
CONFERENCE ABSTRACT

In reach into Nursing Homes Education, Training and Development Programme

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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When nursing home residents become acutely unwell they are often referred to hospital for sometimes aimless and sometimes distressing treatment. RCN (RCN 2015) conducted a NI regional survey across the independent sector; One key recommendation was that in partnership with HSC trusts, a learning and development pathway should be developed for independent sector registrants to promote their on-going development, and support maintenance of their clinical skills and competence. A greater cohesion between the statutory and independent sector was advocated providing then an in reach service of specialist support and a greater accessibility to shared learning and development opportunities.

A statistical study of ED attendances to Antrim Area Hospital (AAH) from 20 nursing homes was undertaken over six months (2013/14) which identified that of the 497 attendances, approximately 30% patients were discharged not requiring admission and potentially with appropriate skills training could be nursed within their care home environment.

The key aim of this initiative was to empower nursing home registrant staff through a coaching, education, training and development programme which would enhance and enable skills and knowledge using a facilitative anticipatory care model so to maintain residents safely in their care home for as long as possible.

This small cycle of change (PDSA) quality improvement initiative reflected Northern Ireland's regional strategy 'Transforming Your Care' (DHSSPS, 2011) highlighting older people should be cared for in the right place at the right time with the best possible outcome.

In February 2015, 20 nursing homes completed a patient profile to help inform the education programme content and identified champions to undertake the education programme which included; long term conditions management, dementia care, recognising /managing the deteriorating patient, medicines optimisation and end of life advance care planning. They also attended a clinical skills programme in catheter management, Peg Tube management, syringe driver management and venepuncture. Champions were equipped and empowered to cascade training to other staff in the home.

The Trust practice development facilitator provided visible support to the home connecting them to other specialist services such as the dementia home support team, medication review pharmacy team and the voluntary sector (Alzheimer's, Parkinson's UK, Age NI. Expediting patient discharge from hospital to the care home became a feature when additional care home nurse training was required.

The evaluative process included both qualitative and quantitative methodologies.

Underpinned by the triple aim IHI improvement framework this initiative reduced avoidable ED attendances by 31%; reducing cost per capita (approx £319K), reduced reliance on community services, improved the care home population health, and improved the resident and registrant nurse experience.

The success has resulted in extension to a further 20 homes in NHST and the model is sustained through the permanency of the integrated partnership between independent sector and primary /secondary care and is transferable to other trusts in NI/UK.

Keywords: quality improvement; integrated; empowerment; learning; facilitative; patient-centred
