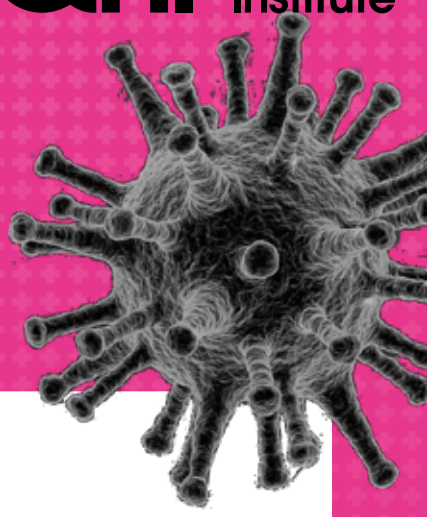
The Queen's Nursing Institute

Community Nursing Covid-19 Innovation/Best Practice

CASE STUDY

Admission Avoidance and Community Care for a Patient with COPD



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Personal details

Name: Lydia Sweetland
Job title: Community Matron
Employer: Royal Devon and Exeter Foundation Trust

2/

Please describe your practice innovation

A patient on my caseload had had frequent admissions to hospital for exacerbations of his chronic lung condition. He was known to both the COPD Early Supported Discharge Service and me. During the height of the pandemic it was very difficult for acute facing team that carry out community visits in patients' homes. This man was clinically difficult to assess due to several comorbid conditions and had frequent respiratory related hospital admissions.

During one of my visits, I assessed this patient's health as declining and he was showing signs of type 2 respiratory failure - something that would, in usual circumstances, necessitate a hospital admission. However I rang and spoke to the Early Supported Discharge (ESD) Team (Respiratory) and made a plan. We agreed I would take bloods and the specialist respiratory nurse working for the early supported discharge team would speak to one of the Respiratory consultants for further advice.

Subsequently the ESD team visited the patient at home, carried out the necessary tests and started him on non-invasive ventilation. They spoke to me with regards to infection control precautions and I reported that he was tolerating the treatment well and feeling much better.

Without this cooperation between teams, particularly mine and the ESD teams, and using a proactive and knowledge based approach, the patient would inevitably have ended up being admitted to hospital at a time of increased risk. This really does show that direct communication is the key and the processes we have all put in place work, when we keep the patient at the centre.

3/

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

This collaborative working has reduced hospital admission, reduced the footfall in hospital, reduced the risk for the patient of potentially contracting Covid-19.

4/

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

Good communication, nurse-led, with expertise from wider disciplinary team, Consultants and therapists. Easy, open access to the right people at the right time, a flexible way of working.

5/

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

There is no reason why we cannot continue with this way of working and importantly preserve and value the role of community nurse specialist (matron) within primary care.

6/

Please describe any particular challenges you had to overcome.

With services aligned promptly, I didn't feel there were any particular challenges

7/

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

NICE Guidelines Non Invasive Ventilation
https://www.nice.org.uk/sharedlearning/non-invasive-ventilation-improving-patient-experience-and-outcomes-through-understanding-intu
British Thoracic Society Guidelines Non Invasive Ventilation
https://www.brit-thoracic.org.uk/quality-improvement/guidelines/niv/

8/

Please give any individual examples, quotes or other information.

This piece of work was highlighted and celebrated at senior management level within the trust as an example of good practice and 'Learning from Excellence'.

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> Lydia Sweetland