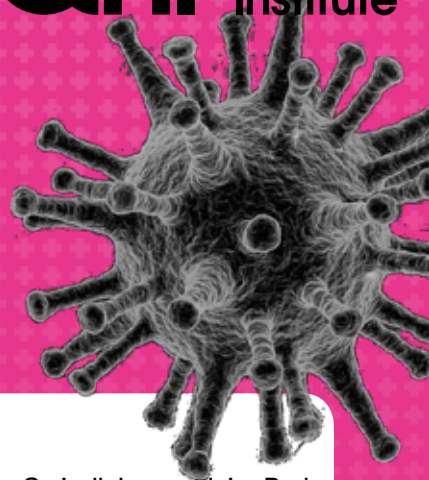
The Queen's Nursing Institute

Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

Keeping the most vulnerable safe during the pandemic on the Isle of Man



1/ Personal details

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Please describe your practice innovation.

The Isle of Man (IOM) is a Crown Dependency, an independent jurisdiction, with the UK providing defence and diplomatic services. The IOM Government's priority throughout the Covid-19 outbreak has been to protect the health of the Island's community and help everyone to stay safe.

Level 4	Level 3	Level 2	level 1	Level 0
Lockdown	Stay at Home	Stay Safe	Stay Responsible	Pandemic Over

The Government is committed to supporting people across the Isle of Man and to keeping our most vulnerable sector of society safe from the Covid-19 virus.

Integrated Community Care Covid-19 Response

The community part of the Manx Health and Social care system, including the private and third sector organisations contracted to provide direct care, created a coordination group, 'Community Operational Bronze,' to discuss key issues, challenges and ideas and collectively agree a way forward for approval by the clinical and governmental committees. The group enabled an integrated Covid-19 response, enabling real time learning and effective care in the following areas:

Community Swabbing Team

People are referred for testing by clinicians at the Covid-19 111 helpline to either a mobile testing unit enabling them to be visited at home, or at a central drive-through hub for the community.

Contact Tracing

Under the oversight of Public Health and Environmental Health teams with strong collaboration from the Government Technical Service, real time contact tracing was established from the first confirmed person with Covid-19. The system grew from an initial Health Protection model on paper, to a large database integrated with information from the 111 call centre.

Community Covid-19 bed facilities

A former rehabilitation unit within the hospital grounds was transformed to create a 50 bed Covid-19 unit, including a step up and step down for people recovering and discharged from the main hospital building.

Covid-19 Home Assessment and Treatment Team (CHATT)

This was created to work alongside GPs and other community professionals to provide home based care to people who tested positive for Covid-19 (or suspected cases) and required some level of support to remain in their own home. The aim was to divert demand away from the hospital, in order to protect capacity for those who were severely unwell and required specialist intervention.

Early in the pandemic the IOM closed its borders, leaving some Island residents stranded. When repatriation commenced the team provided healthcare and wellbeing checks to returnees during their quarantine period.

Care Home Assessment and Rapid Response Team (CHARRT)

This was created to provide proactive support to Government, private and third sector owned care homes. Support was given through a series of discussions, infection control visits and medical reviews. Additional support was provided through a rapid response team in the event of a resident or service user contracting Covid-19. The team supported a total of 25 nursing and residential homes, 16 sheltered housing complexes, 28 community learning disability homes, 1 supported living complex for people with mental health needs, and 1 supported living complex for people with physical disabilities. This paper focuses on the CHATT and CHARRT part of the response.

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

Packs were put together and cars prepared by CHATT; packs comprised all PPE for the joint visiting of patients in their own home. The team were prepared to take swabs, blood samples, assess the patient, prepare care plans, prescribe medication and care for the patient in their own home. This included nursing care, social care for those who may improve, and palliative care and verification of death for end of life patients, to try to minimise the number of personnel visiting each patient's home.

Packs comprised stethoscopes for initial assessment and verification of death, Pulse Oximeters and disposable thermometers so that patients who were well enough could monitor their own observations and telephone CHATT to inform staff of changes to their condition – and enable nurses and carers to chart progress. 'Just In Case' boxes were obtained in order to keep drugs securely, to treat symptoms and/or provide palliation. It was decided to revert back to paper documentation and this was included in the packs as not all practitioners use the same electronic systems. Having cars and packs prepared enabled swift and efficient response by CHATT: using one set of equipment in the patient's home was deemed safer (less risk of cross contamination); reverting to paper documentation was safer as all practitioners could quickly see the latest episode of care from other professionals.

Fortunately the number of people requiring care from CHATT was very low, so the team was tasked with supporting repatriated residents returning to the Island, who were required to quarantine for two weeks in a local hotel on arrival. The IOM Government made daily announcements on local radio with frequent updates for all Island residents, therefore for staff delivering care and support, processes had to be adapted frequently too in response. Later arrivals were allowed to self-isolate/quarantine in their own homes for two weeks, as long as nobody else resided there. Registered nurses, carers and a social worker were all involved in providing support for these people. The RN rang the repatriated people; if they required social care, a telephone call was made, if they needed social worker input a telephone call was made, negating all the usual form-filling and referral systems. Everybody had access to patient details within CHATT and just one system was used to record patient interventions.

Key questions in the CHARRT process were around wellbeing of care home staff and residents. By helping care home managers to feel more supported, they in turn were better able to support their staff. The CHARRT team recognised that a response to a Covid-19 situation would only be effective if staff remained well and supported. There was a lot of fear around nosocomial transmission, but having the infection control nurses as part of the team, cascading training on IPC and PPE really helped their confidence.

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

CHATT comprised General Practitioners (GPs), experienced Registered Nurses (RNs), Community Support Workers (CSWs) and Social Workers. It provided the opportunity for joint working between all health and social care professionals; a Standard Operating Procedure (SOP) was drawn up with input from all and also included advice around End of Life medication from the local hospice.

It had been agreed that they would continue to care for their own End of Life patients and CHATT would provide nursing and social care for Covid-19 End of Life patients. A new community geriatrician had been in place shortly before the pandemic and he was also involved in the preparation for CHATT. This has fostered links with Long Term Conditions Coordinators and District Nursing Service and they will continue to work closely together, with the introduction of intermediate care. All disciplines demonstrated appreciation of each other's work as well as valuing each other's opinion and input.

In preparation for the management of Covid-19 in the community, the work normally carried out by CSW was replaced by salaried carers from the voluntary sector, freeing up time for caring for Covid-19 people at home. This temporary swapping of roles has enabled the voluntary sector to appreciate the day to day work of CSW; this created challenges but led to more cohesive working.

There was anxiety about the challenges that might be faced by various members of the team and to try to allay

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

some of these fears, an education afternoon was set up. An Emergency Department Consultant gave a presentation about how Covid-19 may be spread and how donning and doffing Personal Protective Equipment (PPE) in correct manner protected staff. We then offered one to one demonstrations and were prepared to continue doing this as required. Keeping staff informed and feeling safe was a priority. Joint visits were encouraged with an RN doing a first visit with CSWs for them to gain experience, confidence and ensure competence. RNs within the team were also taught verification of death, a new responsibility for community nursing here; but it would lessen the number of professionals in the home and therefore lessen nosocomial contact.

The CHARRT process enabled re-engagement with care home managers across Government, private and third sector homes. Previously the majority of contact had been through the Registration and Inspection Unit, which does not have a supportive advice function. The CHARRT process also created an opportunity for Infection Control Nurses to engage directly with caring and housekeeping staff across homes to provide practical advice. There was also an opportunity to engage with the home managers, and third sector organisations supporting people with learning disabilities, and include them in the process.

The Medical Reviews of the CHARRT process identified that many residents and service users did not have existing advanced care plans in place. This created an opportunity to engage with the charitable hospice organisation on the Island to roll out further trainings to care homes, including specific ones for managers of learning disabilities homes.

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

Community Swabbing will continue as part of the ongoing DHSC Covid-19 screening and prevention activities. Discussions are happening about care home staff being trained to undertake the swabs themselves for residents of care homes, with district nurses undertaking swabs of people at home.

The preparation, delivery and evaluation of CHATT will enable future planning to occur in a more propitious manner in the event of a future outbreak occurring. CHATT has now disbanded as such, but staff members have met for debrief and are more aware and respectful of each other's roles and responsibilities. They are also aware that can share these roles and begin to work more closely together as part of the integrated care that will now be rolled out more quickly on the Island. There is now an SOP for Verification of Expected Death by Registered Nurses; the education will be offered to all experienced RNs working in the community.

CHARRT has shown that care homes are grateful for advice and support with challenges and appreciate having someone to turn to with questions. There is an acknowledgement that this role is different to the function provided by Registration and Inspection, and there is a long term recommendation for CHARRT to be continued in some capacity, possibly through MDTs and improved integrated community care.

Residential homes for older people and Community Homes for People with Learning Disabilities do not generally have staff with a registered clinical qualification on their teams. This poses challenges for managers in relation to possible future cases of Covid-19 on the Isle of Man, particularly if a resident or service user tests positive. Many LD service users with complex behaviours, in particular autism, do not cope well in the hospital setting and find having care provided in their home by staff who they know well easier.

Following the CHARRT team process, managers will ensure that all complex residents will have up to date advanced care plans. The CHARRT team recommends a long term connection for the CHATT team to continue to support and mentor care workers to deliver medical interventions that might be required in the event of a Covid-19 outbreak. The lessons learned in setting up CHATT and CHARRT will be the basis for ongoing work around the establishment of an Integrated Care System on the Isle of Man.

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Please describe any particular challenges you had to overcome.

CHATT was a new team of different professionals; the Team Leader had been a lone worker for five years and had to bring leadership qualities to the fore in order to gain the trust of the team, allaying the anxieties of the team as a whole. Some were afraid of catching Covid-19 and passing it onto more vulnerable members of their family. Others needed encouragement as they felt they were not as senior as others; they had to be reassured that every team member was valued and capable. We were lucky to be able to use a workshop for people with Learning Difficulties, which kindly lent us space as a base to work from. We shared the building with the swabbing team and had a kitchen, washing machine and shower facilities.

Technology was probably the greatest challenge; we worked closely with the technical support team and with administration to add CHATT to our recording system and the whole team were given access to it. We also worked with administrators to produce a spreadsheet to attempt to capture all the data. There was some discord within the RN team as some felt unsure who led the team, as we had a Project Lead, Service Lead for Community Nursing and Team Leader. We overcame this by these three colleagues and the Team leader for CSW, social worker and a Senior Manager meeting on Microsoft Teams and the Team Leader cascading down to rest of CHATT.

Gaining the trust and confidence of care home managers in opening up their homes to the various CHARRT teams was a challenge. Obviously anyone entering a care home can pose a risk in terms of transmitting covid-19 to residents and service users. Many managers had not let any external professionals into their buildings since the start of the pandemic; some non-clinical trustees took a while to understand why visits to the homes were necessary, and two homes locked down their homes completely with staff staying inside.

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Please describe any continuing challenges you would like to address.

Ensuring a similar and continued level of support in the event of new cases of Covid-19 being identified on the Island, whilst having a limited staffing resource. All staff involved in community swabbing, the community Covid-19 ward, CHATT and CHARRT were redeployed from their normal functions and roles in the DHSC. The challenge for managers is to maintain a scalable process with an available team that can adapt and respond in the event of renewed transmission on the Island.

Before the pandemic, managers of nursing homes had a forum where they could exchange information and support each other. There is some reluctance by nursing home managers to include residential home managers in the same forum, but through the CHARRT process it was identified that having access to wider support would be very beneficial for all managers of homes. In addition, LD home managers do not have a forum. It would be beneficial for the members of CHATT to communicate more with nursing and residential homes to promote joint learning between the homes and community and put patients at the centre of care. Stronger Governance, enabling patient-centred data sharing between professionals, whilst DHSC works towards one system of patient records on the Island, should be achievable.

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

Microsoft Teams: Documentation sharing and collaborative reporting. Remote meeting management.

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

Mobile Phones, Laptops/ tablets. Just In Case boxes were created with thermometers, pulse oximeters, stethoscopes, for initial diagnosis, patient self-management and on-going care.

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Please give any individual examples, quotes or other information.

'It was a very scary time for everyone and we asked ourselves so many times, were we doing everything we could to prevent Covid entering the home, it was nice to have you all behind us and indeed ready to help.' Care Home Manager.

'Grab the opportunities that crisis/change offer. This was great for personal development, networking with new and old colleagues, working with other disciplines and redeployed staff, adaptability, compromise, conflict resolution, working outside of your comfort zone, leadership development.' Community RN.

'We were mentally prepared for a busy, emotional and challenging role but this did not transpire leading to a rollercoaster of feelings' Community RN

'Positive relationships (approach of integrated working).' Social Worker.

‘ It was a very scary time for everyone and we asked ourselves so many times, were we doing everything we could to prevent Covid entering the home, it was nice to have you all behind us and indeed ready to help.
Helen O'Connell