Life at the spinal injuries unit in Southport is hectic and the workload unrelenting. But, in an article to mark National Spinal Injuries Week, Charlotte Alderman discovers there is enormous dynamism among the nurses.

THE GENERAL PUBLIC might be hazy about some aspects of spinal cord injury but nurses and doctors have preconceived ideas too, a situation of which staff in the spinal injuries unit at Southport District General Hospital are only too well aware. 'I was talking at a meeting of accident and emergency doctors and they were amazed that I said you can move somebody with a spinal cord injury,' the unit's clinical nurse specialist Debbie Barnett said. Nurse manager Kath Kelly agreed: 'Nurses qualifying have an absolute terror of ventilators and spinal cord injury because they are not exposed to them.'

The Southport unit, in Merseyside, is one of the few which are equipped to take acutely injured patients who require intensive care and this, both nurses agree, has particular benefits for patients in terms of avoiding complications, particularly skin problems. The 38-bed, self-contained and...
knowledge

Beverly Macyna shares her son Sean's care with staff nurse Debbie Mills

purpose-built unit has patients at all stages from acute injury to pre-discharge rehabilitation, making it a hugely varied, intensely busy place to work. 'I am always honest with new staff, explaining the diversity of the nurses’ roles within the unit and the intensity of the workload,' said Ms Kelly. 'The first few months in post can be traumatic, but after four to six months - with the right kind of support offered by the ward staff - things just seem to slot into place. Competence and confidence go from strength to strength.'

It might not sound an inviting prospect - a frantic place where you’ll have to work harder than you’ve ever done before - but the nurses love it. Even the newest recruit, staff nurse Lisa Farley who had only been there for three weeks, was bubbling over with enthusiasm: 'If it carries on as it is at the minute, they’ve got me for good.'

So what is their secret? It might sound trite, but the nurses here feel cared for. Ms Kelly says that three years ago they were having to rely heavily on bank and agency staff because of their difficulties in recruiting, not an uncommon situation in highly specialised units. Their solution was radical. 'We were able to recruit people by saying it didn’t matter if they had no spinal injuries’ nursing experience because they would have a full induction and training programme. They have mentors and preceptors. The nurses say they are attracted to the unit because of the education and training input,' Ms Kelly said. Of course, this initiative was reliant on having a core of well trained and experienced nurses already in post.

The educational input is born out by Ms Farley: 'I was supernumerary for the first two weeks, which I spent in the various departments including clinics and theatres. I’ve been getting a lot of support. I’ve got two mentors and there’s always been someone.'

The induction and training programmes are heavily reliant on the support of the ward staff, who see it as a priority to invest in the new recruits which will reap dividends in the future.

These education and training opportunities are due partly to Debbie Barnett’s dual role. She holds a joint appointment as clinical nurse specialist and lecturer at Edge Hill University College in Ormskirk. Because of the complexity of the care needed by patients in the unit, they recognised that one course couldn’t cover everything, Ms Kelly said. Now the nurses can undertake the spinal injuries course and one in intensive care nursing.

More exciting still is a new programme leading to a BSc(Hons) degree in specialist practice, due to come on stream next April, which has been validated by Lancaster University. The degree will provide nurses with a qualification recordable by the UKCC and a Higher Award from the English National Board.

'It’s a two-year, part-time, modular programme with compulsory and optional modules,' Ms Barnett explained. 'It is a negotiated pathway, a tripartite agreement between the educationist, student and manager. Where we are looking for key areas of expertise within this unit, for example rehabilitation or intensive care, we would sit down and work out that pathway according to specific needs.' It is, she said, very flexible. While her main interest is spinal injuries, similar degree courses in other specialties, such as coronary care and ear, nose and throat nursing, will also be operating through the college.

The three compulsory modules for all courses will concern research methods in health and social care, professional clinical development: specialist practice, and evaluative study. Those nurses from the unit following the course will also undertake modules in dimensions of spinal cord lesion/dysfunction nursing and care and programme management of spinal cord lesion/dysfunction nursing. Two other modules are selected from a wide range. These can include ‘dimensions of...’ modules from many of the other specialist areas, for example intensive care, if it is appropriate.

Even experienced staff in the unit benefit from the educational opportunities. In addition, there are many in-house seminars which the nurses are keen to attend, even in their own time. People from other specialties are also keen to learn from the spinal injuries team.

The commitment to education has its costs for the service side, as the unit essentially ‘loses’ nurses who go on the courses, Ms Kelly said, as they have to be supernumerary - and Ms Barnett watches this like a hawk. 'Although it’s difficult, the advantages when those nurses come back outweigh it,' Ms Kelly said.

There is usually at least one child at the unit, often requiring long-term ventilation, but it might not always be so, which means that any RSCN would have to be able to care for adults too. Ms Kelly said they have put forward a case for a children’s high
dependency area but it is expensive. 'When children are admitted in the acute phase we are able to work closely with the paediatric unit who support us in the provision of 24-hour cover for the first few weeks, establishing a comprehensive child assessment and care plan for all staff to follow.' Clearly, this suggests a need for some specific and innovative educational provision for nurses caring for children in this specialty and negotiations with the professional bodies are underway, Ms Kelly explained.

But this 'mixing and matching' is a two-way street. If the unit is full and a patient with a spinal cord injury has to go into the general ITU, the unit's nurses will help out with the moving and positioning. This cross-fertilisation goes on at a more formal level too, and staff rotate to each other's units for experience.

One of the advantages that the unit has, Ms Kelly believes, is that the different elements are integrated. The nurses rotate between intensive care, high dependency, low dependency and rehabilitation. This usually operates on a register basis, depending on the patients' needs. 'Obviously, if we've got a lot of ventilated patients, we have to take staff back. But we have key staff who like and are good at rehabilitation, for example, so we keep them there because they will train up junior staff. But they can chop and change when necessary,' Ms Barnett explained.

An important part of the rehabilitation process involves re-integrating into society. It is common practice for the nurses and other members of the care team to take patients, together with their ventilators and associated paraphernalia, out of the ward - sometimes to the pub. The unit's excellent facilities provide for sporting activities in the gym and swimming pool and there is an active sports club. Based on the ground floor of the building, the gym has windows at ceiling height so that patients on the first floor, who are not yet able to join in, can see what's going on.

The road to rehabilitation can be a long one but all its elements are crucial if a patient is to return home successfully, especially when home ventilation is required. 'Even though they are in chairs and can't breathe for themselves, they are still in charge of their own bodies and have got to know what is happening to them,' Ms Barnett said. It is, she believes, about empowering patients. Then, if a community nurse, with no specialist knowledge, comes in and sees a red mark on the skin, the patient knows that he or she must go to bed to prevent a serious tissue breakdown.

But the educational tentacles have reached into community nursing already. Ms Barnett said: 'One of the people who was seconded onto the spinal injuries course last year was the team leader for the Bolton area. They've got several patients being ventilated long term and she's gone back as a resource in the community and is helping to oversee the care packages and training of other nurses.'

Patients on the unit benefit from an education programme devised, written and presented by the senior staff. For family carers the unit has a comprehensive education programme. Key members of staff are taken away from their usual duties for three days to teach either on a one-to-one basis or to small groups. All the practical techniques of nursing and tracheostomy care are taught on the patient for whom they will be caring, as is ventilator management. The carer signs the programme once it is completed to say that he or she feels confident to undertake it unsupervised.

Discharge of these patients, with their highly complex needs, could be fraught with difficulty were it not for the case manager. She is the one who negotiates with health authorities, establishes care packages for patients in the community and ensures everything is in place when the patient is discharged.

The case manager also has an important role in maintaining people once they are home, through education and clinical advice. The ultimate aim is to improve the wellbeing of all the patients discharged from the centre, including those on ventilators, so reducing the re-admission rate.

This is no mean feat given that the unit's catchment area covers the whole of north west England, including the Isle of Man with its TT races, which has a total population of about six million. The unit also has many extrarural referrals - some from overseas. This, they believe, is because of their growing reputation for the management of long-term ventilation.

The patients who come to them and the method by which they come have also been changing. They still get people suffering acute trauma, predominantly men between 20 and 30 years old, but they are seeing more high cervical spine injuries, Ms Barnett said.

One of the reasons for the increase in high cervical lesions appears to be seat belt legislation. They are also seeing more older people with degenerative conditions and neuropathies. 'This is because people recognise our skills,' she said.

Although the unit has high bed occupancy and is a demanding place to work, the nurses show genuine affection for the patients and their relatives. They have a deep understanding of, and are alert to, their patients' needs. In the intensive care unit, for example, one nurse excused herself during our conversation to attend to her patient. Unable to communicate verbally, he had made a clicking noise with his tongue. Although standing with her back to him, she was immediately alerted to the sound I had barely heard.

In spite of all its successes, the unit staff are certainly not resting on their laurels, recognising the need to continue to develop their knowledge and skills to meet the extremely complex and changing demands of their patients. Ms Barnett summed up their attitude: 'We've got a lot of staff walking around the unit hungry for knowledge.'

Ms Farley is certainly one of them: 'It was a bit of a step into the unknown but I'm loving it. I'd love to do the spinal injuries course in the future.'