

Developing Nursing Practice in Care Homes



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Director of Care



@dtbarron

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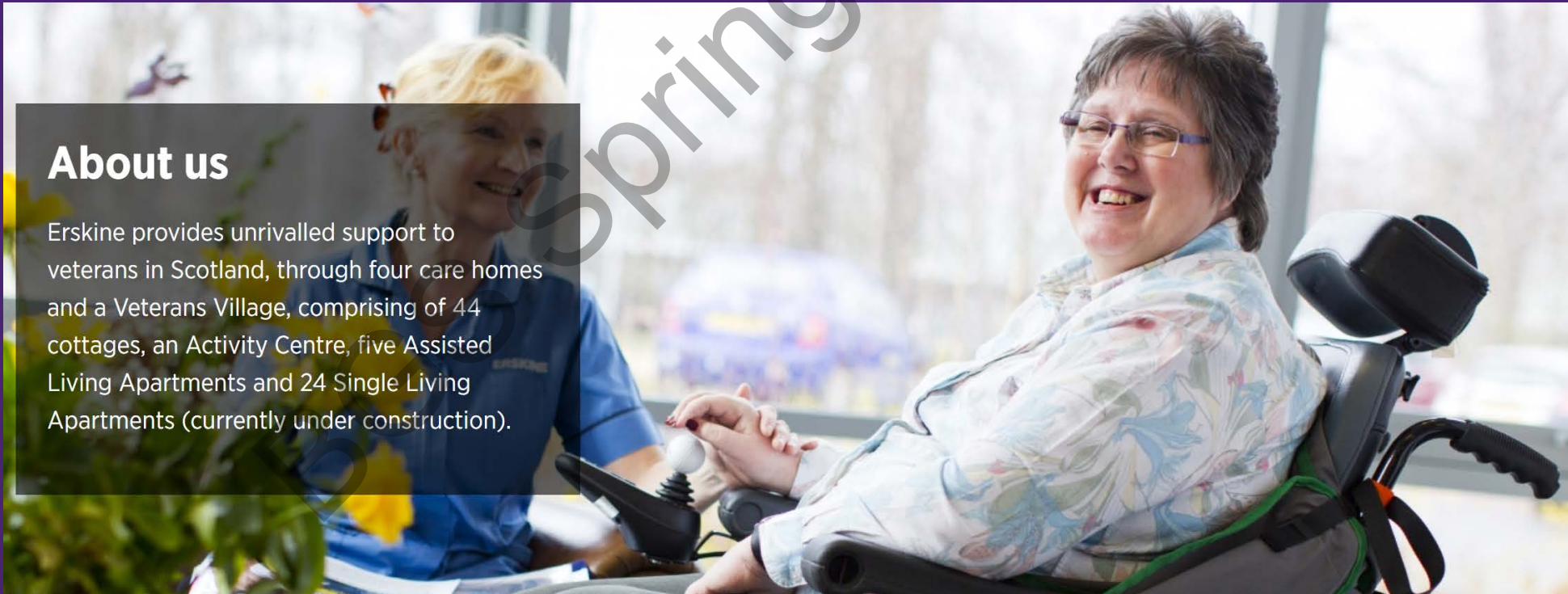
ALWAYS REMEMBER

THEIR SACRIFICE **SUPPORT OUR VETERANS**



About us

Erskine provides unrivalled support to veterans in Scotland, through four care homes and a Veterans Village, comprising of 44 cottages, an Activity Centre, five Assisted Living Apartments and 24 Single Living Apartments (currently under construction).





Key question 1: How well do we support people's wellbeing?	Key question 2: How good is our leadership?	Key question 3: How good is our staff team?	Key question 4: How good is our setting?	Key question 5: How well is our care and support planned?
1.1. People experience compassion, dignity and respect	2.1. Vision and values positively inform practice	3.1. Staff have been recruited well	4.1. People experience high quality facilities	5.1. Assessment and care planning reflects peoples' needs and wishes
1.2. People get the most out of life	2.2. Quality assurance and improvement is led well	3.2. Staff have the right knowledge, competence and development to care for and support people	4.2. The setting promotes and enables people's independence	5.2. Families and carers are involved
1.3. People's health benefits from their care and support	2.3. Leaders collaborate to support people	3.3. Staffing levels and mix meet people's needs, with staff working well together	4.3. People can be connected and involved in the wider community	
1.4. People are getting the right service for them	2.4. Staff are led well			
<div> <div>6</div> <div>Excellent</div> <div>Outstanding or sector leading</div> </div> <div> <div>5</div> <div>Very Good</div> <div>Major strengths</div> </div> <div> <div>4</div> <div>Good</div> <div>Important strengths, with some areas for improvement</div> </div> <div> <div>3</div> <div>Adequate</div> <div>Strengths just outweigh weaknesses</div> </div> <div> <div>2</div> <div>Weak</div> <div>Important weaknesses – priority action required</div> </div> <div> <div>1</div> <div>Unsatisfactory</div> <div>Major weaknesses – urgent remedial action required</div> </div>				
Key question 6: What is the overall capacity for improvement?				

Capacity





ERSKINE
Proud to care

2030
NURSING

A VISION FOR NURSING
IN SCOTLAND



50,015

registered nurses employed in NHSScotland,
social care and primary care



5,000
in Care
Home
Sector



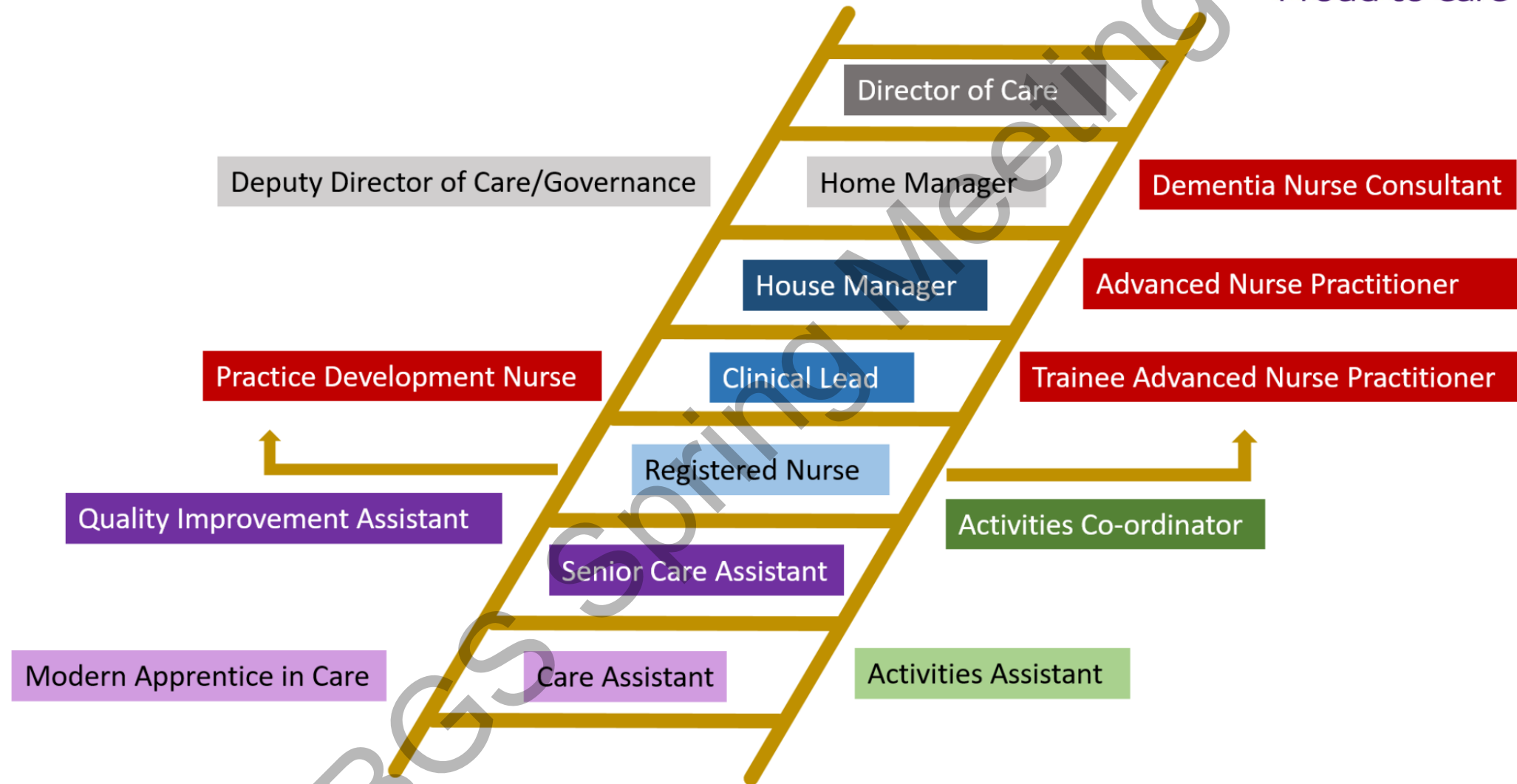
43,820

whole-time equivalent registered nurses in NHSScotland

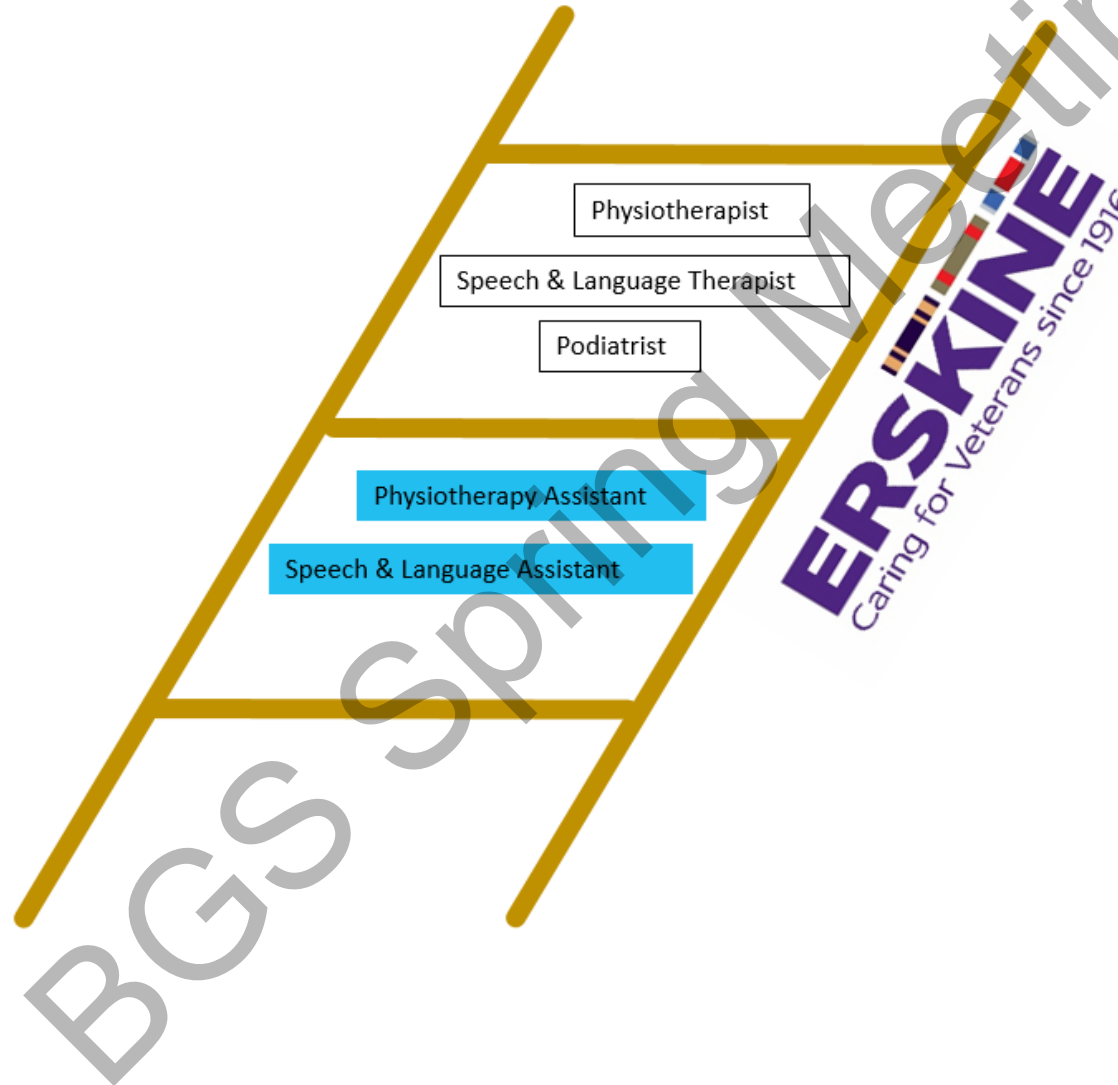
31%
vacancy

Nursing Team Career Ladder at **ERSKINE**

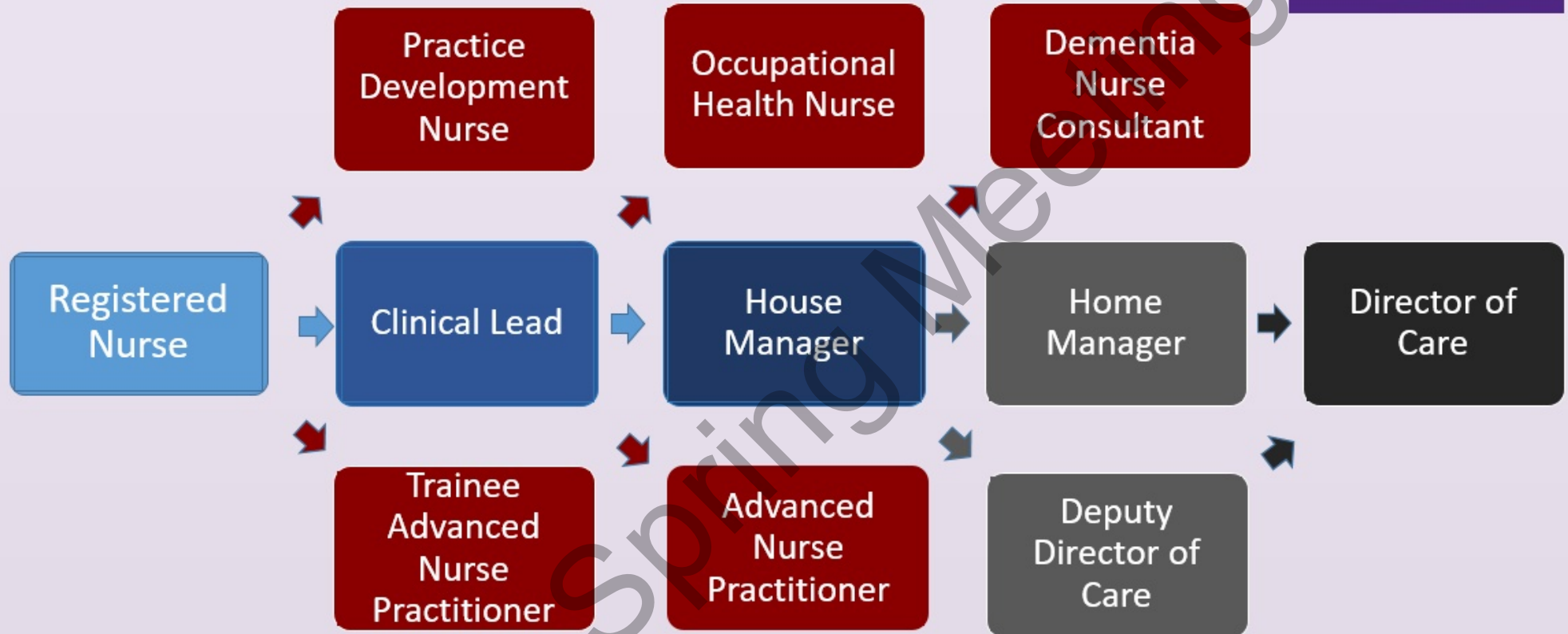
Proud to care



Allied Health Professional Structure



Registered Nurse roles at



5

6

7

8

National Picture Transforming Nurse Roles (2016)

Definition

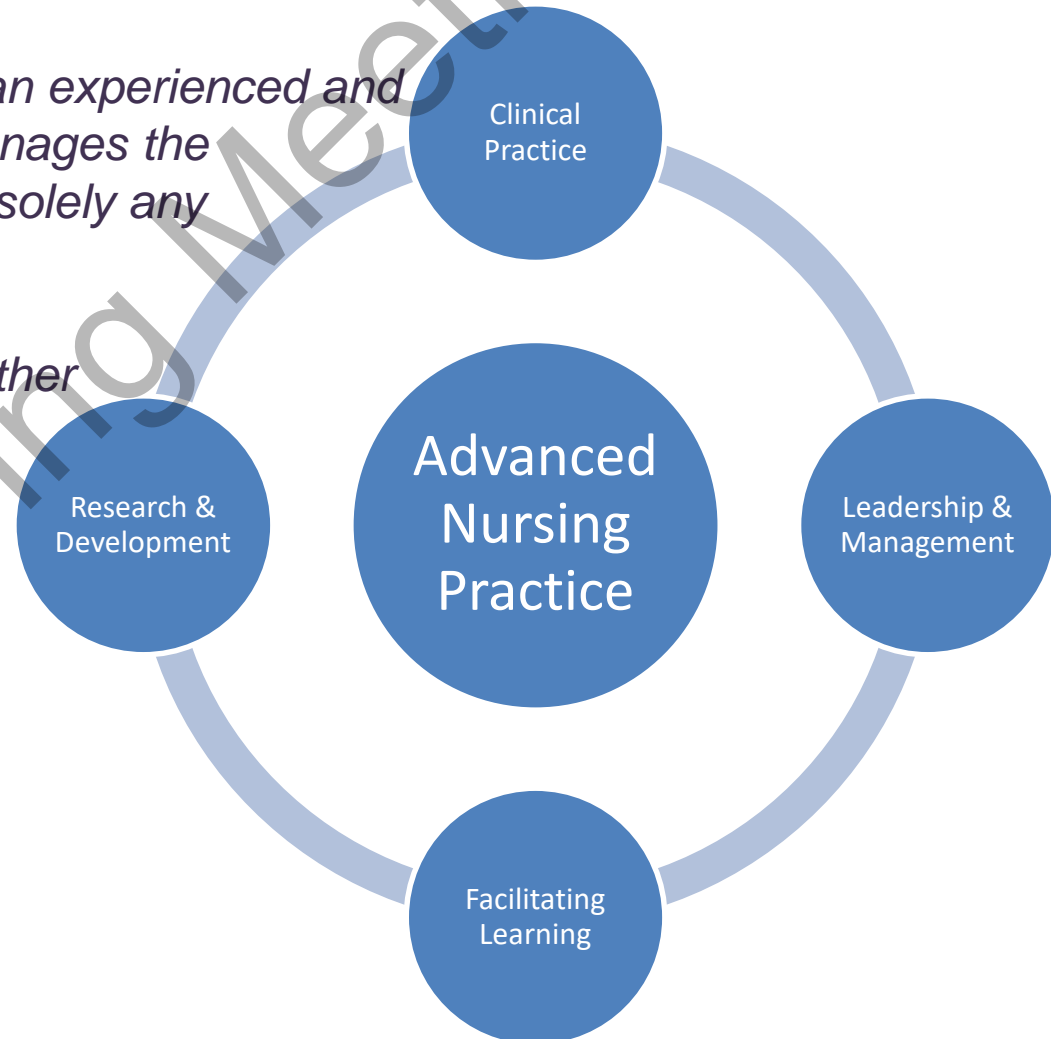
An Advanced Nurse Practitioner (ANP) is an experienced and highly educated Registered Nurse who manages the complete clinical care for their patient, not solely any specific condition.

Advanced practice is a level of practice, rather than a type or speciality of practice.

Features of Advanced Practice:

Clinical assessment
Differential diagnosis
Investigations
Treatment

(Admission, discharge and referral)



Erskine – Advanced Nursing Practice Transforming Nurse Roles

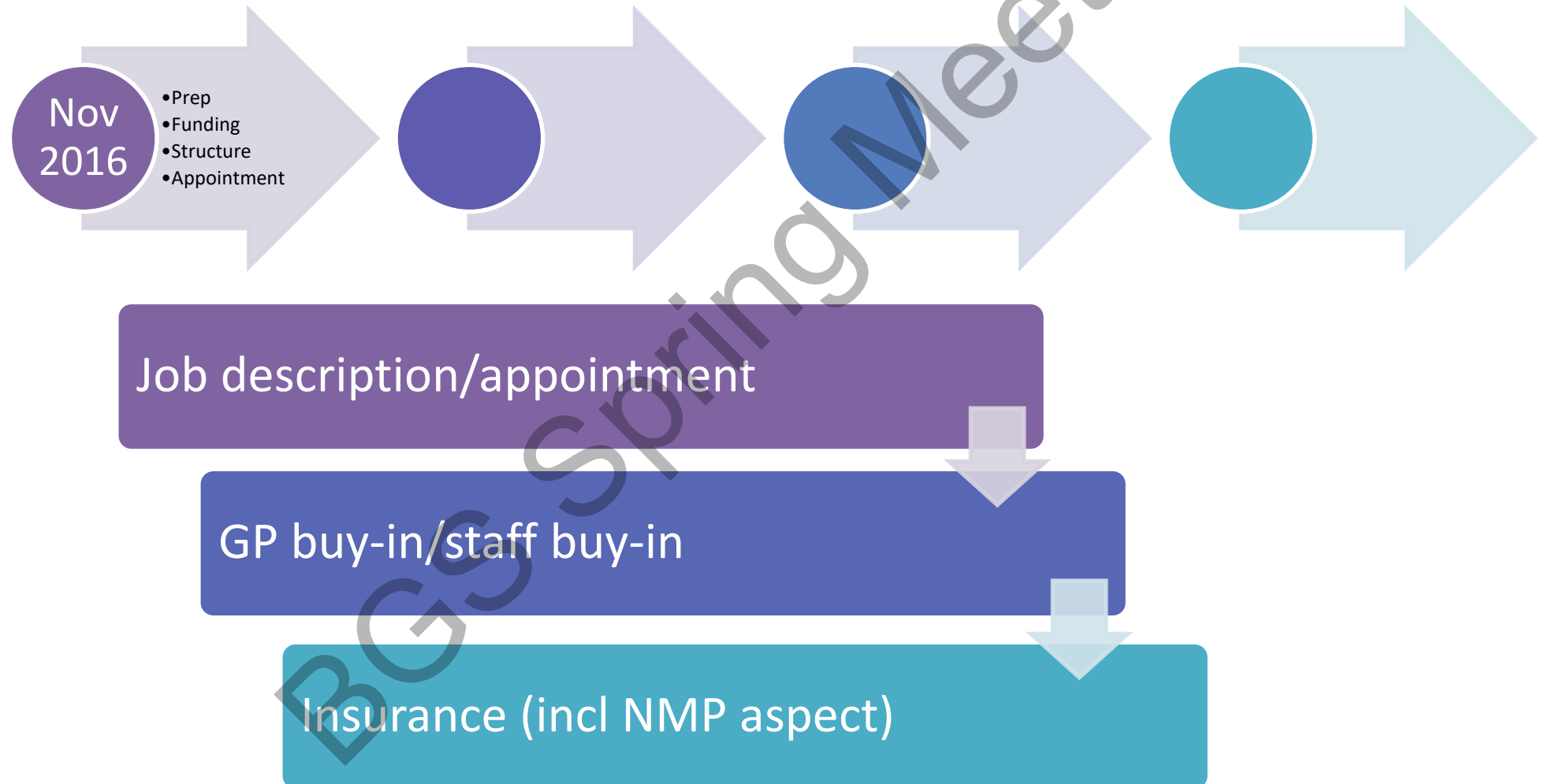
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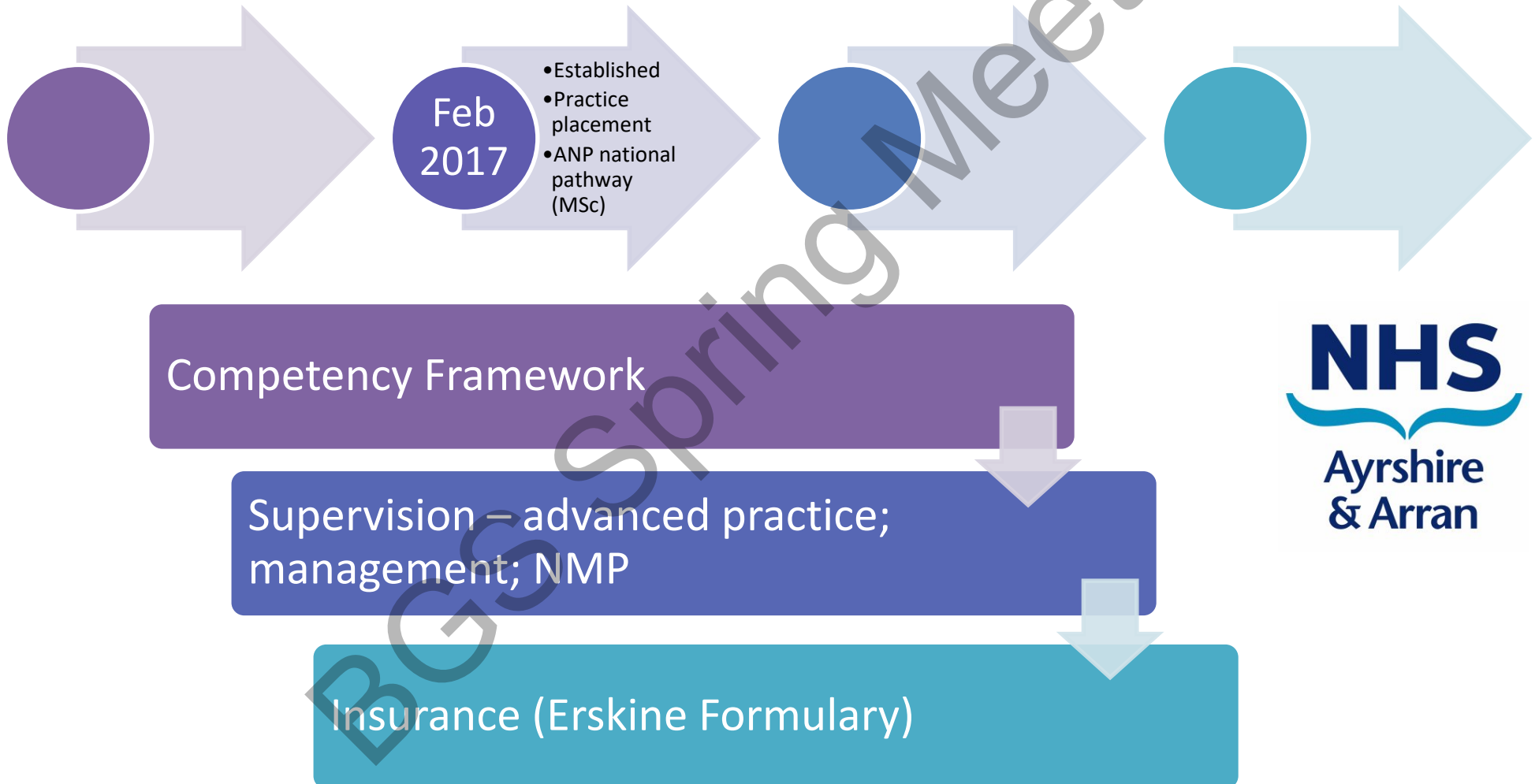
Erskine picture

Transforming Nurse Roles



Erskine picture

Transforming Nurse Roles



Erskine picture Formulary

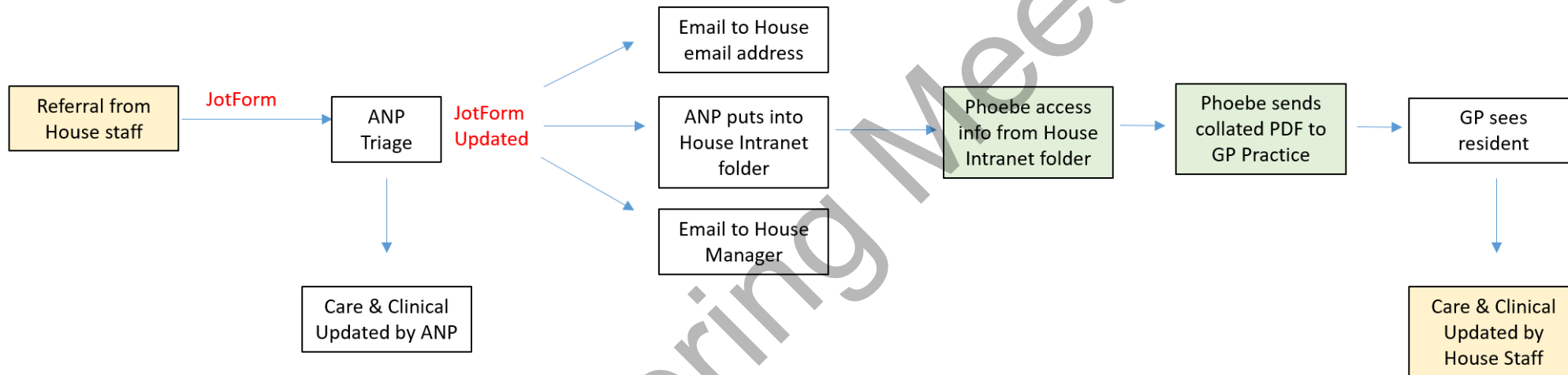
RAG approach

Insurance driven

Shared care

1	Advanced Nurse Practitioner Prescribing Formulary			
2	ANP will prescribe following assessment			ANP will prescribe following assessment/liaison with on call GP
3	Urinary Tract			
4	Trimethoprim	Nitrofurantoin		
5	Anti Emetic/ Anti Spasmodic			
6	Cyclizine	Metoclopramide	Ondansetron	Buscopan
7	Respiratory System			
8	Amoxicillin	Erythromycin	Prednisolone	Hyoscine (Buscopan) oral and sub cut
9	Clarithromycin	Salbutamol Nebules	Broncho dilating Inhalers	Carbocisteine
10	Co Amoxiclav	Ipratropium nebulas	Pholcodine	
11	Codeine Phosphate			
12	Skin Infection/Antipruritics/Antihistamines			
13	Flucloxacillin	Fucidic Acid Cream	Fluconazole	Promethazine Hydrochloride
14	Crotamiton	Levomenthol cream	Calamine/Calamine in Aqueous Cream	Hydroxyzine Hydrochloride
15	Cetirizine	Loratidine	Chlorphenamine Maleate	
16	Pain Relief			
17	Paracetamol	Dihydrocodeine	Co Codamol 8500, 15500, 30500	Dramorph
18	Piroxicam Gel	Tramadol	Codeine	Diamorphine (sub cut)
19	Ibuprofen Gel	Ibuprofen		Morphine Sulphate for injection
20	Constipation/Diarrhoea/Electrolyte balancers			
21	Lactulose	Micralax Enemas	KY Jelly	Co-Danthramer
22	Senna	Glycerine Suppository	Loperimide	Co-Danthrusate
23	Laxido	Bisacodyl Suppository	Dioralyte	Sodium Picosulfate
24	Movicol	Phosphate Enema		Codeine Phosphate
25	Conjunctivitis			
26	Chloramphenicol	Fucidic Acid Eye Drops		
27				
28	Agitation/Sedation			
29	Lorazepam	Diazepam		Midazolam
30				Beta Blocker
31	Indigestion			
32	Gaviscon Advance	Ranitidine	Omeprazole	
33	Peptac	Zantac	Lansoprazole	
34	Ear Wax/Infections			
35	Almond Oil	Otomize	Olive Oil	
36	Thrush			
37	Nystatin Liquid	Clotrimazole Preparations	Daktarin Oral Gel	
38	Fluconazole preparations			
39	Emollients/bath & shower/ medicated creams			
40	Aqueous Cream BP	Doublebase	Balneum Preparations	
41	Balneum Plus Cream	Diprobase Cream	Cetaben Preparations	
42	E45 products	Diprobase Ointment	Doublebase Preparations	
43	Salicylic Acid Preparations	Liquid & White Soft Paraffin NPF	Oilatum Preparations	
44	Emulsifying Ointment BP	Oilatum Cream	QV Preparations	
45	Paraffin, White Soft BP	Hydromol Preparations	Dermol 200/600 wash emulsion	
46	Aveeno Preparations	Zero-base Preparations	Epaderm Preparations	
47	Zero-base Preparations	Coal Tar Preparations	Calamine Preparations	
48	Conotrane Preparations	Polytar Preparations	Ichthopastefviscopaste Preparations	
49	Calcipotriol Preparations	Calcitriol	Tar Preparations	
50	Iodosorb Ointment	Sudocrem	Psoniderm Preparations	
51	Cavilon Preparations			
52	Steroidal Cream			
53	Hydrocortisone Cream various strength	Fucidin	Nerisone	
54	Hydrocortisone Ointment various strength	Fucibet	Clobetasone Butyrate cream etc	
55	Clobetasol Propionate	Elocon	Antimicrobial	
56	Bethamethasone	Lotriderm	Timodene	
57	Mometasone Furoate		Diffuclortolone Valterate	
58	Catheter/colostomy/ileostomy/urostomy products			
59	All Catheters/suprapubic & urethral	Instillagel	Urostomy products	
60	Leg Bags	Flip Flow Valves	Bladder Lavage	
61	Overnight Bags	Catheter dressing packs	Ileostomy Products	
62	G - Straps	Colostomy products	Leg Straps	
63	Diuretics/loop diuretic			
64				Furosemide
65				Bendroflumazide
66				Spironolactone
67				Co-Amilorfruse
68	Diur Diabetic medicines			
69				Insulin
70				

Erskine picture Governance



08.00hrs
ANP Triage



11.00hrs
1st visit to each House
& EPH



>14.00hrs
Follow up and/or 2nd
visit to each House

Erskine picture

Decision Support tools

Erskine Home GP Visit Request	
GP Visit Request ID:	GPVR-00448
Name of person completing this request	
Residents Name	
Date	06-12-2018
House	
Room Number	31
Date of Birth	
Situation:	Sunday 02/12/2018: became unwell. Three vomits. High temperature, NHS 24 came out Sunday night and started on trimethoprim for a UTI. has been in bed past few days continuing to feel unwell, diet intake poor, fluids drinking well.
Background	Remained pyrexial, Paracetamol effective, complaining of nausea currently, complaining of feeling unwell. Colour is pasty, cold clammy to touch. Temperature overnight 39.5 had a rigor. Previous stroke no obvious signs of further stroke.
Assessment	We feel that the antibiotic given is not helping. still able to communicate with staff but a little bit more confused. This morning Talking to staff feeling less nauseated but continues to feel unwell, but unable to explain why.
Recommendations	Review antibiotic, also want to rule out further stroke.

BP	115/80
Pulse	76
RR	18
Temp	36.4
Send Request to ANP	YES - Send to ANP.
Name	
I will attend this visit	YES
ANP Comments	Reviewed on both the 5/12 and twice on the 6/12. Visited @ 15:00 and he was flushed and clammy, he was very hot to touch - temperature was 38.6. BP was 112/58 which could be indicators of sepsis, his pulse was 89bpm which was faster than his usual pulse. He tells myself and that he wants to go to hospital and understands he needs to be assessed for antibiotics. Due to red flags, I feel we have no choice but to admit - he has had Paracetamol to try and reduce fever. 999 ambulance should be contacted as requires IV antibiotics and higher level of intervention.
Requesting House	House
Requested For	
Update Requesting House	House

Erskine picture Data

Erskine ANP-GP Activity analysis
February 2017 – November 2017

Total number of GP visits	1070	
Total seen by GP without ANP input	313	276 required GP input and could not have been diverted. 37 could have been diverted if the ANP was allowed to prescribe
ANP saw in place of GP visit	245	11 required to be passed to the GP because of prescribing limitations
Joint GP and ANP visits	509	499 could have been seen by the ANP alone if she was allowed to prescribe to the full extent of her training (V300)

Erskine picture

Transforming Nurse Roles



Erskine picture Data

ANP Data 2018

GP referrals Apr – June	120 per month	
ANP referrals Apr – June	28 per month	

ANP Data 2018

GP referrals Apr – June	120 per month	
ANP referrals Apr – June	28 per month	
GP referrals July – Sep	39.6 per month	Average reduction 65%
ANP referrals July – Sep	99 per month	Average increase 250%

- 60% GP visits included AMR, DNACPR, VOED, Referral to other department i.e Audiology, medication reviews **Next period change**
- CPN advice, GP also covers ANP annual leave
- Aug 2018: 30 of the 39.6 visit requests sent to the GP were for further referral:
 - (5) DNACPR
 - (7) VOED
 - (4) AWI
 - (9) AMR
 - (5) Covert pathway



Erskine picture

Case examples

Resident known to have biliary sepsis x 4 previously requiring admission

House staff recognised her deteriorating, ANP reviewed her, she was being sick however observations were within normal range: she didn't want to go to hospital.

Shared care to monitor and ANP to review - clinically there were no admitting reasons. 2hrs later she spiked a temp – treated temp rise and commenced prophylactic antibiotics.

Staff were keen to nurse her within the home and resident didn't want admitted unless there was no other option.

Previously:

GP would be called or 999 as staff were worried she was going to become as ill as she had been in the past.



Erskine picture

Case examples

- 100yr old resident who had no anticipatory medication in place as he had been clinically well.
- Had, what is thought to have been a cerebellar episode, resulting in him having onset of rapid deterioration over 2hrs and becoming restless.
- House Manager (RN) liaised with ANP
- ANP liaised with GP (prescribing formulary limits - appropriate medication)
- ANP prescribed – staff drove to pharmacy – meds commenced within an hour. Gentleman passed away peacefully.

Previous process - Call for emergency GP who would visit, then return to surgery and generate a prescription which would have gone to Boots at regular pick up time and would have arrived at Home that evening.

Erskine picture

Case examples

- 74yr old resident who is an Insulin dependent diabetic.
- Returned from hospital during the night, BM rose to 32mmols in the morning, after normal insulin dose, this did not reduce.
- ANP prescribed one off dose of insulin which lowered BM and allowed resident to stay at home as BM>30mmols should be treated as a medical emergency (the resident was keen to stay at home)
- He was also treated for UTI and blood sugar now within normal range.
- Utilised GP for advice (shared care re complexity).



Erskine picture

Case examples – Monday 6th August 2018

Pre ANP

(1) Red Cross House
Resident A unwell
Call NHS 24
GP visit – antibiotics

Non acute
4 hour response

(1) Pearson House
Resident B unwell
Call NHS 24
GP visit - antibiotics

Non acute
4 hour response

(1) Haig House
Resident C unwell
Call NHS 24
GP visit - antibiotics

Non acute
4 hour response

(1) Red Cross House
Resident A unwell
Call NHS 24
GP visit – allergic reaction

Non acute
4 hour response

Actual event

(1) Red Cross House
Resident A unwell
Assessed, required antibiotic
House staff went to pharmacy

Reviewed <30mins

(1) Pearson House
Resident B unwell
Assessed, required antibiotic
House staff went to pharmacy

Reviewed <30mins

(1) Haig House
Resident C unwell
Call NHS 24
GP visit - antibiotics

Reviewed 30mins

(1) Red Cross House
Resident A unwell
Call NHS 24
GP visit – allergic reaction

Reviewed 30mins

Erskine picture

Transforming Nurse Roles



Erskine picture Digital



iCarehealth – Care & Clinical

- Care planning
- Care recording



iCarehealth – eMAR

- ePrescribing
- eAdministration recording

eMAR partnership with Boots



Dementia Training

Promoting Excellence:

A framework for all health and social services staff working with people with dementia, their families and carers

The '**Dementia Informed Practice Level**' provides the baseline knowledge and skills required by *all* staff working in health and social care settings including a person's own home.

The '**Dementia Skilled Practice Level**' describes the knowledge and skills required by all staff that have direct and/or substantial contact with people with dementia and their families and carers.

The '**Enhanced Dementia Practice Level**' outlines the knowledge and skills required by health and social services staff that have more regular and intense contact with people with dementia, provide specific interventions, and/or direct/manage care and services.

The '**Expertise in Dementia Practice Level**' outlines the knowledge and skills required for health and social care staff who by virtue of their role and practice setting, play an expert specialist role in the care, treatment and support of people with dementia.

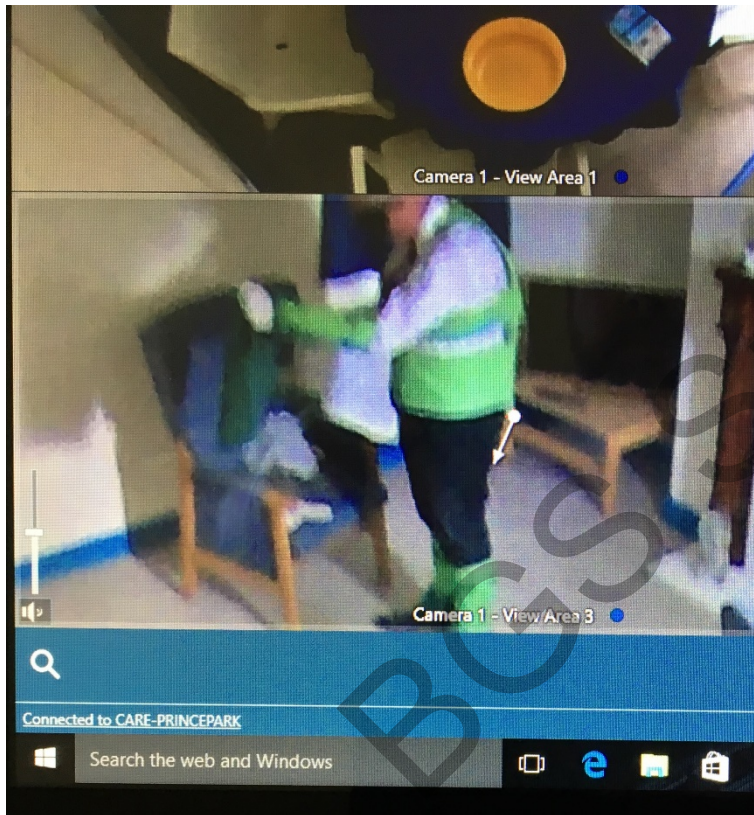
Dementia Strategy 2018 - 2020



Dementia Training Level	Totals
Simulation	228
Informed	67
Skilled	208
Enhanced	124
Expert	36
	Total 663

Simulation Training

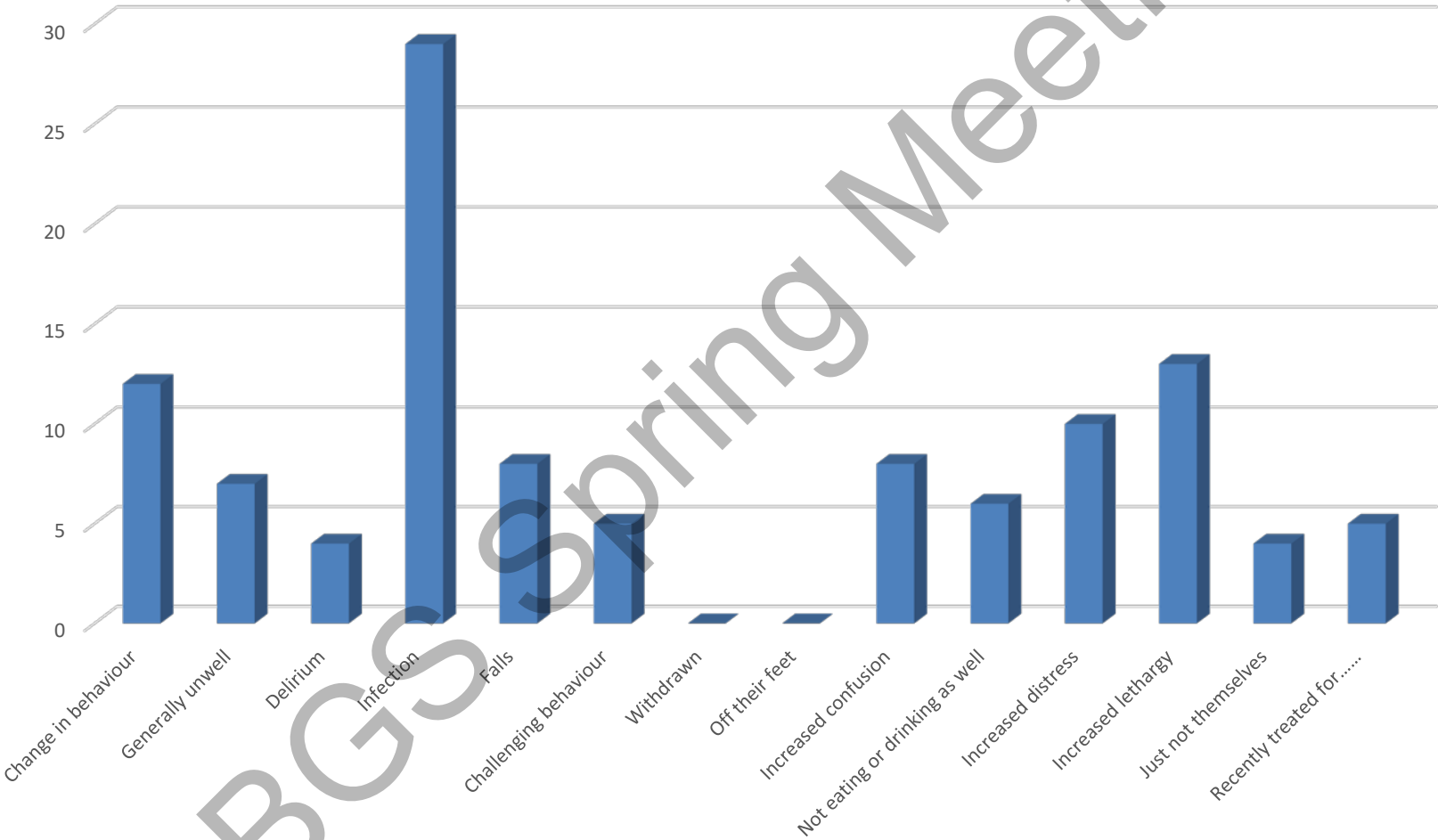
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Delirium Influencing practice

JotForms

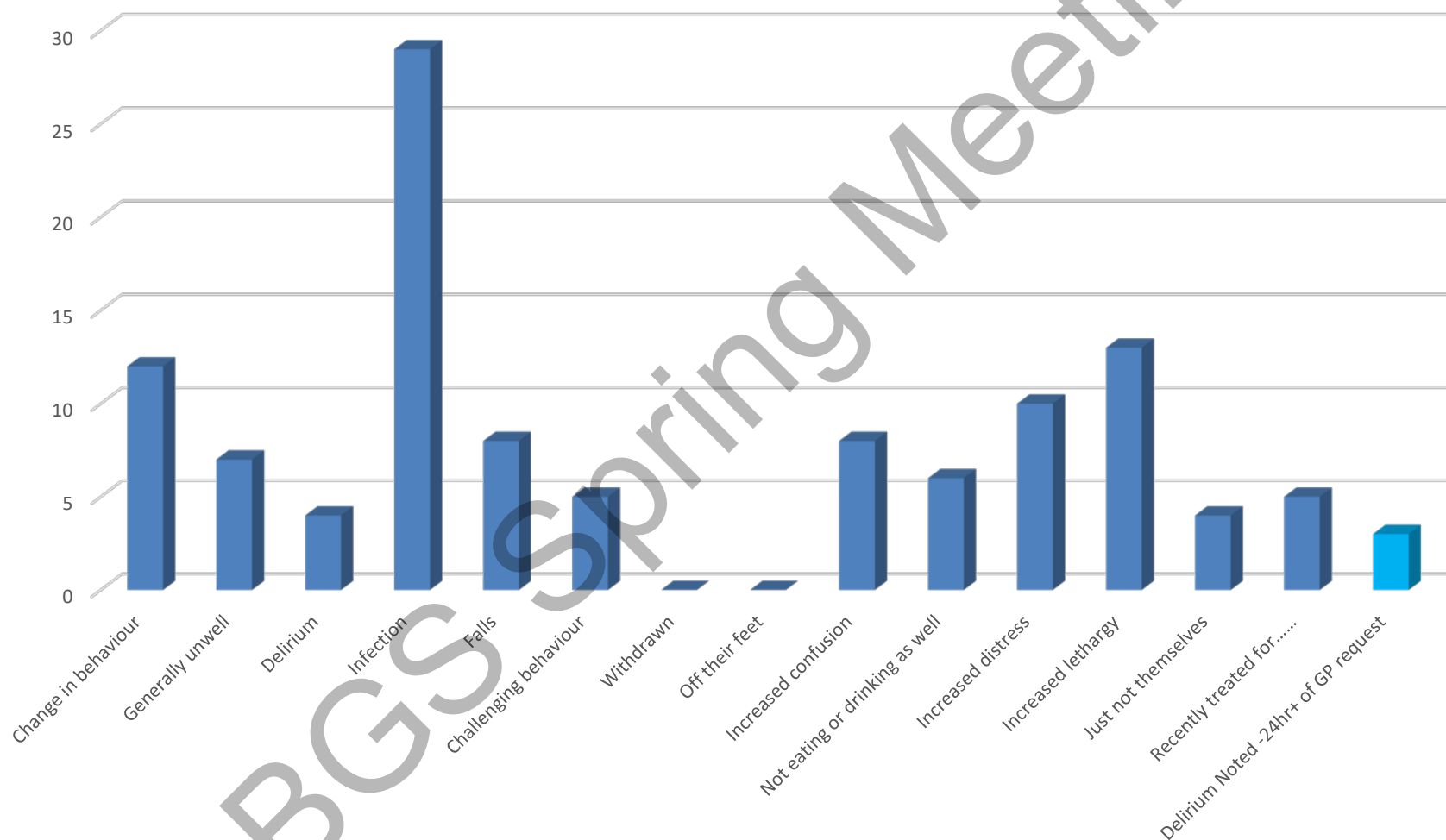
WORD/TERM - FIGURE IDENTIFIED (MAY-JULY 2018)



Delirium Influencing practice

Clinical Records

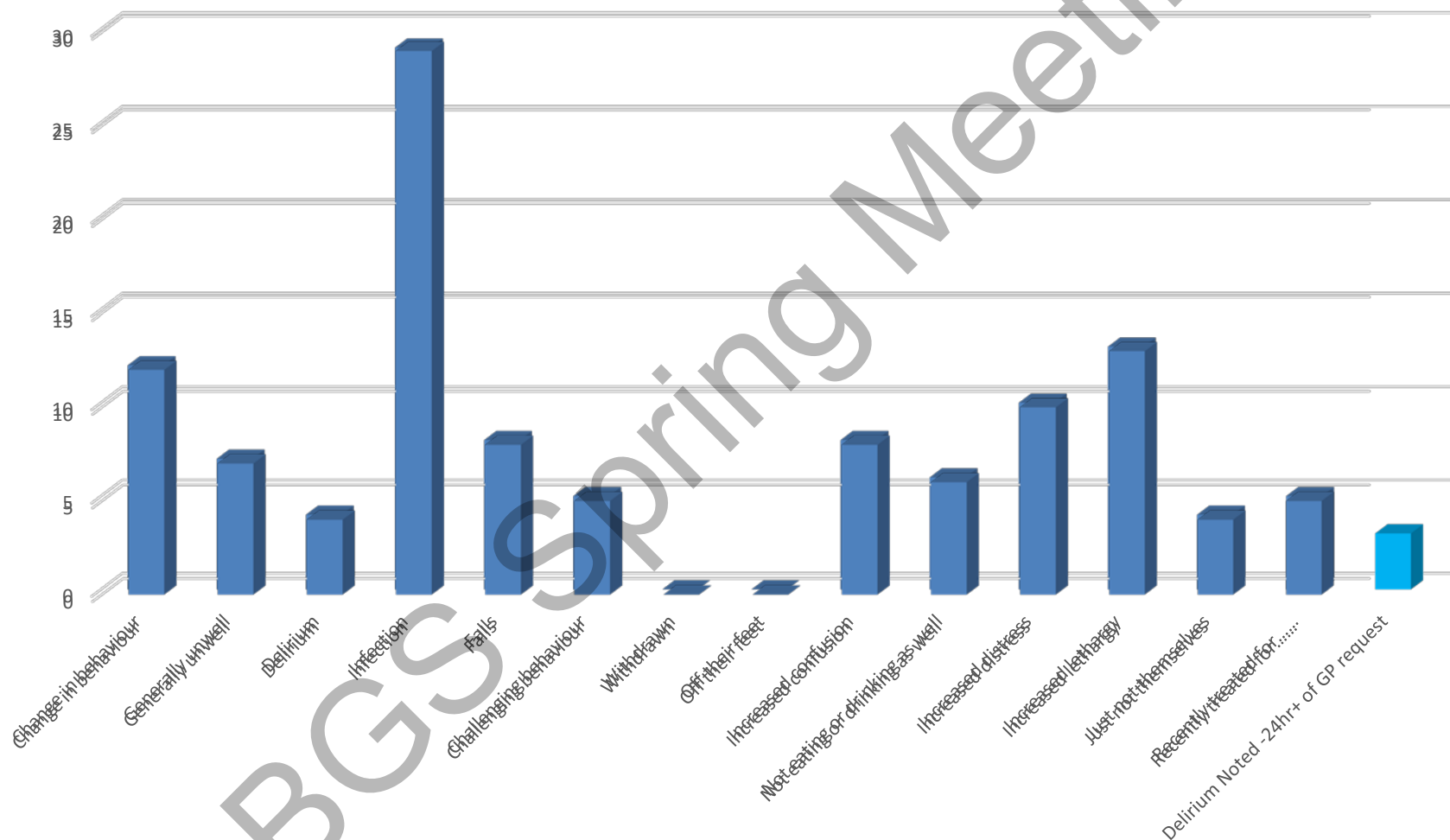
WORD/TERM - FIGURES IDENTIFIED (MAY-JULY 2018)



Delirium Influencing practice

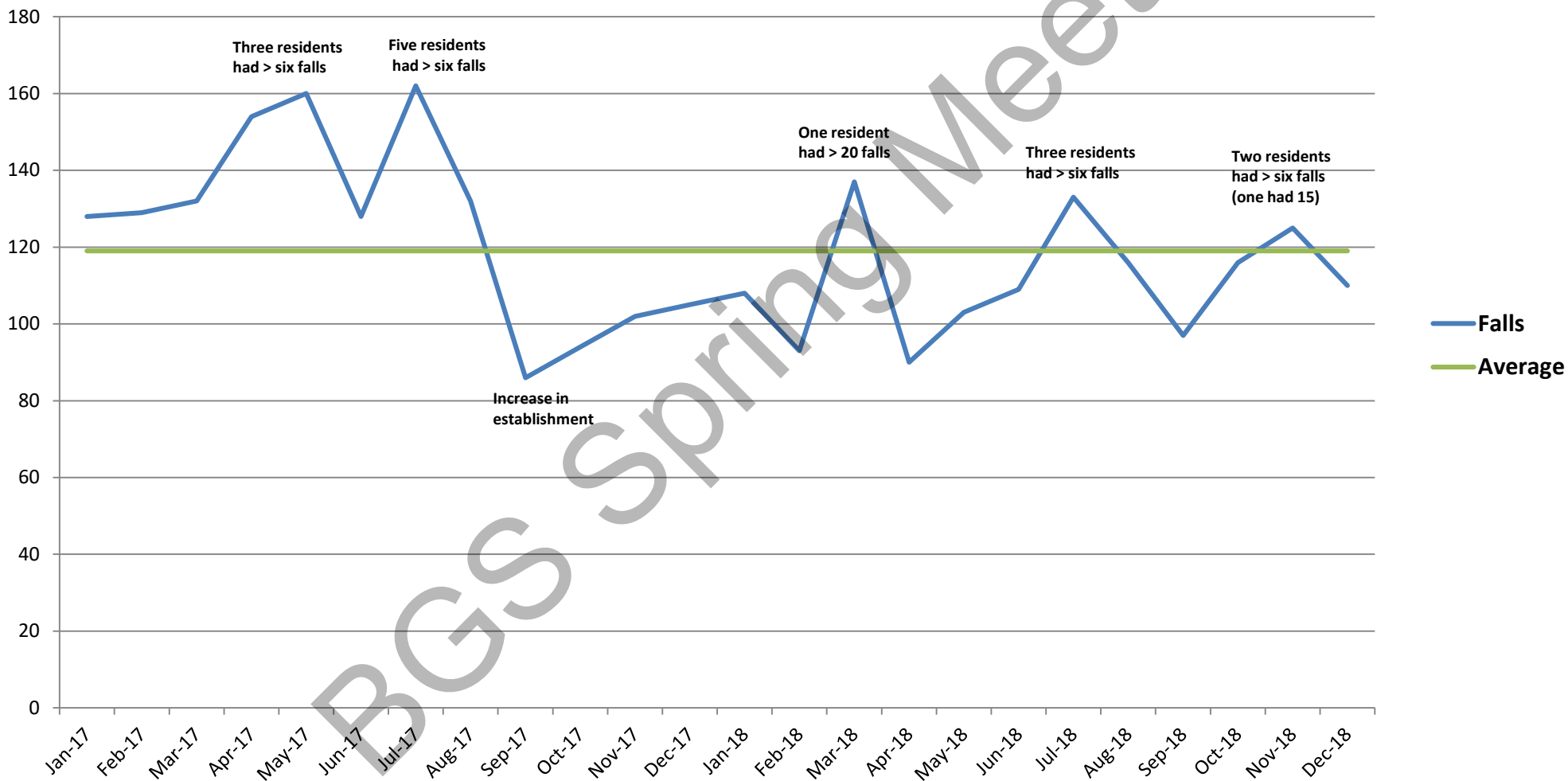
Combined

WORD/TERM FIGURE IDENTIFIED (ED/MAY/JULY 2018)



Falls 2017 - 2018

Falls across all Homes 2017 - 2018

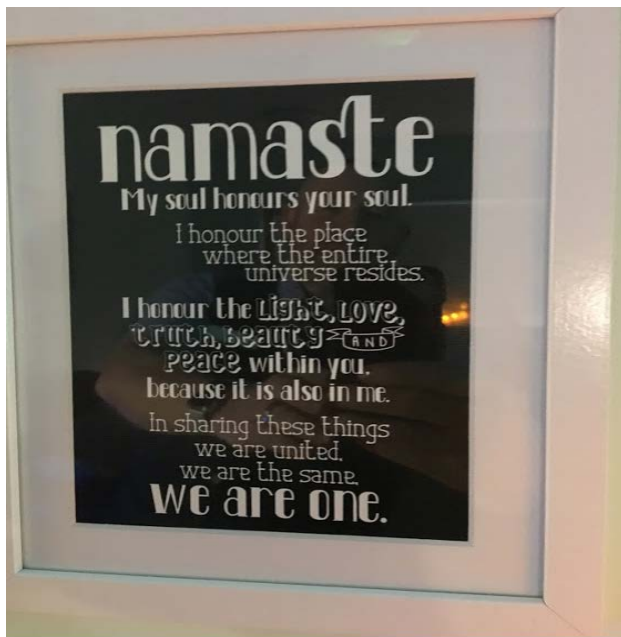


Quality Improvement Approach

Today's date: 09/04/19

House: EPH

Best run of days without a Pressure Ulcer	99	32	Best run of days without a Reportable Fall	141	141
Days with no Pressure Ulcers			Days with no Reportable Falls		
Best run of days without a Skin Tear	83	62	Best run of days without a Medicine Incident	398	73
Days with no Skin Tears			Days with no Medicine Incidents		





ART ADVENTURES

IN NATURE

Residents of Erskine Park Home have collaborated with artists-in-residence Gill White and James Winnett to create art inspired by nature.

Different art techniques have been used including photography, filmmaking, sound recording, storytelling, creative writing, model making, sculpture, stone carving, painting and drawing.

This exhibition shows some of the activities in action, and some of the work that residents have created.

Art Adventures in Nature is part of Unforgotten Forces, a partnership of 15 organisations supporting older veterans in Scotland. The project is led by Luminate, Scotland's creative ageing organisation, in partnership with Erskine.



**UNFORGOTTEN
FORCES**
Supporting Scotland's
Older Veterans



ERSKINE
Caring for Veterans since 1918



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Thank you

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