‘OUR SCREENING TOOL COULD SAVE A LOT OF LIVES’

Karen Crane, clinical lead nurse for urgent care at Bristol Community Health, supports seven-day, 24-hour, multidisciplinary rapid response teams, looking after over-18s.

‘The patient needs to know they are the most important person. We’re only in there for a short time and you’re a guest in that person’s home. ‘When you arrive people think you’re going to send them to hospital, but we try to keep them at home because in hospital people can lose their independence or skills – even just being able to make a cup of tea. ‘Our patients are acutely ill – at any point we can dial 999. We have three teams in the city and each has an advanced nurse practitioner. Two are non-medical prescribers and we’re training the other team to take blood and do ECGs. Although I’m clinical lead, I still share the on calls. ‘A sepsis screening tool I developed has been rolled out to rapid response, respiratory, out-of-hours, rapid emergency assessment teams and introduced to prisons. People with sepsis can deteriorate quickly. Sepsis has a higher mortality rate than either breast or bowel cancer and more hospital admissions than heart attack. With every hour’s delay there’s a 7.9% increase in mortality. Our tool could save a lot of lives.

‘We also devised an Early Warning Score which is unique to the community. It measures blood pressure, heart rate, oxygen saturations, respiration rate, temperature and conscious level. If a patient has a high early warning score or is deteriorating we get them into hospital quickly. We are also using a score to look at the complex issue of frailty. If you are able to catch it early by checking medication, signs of dementia and mobility you can slow down that process.

‘We leave personalised care plans with our patients, setting out their goals. Sometimes they are not achievable and you have that conversation with them. When home time comes you still have 1,000 things to do. There just aren’t enough hours in the day.’

Nursing Standard is marking the RCN’s centenary year by celebrating the astonishing range of modern nursing roles and the often unheralded great work by nurses across the regions. In this series opener, Alison Whyte talks to nurses in the south west

The changing face of modern nursing

Throughout the UK, nurses are introducing new and imaginative ways of working, leading multidisciplinary teams or caring for people whom society has abandoned.

Below are three examples from the south west region. Lucy Clement shows how, by listening to people’s stories, nurses can help patients to lead fuller, happier lives. Karen Crane explains how a tool she has introduced in the community could prevent unnecessary deaths from sepsis. And Tim Sheppard reveals how his role as a custody nurse has made him into a ‘social worker, parent and friend’ to people everyone else has given up on.

Unsurprisingly, RCN south west director Jeannett Martin is proud of nurses in the region. ‘Nurses here are resilient, caring and committed. The work they do in sometimes difficult circumstances is amazing, but like nurses everywhere, they will always work as hard as they can to make a difference to patients.’
‘WE CONNECT PEOPLE TO THEIR COMMUNITIES’

Lucy Clement, integrated care manager, North Cornwall, and clinical lead for Living Well, won NHS Emerging Leader of the Year in the NHS South West Leadership Academy Awards 2015.

‘I’ve worked in health care since I was 17 and I’ve led district nurse teams since 2003. It’s been an incredible journey.

‘Living Well was born out of the leadership course I did in 2012. I felt that nurses had become very task-oriented, that we were working in silos and I thought we needed to reconnect with our communities. I knocked on the door of the chief executive of Age UK in Cornwall and asked for her help in joining up the voluntary sector with community services.

‘We identified a group of “at risk” older people with long-term conditions, people who are in and out of hospital. We started by asking them about their lives. We assume what matters most to people is their health, but it’s not. It’s simple things. Someone may not have been out of the house for years.

‘This project, Newquay Pathfinder, had fantastic results. We saw a 40% drop in hospital admissions for people with long-term conditions and a 20% improvement in their mental wellbeing. It evolved into Living Well and has been rolled out to other regions of the country.

‘Living Well is an approach. It’s about people, conversations and relationships. We listen to people’s stories, we connect them to their communities and make sure they get the health or social care they need.

‘The most amazing thing is the improvement in staff wellbeing. In the past they would have had their head in their hands every morning. They love this way of working. They’ve rediscovered why they came into nursing in the first place.’

‘For some of my clients, being in custody is their last chance’

Tim Sheppard, custody nurse with Devon and Cornwall Police in Exeter, is responsible for the wellbeing of people in custody who have been detained or arrested by the police.

‘I can deal with people of all ages, from ten to 100-year-olds, and every type of charge you can imagine – sexual assaults, murder and any criminal offence.

‘I assess people for drug and alcohol withdrawal, I can dress wounds and prescribe about 20 drugs. I have a resus bag and defib so if someone fits (or worse) I provide an emergency response. I do intimate forensic sampling of suspects and can refer them to the on-call doctor, the drugs and alcohol or crisis teams. If I feel someone’s not fit for interview they don’t get interviewed. It’s a huge responsibility.

‘I have to prevent deaths in custody at all costs but my average client group are much iller than the general public – they’re impoverished, malnourished, and they’re often drug addicts. Many have medical and mental health issues. The hardest part is seeing psychiatric patients who can be in a blank cell with a camera for days.

‘I worked in emergency departments (EDs) for 15 years and I’ve been in this job for 18 months. I have more autonomy here than I had in ED. The downside is I work completely alone. I’ve never been in a role that is so professionally risky in terms of accountability.

‘I’ve been kicked at, spat at, but once they’re calm and sober they’re often different people. Some are so violent you can’t get into the cell. You talk through the hatch – look at their colour, their breathing rate and have to make quick decisions. You use all your skills – you’re a social worker, parent and a friend.

‘I like working with people everyone else has given up on. They often don’t eat, they look like skeletons, it’s as if their souls have been ripped out. But they all have stories. For some, being in custody is their last chance and it could be the one thing that saves them’ NS

Next month: trailblazing nurses in the south east