PRACTICE PROFILE

Area	Location	Contact Number
Community Rapid Response Team	Laidlaw Community Unit St Marys Hospital Parkhurst Road Newport Isle of Wight PO30 5TG	(01983) 552054

Directorate	Community	Review of Profile due	August 2024
Professional Lead	Natalie Mew (HONQ)	Department Manager	Louise Hamilton (07917266664)
Education Lead		Anne-marie Phillips	
Education Lead Contact Details		(anne-marie.phillips@nhs.net, 07867 190929)	
HEI Representative		Please contact the Academic Assessor for the Student	
HEI's using this Learning Environment		Open University, University of Portsmouth, University of Southampton, Robert Gordon University	
Learning Environment Mission Statement		'Using patient focussed decision making to holistically support patients in the acute phase of being cared for at home' **Values:** Flexible, Effective, Inclusive	

LEARNING ENVIRONMENT PROFILE

General Information	This team provides a multidisciplinary rapid response and intervention service to adult Service Users in their homes to try and reduce admissions, as well supporting the Emergency Department, hospital wards and the Community Unit with providing safe discharges earlier than would be feasible without the support of CRR. The CRR service is a multi-disciplinary team (MDT) consisting of health and social care staff who provide short term intervention and support, 7 days a week between 08:00 – 20.00, to enable an individual to remain at home, or return home. The team undertakes a multidisciplinary assessment of the person, environment and support available in order to address the current concerns that led to the referral and to prevent future issues by putting mitigation plans in place. Between 08:00 and 20:00 7 days a week, all referrals for CRR support are to come via the coordinator mobile number 07748 932163 (This number is NOT to be given to members of the public or patients). As a team we have an office in Laidlaw on the St Marys Site, however due to the current climate this space is limited and as a division we agile work. Meaning our handover at 0815 is all on Microsoft teams from the comfort of your own home.
Description of Service and Client Group	The aims of the CRR Service are: • To provide an accessible and effective Rapid Response Service to ensure that adult island residents receive effective early interventions to enable them to remain at home at a time of need and to reduce the likelihood of hospital admission being required. • To assist hospital clinicians in being able to discharge patients home earlier than previously would have been considered safe, by provided

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	clinical oversight of patients during their first few days at home post discharge. • To support GPs to decrease admissions and re-admissions to hospital and reduce dependence on health and social care. • To facilitate interdisciplinary collaboration and an integrated approach to assessment, treatment and care and discharge planning across health and social care. • To help Service Users to remain functionally independent in their own home. • To effectively manage immediate 'crisis' needs of Service Users as well as signposting them for ongoing services if required (e.g. Integrated Locality Services). • To provide OPAT (Outpatient Parental Antimicrobial Therapy) to patients within their own home to facilitate early discharge from acute inpatient areas. Under the guidance of a named consultant and in partnership with the microbiology consultants.
Description of related services & Client group	**Inclusion** The CRR team will consider any referral from any professional source for an adult patient that the lead clinician and/or coordinator feel that CRR intervention will improve the patient experience and/or outcomes. A particularly low threshold of referral will be given to patients who may be considered frail as this group of patients have been shown to have significantly worse outcomes if they attend hospital without an absolute need to do so. This group are likely to significantly benefit from even a minor intervention from CRR services. **Exclusion** Patients will only be excluded from a referral if there is clearly a more appropriate pathway which is available and CRR intervention may only cause a delay in the patient accessing this pathway. CRR lead clinician and coordinator will assist, where possible, the referrer in redirecting the referral to a more suitable route. Any inappropriate referrals which CRR are required to take and manage due to the perceived lack of engagement by other services to discharge their responsibilities will require raising with the Consultant Nurse for Frailty, and if results in a near miss or patient harm, a datix to help identify the root cause of the inability to provide an appropriate service for the patient. Ultimately, if no one else appears to be in a position to support a patient, CRR will take on and manage the initial contact until a more appropriate route is found. The community Rapid Response Team works in conjunction with all primary and secondary services on the island and as a team we have built up excellent working relationships within all areas.

LEARNER INFORMATION

Work Patterns	The service runs 08:00 – 20:00 currently. Currently some staff work 08:00 – 18:00 and others work 08:00 – 16:00. This can be discussed with the team Lead. Weekend and bank holiday work is included as the service runs 7 days a week 365 days a year.

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Dress Code	IOW NHS Trust dress code policy (available via lsle of Wight NHS Trust Intranet)
Induction/Orientation programme	Our induction pack is currently being developed but all students will have plenty of support from the team. We hope to have this pack together within the next few months.
Staff / rest room facilities	Staff canteen available if on site. Toilets are in the main hospital building and in the Laidlaw department.
Expectations during placement	That all students will work under the direct supervision of CRR staff. They will conduct themselves in a professional manner and not work out of their scope of practice/competency. It is the students responsibility to highlight the limitations of their scope of practice if they are asked to practice outside of these. That all students will adhere to the Trust Values and our values as a team. They are punctual, polite to both staff and patients. They are keen to learn and develop using the wider multidisciplinary team. They are expected to highlight concerns/ good practice to senior members of the CRR team. They are able to provide and receive feedback.

LEARNING OPPORTUNITIES & RESOURCES

Recommended reading/Websites	
Common Abbreviations	<u>Band 3 – Senior Healthcare Assistant</u> • HCA's were put in to post to support patient's requiring social care until and care package could be put in place. This maybe assisting with hygiene, meal preparation collecting prescriptions and shopping. They can also carry out observations and calculate NEWS2 escalating appropriately. Some staff are able to give out equipment and have also been trained to complete continence referrals. They are able to complete referral to AGE UK and other agencies. They have phlebotomy skills and can also complete ECG's. <u>Band 4 – Associate Practitioner (AP's)</u> • AP's support therapists completing mobility assessments and identifying appropriate low level equipment. They are able to assess the patient with the identified equipment and refer on to NRS or CES for home adaptations i.e. Hand rails, grab rails, plinths to raise sofas or beds. AP's will assess the Patient in their own environment with the identified equipment and look at safe transfers and mobility assessment. AP's Have the same clinical skill set as Band 3's <u>Band 5 - Registered Nurses</u> • The registered nurses within our team have a number of clinical skills they possess. They carryout visits and plan care. Typically they will not visit the complicated patients on the caseload. They will have a good awareness of the escalation process and are competent with News and signs of deterioration. Our nurses carry out wound care, phlebotomy, clinical welfare checks and administration of intravenous medications for the Outpatient parental antimicrobial patients (OPAT). <u>Band 6 – Senior Staff Nurses - Specialist in CRR</u> • Senior staff nurses in the team often visit patients who are clinically unwell. They would undertake a comprehensive history and physical assessment if trained and competent to do so. They look at a holistic approach and will look at all aspects of the patient. They have different clinical skills which vary from catheter insertion, syringe driver set up, phlebotomy, and basic wound care to name a few. During our visit will would carry out a set of observations completing the NEWS2 and escalating using the SBAR tool. They liaise with

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community services in primary care often bringing services together to enable holistic timely care. They can be allocated clinician of the day taking referrals from ED, GP's, Paramedics, social services and other community based professionals. We use SystmOne to register patients and coordinate the shift providing clinical support and advice when required. We support the clinical lead with administrative management when required which can be audits, staff mentoring, and documentation.

Senior Staff Nurses – Specialist in OPAT

- The senior staff nurses in the team identify inpatients whom meet the criterial to be potential OPAT patients. They look into the patient's history from a microbiological point of view and assess them for their suitability to be accepted into OPAT treatment. They carry out comprehensive risk assessments and work closely with the multidisciplinary team to plan treatment for the patient. They work alongside the consultant microbiologists and antimicrobial pharmacist. The nurses also are currently training to insert midlines and will become competent within this skill. They conduct daily visits to see the OPAT patients across the island and monitor them closely for deterioration. They are proficient in venepuncture, cannulation and midline care. The clinical lead for OPAT is one of our ACP's who is very experienced with inserting midlines.

Occupational therapist & Physiotherapist

- Occupational Therapy (OT) role within the 'rapid response service for older people' is a highly effective profession to support with the holistic overview of the individual identifying through assessment physical, neurological, cognitive or environmental needs.
- The scope of the therapist within the rapid response role has increased with learning additional skills to ensure identification of the deteriorating patient with basic medical assessments to sign post within the team to nursing and ACP support or admission if required.
- To prevent unnecessary hospital admissions occupational therapy assessment supports peoples' ability to continue to take part in daily occupations and activities. They provide advice in falls prevention; arrange home adaptations and signpost patients to support services so they can manage.
- Within the CRR team the occupational and physiotherapist (PT) in the team work closely with transferable skills often wearing the 'therapy hat' for initial assessments and referring to each other if specific therapy needs are required that are more individualised towards OT or PT core skills.
- Physiotherapist role within the 'Rapid response service for older people is a health care profession dedicated to the restoration of movement, impairment and disability. Physiotherapists promote mobility, functional ability, quality of life and movement potential through examination, evaluation, diagnosis and physical intervention with individualised assessments and interventions for patients with acute, complex and changing needs with a focus on falls prevention a with onwards referrals for long term rehabilitation.

Advanced Clinical Practitioners

- The Advanced Clinical Practitioners (ACPs) within the team come from a variety of professional backgrounds, for example nursing, paramedic and physiotherapy. Alongside expert knowledge within their own specialist areas, they are either completing or have completed a Masters in advance clinical practice. They have a defined set of competencies which they need to evidence through what is known as the four pillars of advanced practice, to support a holistic and consistent level of clinical assessment of patients. The ACPs assess, diagnose, plan, implement and evaluate treatment, interventions and care for patients who present with both differentiated and undifferentiated diagnoses. They take overall responsibility for the clinical care of the patients within the CRR caseload, and are responsible for appropriately delegating tasks to other members of the team and ensuring they are provided with the support necessary to undertake these tasks safely.

The ACPs undertake additional clinical projects, for example the identification and management of high intensity users who are at high risk of hospital readmission, and complete comprehensive geriatric assessments, working in conjunction with the frailty unit. The ACPs link with the locality district nursing team to enhance and encourage cross service working to both share skill sets and reduce duplication of service delivery.

Consultant Advanced Clinical Practitioner (ACP)

- The Consultant ACP provides expert clinical advice, leadership, and support for the Community Rapid Response Team to ensure that care pathways are effective and meet the needs of the patients served by the team.

Team Lead

- The team lead upholds standards within the team, they provide leadership and management. They organise the rota/annual leave and manage sickness. They endeavour to provide a safe level of staff for patient safety. Their job is to manage support the team and inspire them to be proficient leaders.

Specialist Administrator

- Our specialist administrator assists with the daily clinical running of the team supporting the staff and the clinician of the day with administrative duties to ensure smooth daily running. They take the live referral phone to alleviate pressure of clinical duties when needed. They also support the operational function of the team with organisation and support for the consultant ACP and the team lead.

District Nurse (DN) is a registered nurse who has undertaken post qualifying preparation at degree or post graduate level and holds an NMC recordable Specialist Practice Qualification (District Nursing in the Home).

Community Matron (CM) Community Matrons are highly experienced, senior nurses who can work closely with the patient, GP's and other professionals to plan and

	organise patient care. As well as providing nursing care, they will act as a 'case manager' - the single point of contact for care, support and advice. **Community Nurse (CN)** is a registered nurse- who works in a community setting. **Care Quality Commission (CQC)** http://www.cqc.org.uk/
Specific learning opportunities	• Management of deteriorating patients • Holistic assessments • Welfare checks • Mobility and equipment assessment in the community • Multi-factorial falls assessment • Venepuncture • Vital sign monitoring • Advanced assessments • Observation of Intravenous Antibiotic administration. • Observation of midline insertions (where possible) • A&E/ AAU experience via ACP. • Further development and understanding of the wider services we connect with.
Specific areas of expertise/clinical skills	Our team is a highly skilled team whom all have vast experience within different fields – some examples are – a paramedic, to community matrons, antimicrobial nurse specialists, to A&E, MAAU, CCU and orthopaedics. We use each other's strengths as a team to unite and provide the best care for our patients that we can.
Common Assessments / Interventions/Care pathways	Please see above
Models of practice experience e.g Hub & Spoke, Patient Journeys	Community Division – Frailty Cluster

MULTIAGENCY LEARNING OPPORTUNITIES / RESOURCES

Multi-professional learners accessing the environment	Nursing Associates, student nurses, HCPC.
Professionals working in the environment	A variety of professional and others from a range of Statutory / Private / Voluntary and Independent Sectors.
Opportunities to meet EU directives (Nursing)	Mental Health/ Leaning Disabilities

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