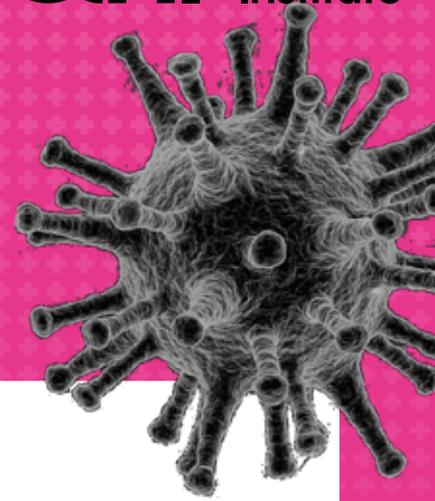


Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

Supporting More Children in the Community Setting in Bedfordshire



1/

Personal details

Name: Sian Hooban QN

Job title: [Interim] Service Manager Community Children's Nursing Team

Employer: Cambridgeshire Community Services NHS Trust

2/

Please describe your practice innovation.

Put simply, our children's community nursing service in Bedfordshire is supporting more children due to an extended service offer. The need for 7 day provision to support children with specialist needs at home has become even more evident in response to the Covid-19 pandemic.

Since March 2020 we have been offering an extended 7 day service to accommodate the care needs of children from Bedford Hospital to a safe community alternative. This means that these children are home and in familiar surroundings faster if they are coming out of hospital. Also once with our service, these children will avoid further admission to hospital as far as possible.

We identified that in order to safely resource a 5 day service and extend provision to 7 days, an additional 7.1 WTE specialist children's nurses were required. With this in mind, colleagues from across the Trust (Cambridgeshire Community Services NHS Trust) were re-deployed from the 0 – 19 service and existing CCN responsibilities, such as special needs school nursing, to facilitate the service.

This has allowed us to not only support children safely at home, 7 days per week, it also has been an opportunity to support more children with different types of specialist needs.

3/

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

During the first seven weeks of the Covid-19 pandemic, the service has been able to:

- Train and support 10 colleagues, redeployed to the team, to ensure safe nursing care for children, young people and their families through the development and introduction of rapid training plans.
- Deliver and sustain a 7 day service.
- Accept referrals for 33 specialist patients they previously would not have the capacity to support.
- Accept referrals for presenting conditions included rheumatology, cancer and cystic fibrosis.
- Enable hospital discharges from local and tertiary hospitals to the CCN team who would have otherwise had their hospital stay extended.
- Support the neonatal team to discharge premature babies earlier than per usual pre-Covid-19 pandemic practice.

4/

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

Introducing the extended service means we have been able to work more closely with our acute providers and tertiary centres, to enable more children and young people to access care closer to home. We have enabled further training and development of our own team in terms of more specific diagnosis (e.g. Oncology) and introduce clearer care pathways for discharge.

5/

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

The case for increasing investment into the children's community nursing service, identified through this new way of working, supports national and local strategic priorities and is in line with the outcomes set by Bedfordshire Clinical Commissioning Group. Care closer to home is a national directive with hospital avoidance and improved outcomes for CYP and their families the intended consequence. As a result we have been invited to submit a business case with the aim to secure recurrent further funding in the team, and have been enabled to recruit into the required posts

6/

Please describe any particular challenges you had to overcome.

The initial challenges were identifying and recruiting enough suitable nurses who could be redeployed to the team and have the training and competency assessments required to ensure they were all able to deliver current evidence based care. Our redeployed colleagues were working in other areas of nursing including diagnostic specific roles and 0-19 services, so their clinical skills may not have been used in some time.

In order to ensure early and safe discharges we had to work with the local acute provider pharmacy team to introduce a 'stock' of medication at the CCN office so that we could dispense against a hospital prescription. We also needed access to the hospital laboratory systems to ensure that the increase in samples we were taking could be managed in the safest and most effective manner.

We introduced daily virtual huddles, along with a manager and lead of the day to coordinate referrals and workload, to address the increase in remote and mobile working. The introduction of the manager of the day also ensured we were able to have visual and accessible leadership at a time of rapid change and challenge.

We are also aware of the fatigue bought about with extra duties, changes to pathways and general staff morale, which started at quite a high level of energy. However fatigue did set in as time went on, so we have increased virtual team building and social events.

7/

Please describe any continuing challenges you would like to address.

The limited pool of appropriately trained nurses to work with sick children in the community will continue to be an issue. However with the correct preceptorship and support to transition will ensure safe practice continues.

8/

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

AccuRx
Microsoft Teams

9/

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

Increased use of mobile technology including access to video conferencing and virtual clinic capability.

“ The CCN team made such a difference to me and my family.
Young person aged 14



10/

Please give any individual examples, quotes or other information.

'The (CCN) team made such a difference to me and my family. They helped me feel safe to go back to (mainstream) school. It really helped me feel I could do things I didn't think was possible when I was so ill. Afterwards, being seen before/after school was really helpful, mum could take me easily, get to work and I didn't miss as much time out of school (although I don't mind that!!) compared to when I have to go to hospital to have the same things done.' Young person aged 14

'The CCN service has been spectacular in the support and flexibility available. When we first came out of the specialist hospital I couldn't imagine how we would ever manage at home but after the first meeting with the CCN she gave me confidence to know it was all going to be ok and I'd have support locally to manage a (sick) child.

'The team [CCNs] are such a child led service, giving my son time to be in control and empowering him to be responsible, rather than seeking her approval for everything, which is really important to help her empower him as he moves towards adulthood.

'It's easy to navigate the system - after 1 phone call to explain what she needed the appointment was booked - no being pushed from pillar to post or chasing things up.' Mother of YP aged 14

Staff Reflection relating to a different child

Patient Need

Friday 4pm - referral received from Children's Assessment Unit - once daily intravenous antibiotics for a child aged 5 years 1 month. Already had 4 doses during inpatient stay due to severity of infection and exacerbation of underlying endocrine problem, requiring intravenous fluids to maintain low blood sugar levels caused by infection. Child refusing oral antibiotics, which would usually have been clinically appropriate, but due to her underlying long term condition it was not appropriate to stop the medication altogether.

Outcome

CCN team accepted of facilitated medication from ward stock and planned visits for the remaining 3 days treatment. Child was discharged from hospital care.

Analysis

Prior to CCNs working weekends and holding ward stock of IV medication, this child would not have been referred to us as the child's treatment would have only reduced 1 ward visit at most. The time it would have taken ward staff to facilitate a prescription would have taken longer than the time saved to give 1 dose of medication on the Monday.

Benefits

Saved hospital attendance x3

Saved pharmacy time as medication dispense medications

The child was able to leave hospital 3 days earlier, treatment given at home as it was a weekend, but would have been in clinic if Mon-Fri. Children recover better at home. Impact of caring for sick child and hospital attendances on parents and siblings was reduced.

