Patients to get better care

Patients with long term conditions visited by the district nursing team in the Haddington area to have improved care

This will be achieved through better assessment and clinical decision making by district nursing team members, through the introduction of the standardised clinical observation tool, the National Early Warning Score (NEWS), into routine district nursing practice over the next six months.

This has come about in light of findings from a recent literature review on clinical decision making in nursing which highlighted that discrepancies exist between the decisions nurses make given the same information. Reasons for this include the context in which the decision is made (Gillespie 2010, Smyth and McCabe 2017), the characteristics of the practitioner (Tiften et al. 2014), the tension between the hypothetico-deductive model of reasoning versus heuristic reasoning (Thompson et al. 2013) and dual process theory (Cohen 2011). Furthermore, a recent systematic review of patient safety measures in primary care has highlighted a paucity of evidence based tools which support objective surveillance (Hauton et al. 2016). The most common misdiagnoses and errors in primary care in the UK relate to infections, trauma, cancer and cardiovascular disease detection (Singh et al. 2017) and this can be compounded by fragmentation of services and a lack of continuity of care (Rount et al. 2013). Many clinicians remain ignorant of their performance which can lead to a misplaced sense of competence and perpetuation of the problem. District nurses are privileged to see patients in their own homes and this can give valuable context to the observations made (Silverston 2014), support the formation of shared care plans and the involvement of patients in their own care (Lette et al. 2017). This special relationship in turn can support good communication and trust, which is crucial in effective history taking (Snadden et al. 2013) and the continuity of care inherent within district nursing. This can also promote the recognition of changes in patients with multi morbid conditions over time (Stolk et al. 2017) however, all clinicians need sound clinical judgement to promote safe practice, best patient outcomes and avoid heuristic practice (Crosskerry and Nimmo 2011, Thompson et al. 2013) and must practice effectively and preserve safety (NMC 2015). Variance in practice can be mitigated by the use of standardised assessment, (Singh et al. 2017).

The Haddington District Nursing caseload

Referrals to the Haddington District Nursing caseload come from GPs, secondary care, social work colleagues, patients themselves or family members. The demographics of the Haddington caseload can be seen in figure 1. Figure 2 outlines the long term conditions of the patients seen and figure 3 identifies the number of conditions per patient.

Implications for District Nursing Practice

Sepsis can occur in any clinical situation, usually from a localised infection, and can progress to systemic inflammatory response syndrome (SIRS), multi organ failure and death (ISE 2005). Any delay in the identification and treatment of sepsis renders the patient at greater risk and the incidence of sepsis is increasing because of a growing elderly population, an increased number of immuno-compromised people and increased bacterial resistance. Important co-morbidities which make people more vulnerable to sepsis seen within the Haddington district nursing caseload include a high percentage of elderly patients, diabetes mellitus, skin trauma, chronic disease, indwelling urinary catheters and people with palliative care requirements.

Currently, clinical assessment of a patient’s wellbeing is at the discretion of the nurse undertaking the visit and although this will include use of several assessment tools such as the Risk Assessment Bundle, wound management charts, and conformation assessment charts it is the interpretation of the nurse which will decide when the patient’s condition may require referral to the patient’s General Practitioner (GP) for further assessment. At best, this system will work when the nurse and patient know each other well but will still rely on the receptivity of the GP for further action.

NEWS is a standardised clinical observation tool for adults which can be used to assess acute-illness severity through the calculation of a score based on the routine recording of a patient’s respiratory rate, oxygen saturation; temperature; systolic blood pressure; pulse rate and level of consciousness or new confusion (Royal College of Physicians (RCP) 2018). The score reflects the patient’s variance from the expected norm and guides the escalation required for ongoing care. NEWS was developed to promote a consistent clinical language and facilitate education (RCP 2012) and has been adapted for district nursing practice. Nursing through use of the escalation tool (Figure 4). It is proposed that all patients seen by the district nursing team should have their NEWS observations checked on admission and at subsequent visits so that immediate referral for further care can be made informed by their NEWS score. This will be enhanced further by using the SBAR-D model to enhance communication. Table 1 outlines the actions required to introduce and nurture NEWS within the practice area.

The future

Since its tentative beginnings in the 1850s District Nursing has been constantly evolving (Nanco et al 2008, QNI 2015) and whilst the core value of providing skilled and person-centred nursing care to people over the age of sixteen who are unable to attend their GP surgery remains (QNI 2015), a recent directive from the Scottish Government (DNOD 2018) has identified that the role of the District Nurse is to be refocussed. This enhanced role will furnish District Nurses with an improved range of clinical decision making and assessment skills informed by a bio-psychosocial model. This will augment the role of Specialist Practitioner District Nurses who are skilled in caring for people with long term conditions and lead teams of skilled nurses who are able to develop their role to meet these changing needs. Patient safety is paramount and use of a recognised clinical indicator such as NEWS could enhance nursing assessment and the escalation and referral process. As district nursing caseloads are comprised of people with a variety of long term conditions and multiple co-morbidities who are vulnerable to complications from each or all of their conditions it behoves district nursing team members to be vigilant in their care (White and Witts 2013). The introduction and maintenance of NEWS as a standardised assessment tool coupled with a “guardian approach” to the establishment of this should go some way to address this requirement.

References

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Figure 1: Patient conditions seen by the Haddington District Nurse Team

Figure 2: Numbers of conditions per patient within the Haddington District Nurse Team

Figure 3: Patient conditions seen by the Haddington District Nurse Team

Figure 4: District Nursing Escalation Tool

Table 1: Action plan to support the introduction of NEWS to the Haddington District Nursing Team

No. | Development Activity | Target Date
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1 | Contact the MND Lifeline Quality Improvement team to seek approval for proposal and gain access to documentation. | March 5th 2019
2 | Attend Haddington-GP Forum to present, evaluate and discuss the introduction of NEWS in the district nursing team. | April 15th 2019
3 | Scope team leaders and advocates of NEWS (local education sessions have been held with CNOD team) to enable CN ED learning and retain as sharing their experience. | April 15th 2019
4 | Utilise a person-centred approach to building confidence in team members informing the practice of “regardful relationships” (Davis et al. 2016) to foster vitality in this context. | Ongoing
5 | Utilise a congruent leadership style (White 2015) to model and support the introduction of NEWS into care practice. | Ongoing
6 | Support district nursing teams to utilise NEWS as a core measurement at each district nursing team meeting and feedback at district nurse forum. | Ongoing
7 | Utilise the practice to collect data and demonstrate and reinforce positive outcomes of using NEWS. | Ongoing
8 | Share with colleagues at interpersonal and networking inter-disciplinary, e.g. Senior Nurse Forum, District Nurse Cluster meetings, Professional Forum. | May 2018 Ongoing
9 | Implement and disseminate relevant and alternative information to the NHS Lothian District Nursing Improvement Facilitator for security. | Ongoing

![IMAGE](image_url)