The Queen's Nursing Institute

Transition to District Nursing Service

Contents

Section B - Working in the community nursing setting

Chapter 6 - Team Working and working with other professionals

The aim of this Chapter is to:

- Explore the benefits of working as a team member
- Recognise the importance of working with other professionals in the community
- Understand the importance of various forms of communication in the community setting for effective patient care
- Ensuring we have the right staff, with the right skills in the right place

The QNI has been campaigning for the right balance of skills in community healthcare teams – the Right Nurse, Right Skills Campaign has been running since 2012. If more care is going to be delivered in the community, including in nursing homes, it is vital that there is more investment in well trained staff, including nurses, who have the time and the expertise to give high quality, compassionate and person-centered care to the most vulnerable members of society (QNI 2012). This complexity of district nursing care is highlighted by the work of the QNI (2011) including assessing complex needs, risk assessment, leadership and management, application of specialist knowledge and skills, with the ability to work collaboratively across and within organisations.

Collaborative ways of working

'Collaboration is the act of coming together and working with another, or others, to create something that goes beyond the ability of any one person to produce.' (Teatro, 2009).

Genuine collaborative working is the coming together with a common purpose with clear goals. Multi-disciplinary teams work with the sole purpose of delivering effective care to the patients and clients on their caseload. This is not just a matter of being told to carry out a certain task; it involves discussion and debate about what is best for the patient/client. All members of the team should be involved in the discussion as every team member will have a valuable contribution to make. The philosophy of collaborative working should be to ensure that the patient is at the centre of all discussions and their need should far outweigh those of the professional involved in their care. There should be clear links between public and voluntary services so that a whole systems approach to care is carried out. Access arrangements and clearer discharge planning are essential to a successful whole systems approach to care.

It is well documented that integration of services is needed to provide joined-up care for patients at best value (DH, 2013). The Transforming of Community Services (DH, 2011) focuses on developing and supporting people to design, deliver and lead high quality community services. This cannot be done in isolation, but needs effective team work and a highly skilled workforce to care for the complex needs of many of the patients in the community.

‘Currently the District Nursing team and the General Practice Nurse team usually work independently of each other.’

The District Nursing Service Model as mentioned in Care in local communities – A new vision and model for district nursing (DH, 2013) focuses on the following areas:

- Population and Case load management
- Support and care for patients who are unwell, recovering at home and at end of life
- Support and care for independence
- A number of District Nursing teams have a triage system so that the appropriate member of staff can be called upon when a new patient requires a District Nursing team intervention. This also prevents the District Nurses from being interrupted whilst they are on visits.

Find out if your District Nursing team uses a triage system. How does your District Nursing team organise:

- Population and Case load management
- Support and care for patients who are unwell, recovering at home and at end of life
- Support and care for independence

Over recent years new roles have emerged within the community workforce and some of these may now become part of the District Nursing team. The assistant practitioner has long been a member of the District Nursing team, previously known as the health care assistant (HCA). Some areas have Primary Care Navigators who work within the Primary Care setting - they may not be directly part of the District Nurse team, they act mainly as a signposting service for many housebound patients, so it is possible that the District Nursing teams will be in communication with them on occasions. The Physician Associate may also be part of the Primary Care workforce and there may be some blurring of roles between the Physician Associate and the Advanced District Nurse (Level 8 – Career Framework for District Nursing).

What new job roles form part of your District Nursing team or Primary Care team?

Currently the District Nursing team and the General Practice Nurse team usually work independently of each other. Many District Nursing teams are not located within a General Practice and this can make communication between the two services difficult. However the General Practice Nursing in the 21st Century Report (QNI, 2016) commented that the reinstatement of co-location of District Nurses would enable closer team working and would benefit the patients and carers who are known to both the General Practice and District Nurse teams.

Working in a multi-disciplinary team it is essential that record keeping is kept up to date and that all reporting is followed through. This enables patients’ progress to be monitored (continuity of care) and it is also a means of safeguarding patients. It is essential that there is a process for disseminating information between the multi- disciplinary team (Drew, 2011).

- **How is information disseminated within your District Nursing team?**
- **How does it feel to be a member of your team? Do you feel valued?**
- **Apart from your team who else could you potentially collaborate with to benefit the care you give to your patient?**

Exercise:

Can you look at the team that you are working with and identify who you collaborate with on a regular basis?

- What impact does this collaboration have on you as part of the team?
- If you had not collaborated with others would the quality of care have been as good for your patient?
- Spend a few moments to reflect and think of the various ways that you collaborate with others in the workplace: Verbal communication; Telephone Written notes; Emails; Letters

These are just a few methods of collaborating; there are also a number of technical ways of communicating, however this method may not be used so much with your patients.

Can you think of times when you would use media such as Facebook or Twitter with your patients? Would you use this method?

- If you would use this method, what are the benefits?
- If you would not use this method of collaborating – why not?

Possible Actions

- You could set up a Facebook page for patients with a similar condition e.g. leg ulcers. This would give patients the opportunity to share stories with other people in a similar position and it may make the patient feel less isolated. If a patient was familiar with Twitter then they could follow someone with a similar condition; they could also

follow NHS Choices on Twitter which would keep them updated.

- Reasons for not using these methods include obvious ones such as your patients not having access to smart phones or computers. Other reasons might be your patient's inability to use technology. Your patient may interpret information incorrectly and therefore cause them more anxiety.

Can you think of more reasons why you would not use social media technology with your patients?

Record Keeping

Record keeping is a way of collaborating with all those involved in the care of your patient. Accurate record keeping and documentation is important in professional practice. Once something is written down, it is a permanent account of what has happened and also what has been said. Remember, if it is not written down there is a sense that somehow 'it didn't happen'. Without a written record of events, there is no evidence to support a decision made or an audit trail from which to follow a sequence of events. It is therefore crucial that accurate and consistent records are kept at all times. Ensure you are familiar with other records that may be kept in the patient's home, e.g. dietitian's notes, social care notes. Also familiarise yourself with record keeping in areas such as residential homes/day units or other areas where you may be visiting patients in the community. The Guidelines for Records and Record Keeping (NMC, 2010), state clearly that:

'The quality of your record keeping is also a reflection of the standard of your professional practice. Good record keeping is a mark of the skilled and safe practitioner, whilst careless or incomplete record keeping often highlights wider problems with the individual's practice.'

The obligation from the above statement is clear that professionally, nurses are accountable for keeping accurate and consistent records. When it comes to making good quality records they should be:

- Clear and accurate.
- Factual, consistent, and relevant.
- Comprehensive and useful.
- Contemporaneous (made at the time).

The other element of accurate record keeping relates closely to investigations and serious untoward incidents (SUI) (DH, 2006b). The principle definition of an SUI is:

'.. something out of the ordinary or unexpected, with the potential to cause serious harm, that is likely to attract public and media interest, that occurs on NHS premises or in the provision of an NHS or a commissioned service. SUIs are not exclusively clinical issues, for example, an electrical failure may have consequences that make it an SUI.' (NHS, 2009).

There is also the issue of 'never events' which are inexcusable actions in a health care setting. There were 312 never events documented between April 2014 – March 2015 www.england.nhs.uk/ourwork/patientsafety/never-events/. An example of this may be operating on the wrong limb, or administrating an incorrect medication. More information can be found on: www.en.wikipedia.org/wiki/Never_events. This reinforces the importance of accurate record keeping by all health professionals. Many patients also have patient-held records

and therefore it is essential that this information is kept up to date so that it can be shared with other members of the multi-disciplinary team each time they visit the patient.

The multi- disciplinary may consist of the following professionals:

- District Nurse
- Assistant Practitioner (HCA)
- General Practitioner
- Community Matron
- Physiotherapist
- Speech and Language Therapist
- Occupational Therapist
- Dietitian
- Social Worker
- Learning Disability Nurse
- Community Mental Health Nurse
- Physician Associate
- Primary Care Navigator

(This list is not exhaustive and will vary from team to team)

Can you think of other people involved in the multi-disciplinary team and identify why they are involved?

- Identify a patient on your caseload, or your team leader's case load and carry out this exercise in any way that you are familiar with, e.g. spider plan, post it notes, lists.
- If you are new to working in the community or contemplating working in the community, try to think of who would be the key members of the multi-disciplinary team.

Case scenario

You have been visiting a young woman who has end-stage breast cancer and is experiencing some distressing symptoms. She has expressed a wish to remain at home to die. You have been attending the Gold Standard Framework meetings with your DN and have at times felt that when this patient's case is discussed, there has not been sufficient time to talk through all the issues. You are aware of the important role of the Multi-disciplinary team in ensuring patient choice in all aspects of care.

- What would you envisage your role to be in this situation?
- What areas of care can be provided by other members of the multi-disciplinary team?
- Is there the risk for there to be overlap (duplication) of services?
- What can be done to prevent this happening?

Possible action

- You could call a meeting with the whole multi-disciplinary team, ensuring that you are allocating sufficient time to discuss the patient's situation
- Care could be provided by staff including the GP, DN, Macmillan Nurse, or Breast Cancer Nurse
- There is potential for overlap of services if there is no coordination. Therefore there should be a designated key worker who will oversee the coordination of services.

Reflection trigger point – what would you do if?

These reflection triggers are for you to get together with your mentor and if appropriate other team members to debate possible solutions. They could be used as a basis for a discussion or even a teaching session. We are aware that the solutions to these triggers may vary from Trust to Trust according to local policy and procedure. We are also aware that there may be no 'right or wrong' answers to how certain situations might be tackled and therefore it will be for you as a qualified nurse to apply your thinking within the parameters of your own professional practice.

- What is the role of the community nurse when taking wound swabs? Who is responsible for ensuring that the results are acted upon?

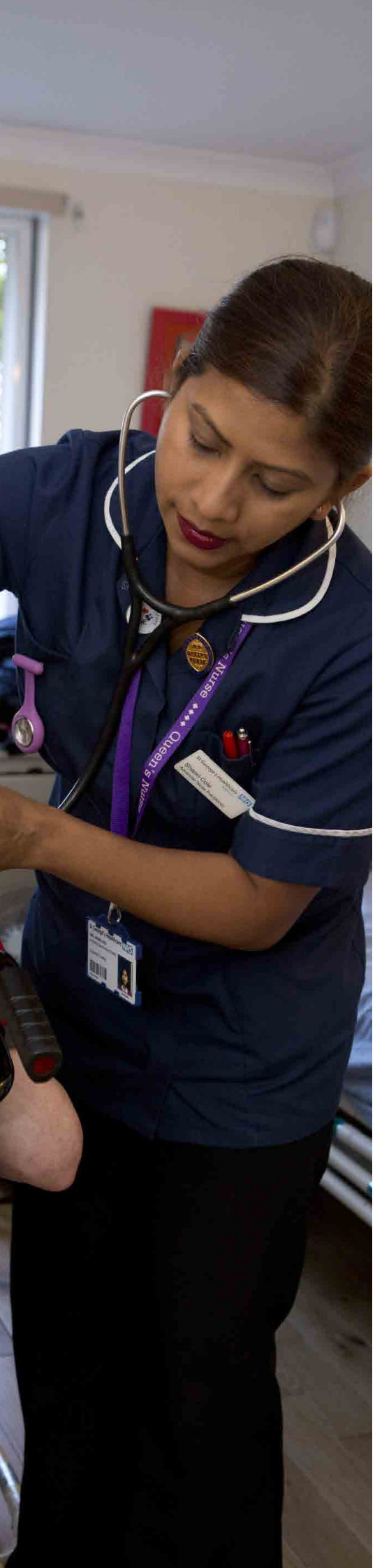
- You are working with another nurse who always seems to be off-loading her patients onto you, saying she has been too busy to complete her list. What would you do?

- You are working with a colleague who seems to arrive early at work and is always the last to leave in the evenings. She seems to get very heavily involved with the patients she cares for and does not appear to appreciate any professional boundaries. What would you do?

- You go to treat a patient that has a leg ulcer dressing. You observe that the dressing currently in situ is not what is recorded within the patient's care plan. What action would you take?

Consider if you are a staff nurse new to working in the community and you visit a patient to remove sutures following hip surgery. You notice that the patient is not mobilising as well as she should be. What action would you take?

- Would you give the patient advice on mobilising?



- Would you inform the physiotherapist?
- Would you take no action because you do not know the patient well enough?

Possible action

- You could advise the patient to gradually increase the amount of walking she does every day, beginning with 5 mins every hour, increasing to half an hour twice a day.
- You could tell the patient that you will contact the physiotherapist to ask them to reassess them and meanwhile advise them not to mobilise more than they have to (e.g. visiting the toilet, walking into the kitchen to prepare food). When the physiotherapist reassesses their mobility, they will be given further advice from the physiotherapist.
- You could tell the patient to rest and to listen to their body and not to mobilise if it is uncomfortable. You will visit them next week to see how they are.
- Think of the impact your decision will have on the patient. Have you collaborated effectively with the correct person in the team? Have you compromised patient care in any of the above scenarios?

Community nurses quotes

"I enjoy working with patients and their families in their homes. Working in a primary health care team and working with other professionals."

"…communicate with the team - no day or patient is the same, open communication helps everyone."

"….teamwork, holistic nursing and multidisciplinary working "

Chapter Summary

This chapter has looked at the importance of team work and collaborative ways of working within a multi-disciplinary team. It stresses that all members of the multi-disciplinary team have a responsibility and all members of the team should be invited to participate in discussions regarding their patients. If a multi-disciplinary team is going to be effective there must be respect across all of the disciplines, which will foster a positive environment. The overall aim of collaboration is to encourage health professionals to work together in the most effective and efficient way to produce the best health outcomes for patients and for providers. This chapter has also highlighted the importance of accurate record keeping, highlighting that no matter how insignificant a task may seem it must be written down or otherwise in a court of law it did not happen!

‘No day or patient is the same, open communication helps everyone.’

References

- Department of Health (2013) Modernisation of health and care, DH. London
- Department of Health (2013) Care in local communities A new vision and model for district nursing, DH, London
- Department of Health (2011) Transforming of Community Services, DH, London
- Drew, D. (2011) Professional identity and the culture of community nursing, British Journal of Community Nursing, Vol 16, issue 3. P 126-131
- Chilton, S. Melling, K. Drew, D. (2010) Nursing in the Community: an essential guide to practice, CRC Press, London
- NHS (2014) Making Every Contact Count, Health Education England, London
- Nursing & Midwifery Council (2010) Guidelines for Record Keeping, NMC, London
- Queen’s Nursing Institute (2016) General Practice Nursing in the 21st Century A Time of Opportunity, Queen’s Nursing Institute, London

Web-links

- www.nmc.uk.org
- www.gov.uk
- www.comfirst.org.uk
- www.charity-commission.gov.uk
- www.eicp.ca/en
- www.cochrane.org
- www.eoecph.nhs.uk
- www.england.nhs.uk