

The development of Clinical Care Frameworks for Community Teams

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Aim

To provide a handbook of frameworks to **standardise clinical care across Neighbourhood Teams (NTs)** by describing the care that patients will receive, appropriate to the need they present with, and the skills and competencies required to deliver that care

Progress

- 3 main sections completed so far;
 1. Introductions (an overview of Leeds Community Healthcare and Neighbourhood Teams)
 2. Holistic Assessment Framework
 3. Wound Management Framework

Key Messages

- The frameworks have been designed to;
 - Improve quality and efficiency in patient care across the NTs by **standardising practice and reducing variation**
 - Reflect current evidence and best practice
 - Be used alongside current SOPs, Policies, Processes, Guidelines
 - Support clinical decision making, **not as a substitute for clinical judgement**
- The frameworks have been developed with groups of clinical experts (Neighbourhood Team Clinicians, Steering Groups, Specialist Services etc.)

Content of the Frameworks

The frameworks include the following elements:

- Rationale of framework
 - Patient focussed outcomes
 - Key performance indicators
 - Processes
 - Clinical activity details, including staff roles, timescales and treatment options
 - Skills and competencies required
 - References
- The overall handbook also includes a glossary of terms with photographs to support descriptions

Wound Management Framework

- Please note the following documents are to be used alongside the framework;
 - *How to choose the correct dressing booklet*
 - *Pressure ulcer prevention booklet (v.2)*
 - *Changing your own wound dressing leaflet*
- Clinicians can access and print these supporting documents via Elsie

FFT Comments 1/3/16 – 31/5/17 (Positives – Wound Care)

“Thanks to the **excellent care** I received from the DN team my injured legs have now largely healed, so that I **no longer require daily visits**. However, the team have **committed to telephoning me** monthly to check on my condition.”

“After my hospital stay there appeared to be **good communication** between the Skin Dept at the hospital and the nurses.”

“I would like to thank all the nurses, male and female, who have attended to me, since my operation. **They all did a great job.**”

“It was a relief the nurses were able to visit **before my pressure sore became a serious problem.**”

“**Most reliable**, I have daily dressings and requested morning visits and late visits only twice in 2 years!”

“...wound dressing after surgery (on-going). **All satisfactory.**”

FFT Comments 1/3/16 – 31/5/17 (Could do better – Wound Care)

“Some don't **wash their hands**. Ask me if they **use the same water for both legs**. Only one needs to be washed. **I keep asking if the TVN can call**. I could go on, it's not that I want to get anybody in trouble I just want it to be right.”

“**Missed visits** without letting me know they are not coming, my legs are supposed to be done every 2 days and **sometimes are left days leaking**.”

“Since January I have had my **routine doppler cancelled every week**, It is now March and still have not had it done. This is unsatisfactory.”

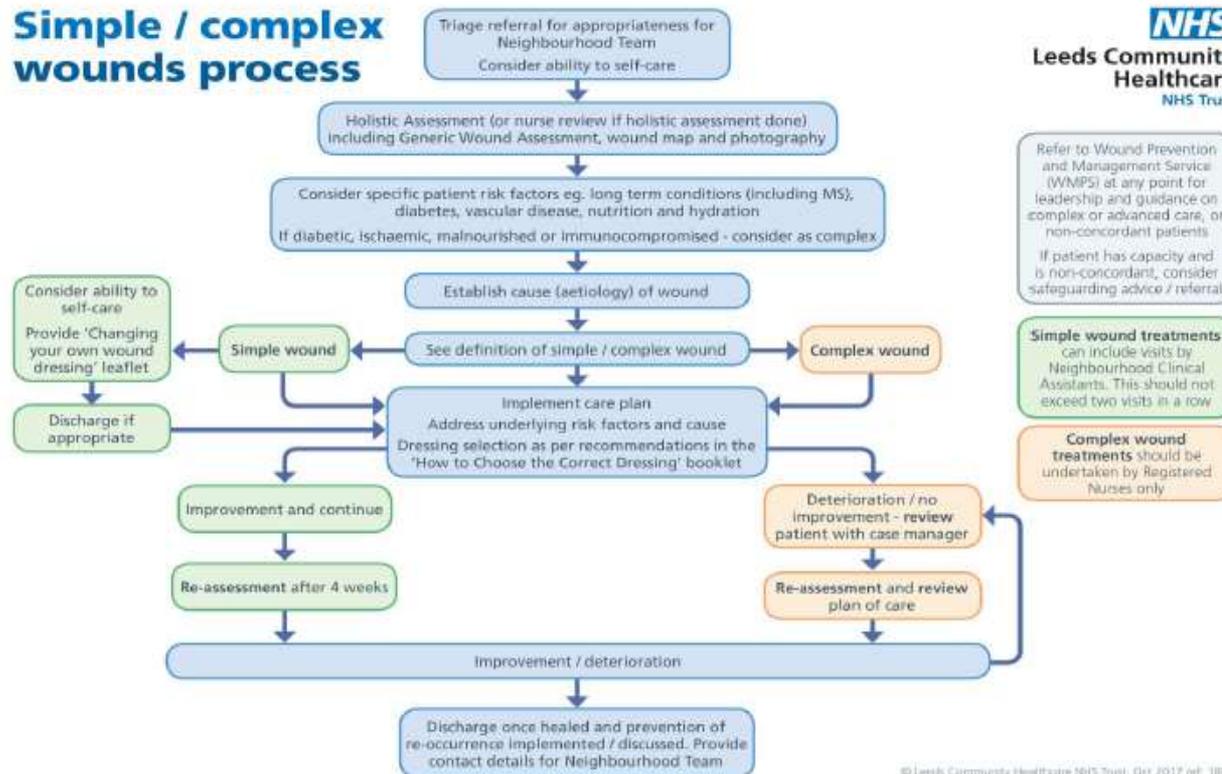
“We had lots of nurses to visit **not all trained to the same method of bandaging**.”

“**Not a lot of continuity** different nurses every time **dressing go missing**.”

“Issues are with **staff over worked and dressings cancelled** because not enough staff on duty. Never used to be as bad as it is now.”

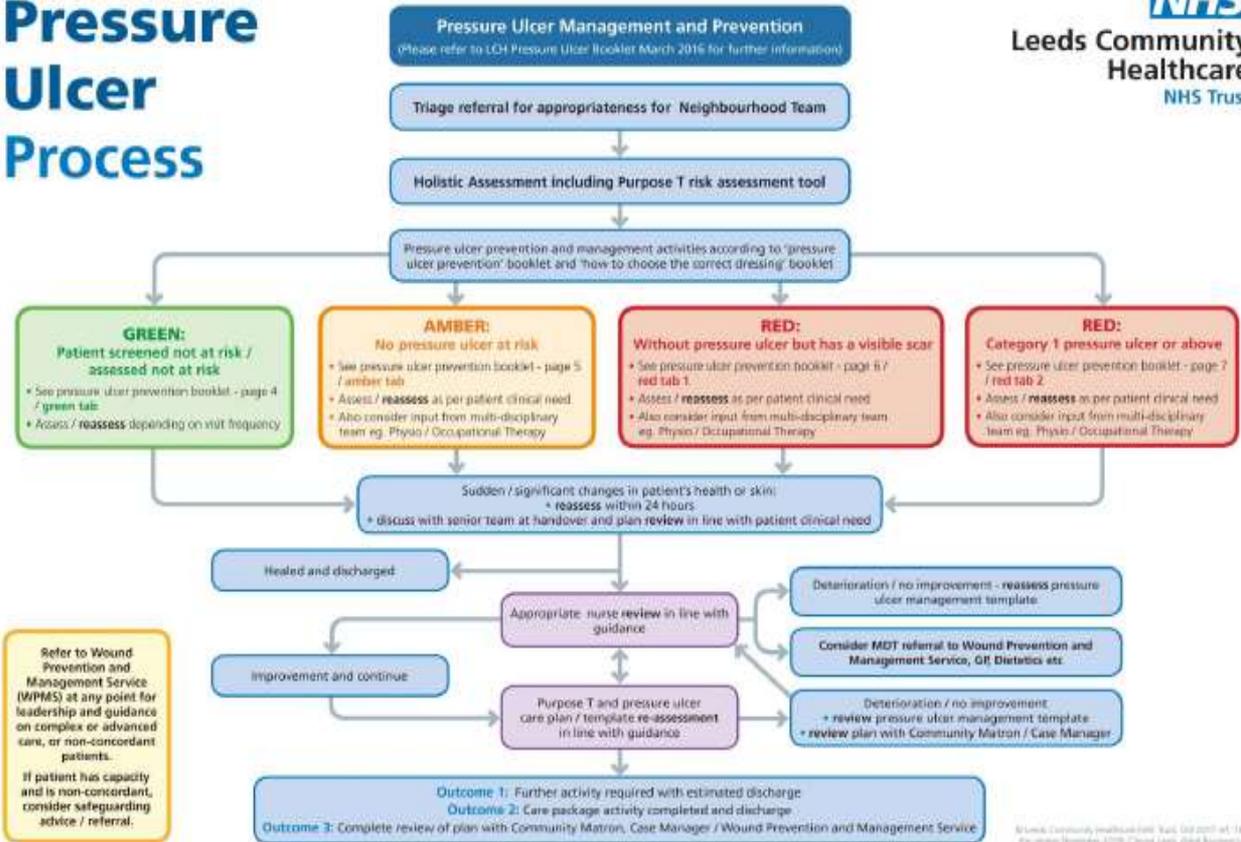
“If the... had been done sooner the **treatment would not have gone on so long**. I was discharged the first time with a blister in the affected area and told to keep my eye on it - and the **ulcers came back**.”

Simple / complex wounds process

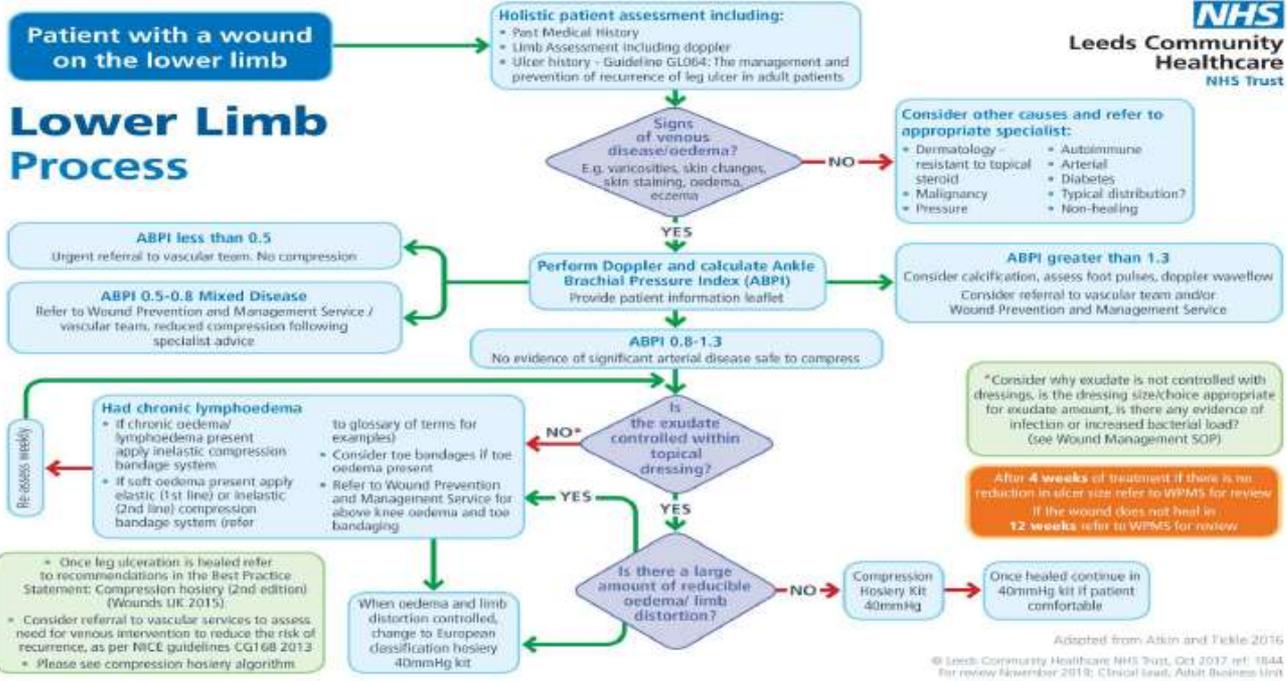


6.1. Pressure Ulcer Process

Pressure Ulcer Process



7.1. Lower Limb Process



Thank you
Any questions ?

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