Evaluating the Quality of Dependency Tool in Community Nursing Practice

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Background - About Me:

Background - It's a research festival – so lets do some research!

What's the first thing that comes to mind?

When you hear the word:

NURSE

Community Nursing:

"Provides invaluable care to people in their own homes, care homes, or close to where they live, in clinics and GP practices across every village, town and city in the country."

- NHS England (2023)

Background - What's good about community nursing?

- More nursing care conducted outside of hospital

- Lower mortality and morbidity completing nursing care in the community

- Cheaper: Community Nurse Visit (2020) = £22.00

  ED admission + 1 night hospital stay (2023) = £1,000 (Approx.)

- Promotes patient independence and autonomy

- National and local agendas to increase the amount of nursing care conducted in the community setting

Background – 2019: United Kingdom Community Nursing Costs

	activity (number of contacts)	cost £
District nursing	28,160,785	1,195,032,213
Specialist nursing	10,222,915	813,594,567
School nursing	4,014,854	164,680,256
Total	42,398,554	2,173,307,036

(Healthcare Financial Management Association, 2022)

Total spend on Healthcare in 2019: £225.2 Billion!

Background - Health and Care Transformation Programme

- Increase in local health data

- More healthcare conducted in the community

Background - How can we measure community nursing workload?

- A ward without walls

- Lack of measureable indicators

- Makes it difficult to finance and resource

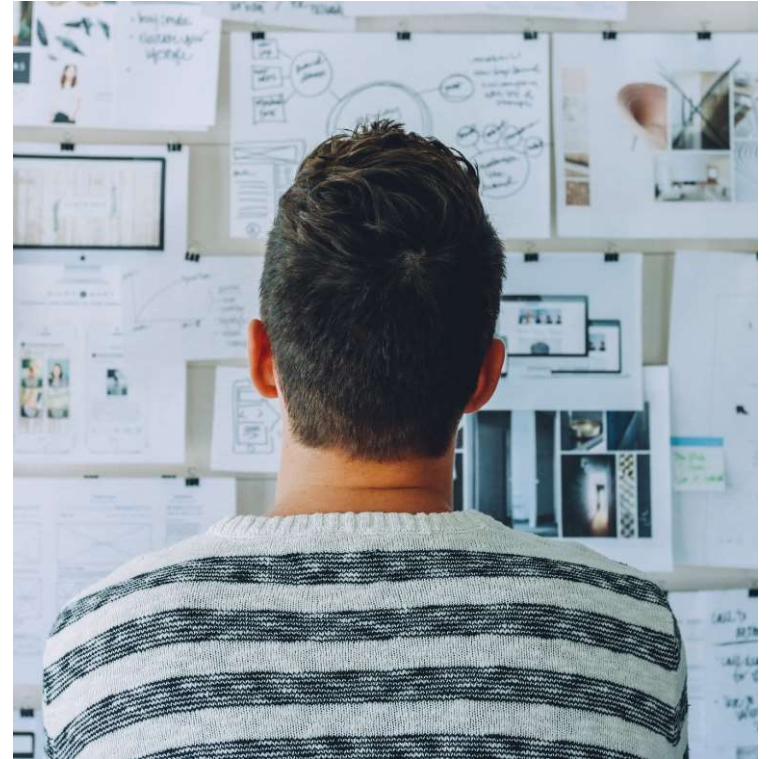- Develop a ceiling of capacity?

Background - How can I help?

Is there a better way to collect data to predict patient dependency in the local community nursing service ?

If a new system is proposed, will staff engage ?

What improvements could be made if a new system was successful?

Literature Review - what do I find out?

There is a significant lack of community nursing practice related research data and specifically, there is a lack of data related to community nursing patient dependency.

Literature Review - what do I find out?

A Dependency Tool is a reliable, well-evidenced platform to inform the dependency of community nursing patients.

Date	30/11/22
Staff member	**Dependency score**
Nurse A	9
Nurse B	8
Nurse C	11
Nurse D	7
Nurse E	14
Nurse F	12
Nurse G	10
Nurse H	10
Nurse I	
X7 WTE	
Total Dependency Score	81

Literature Review - what do I find out?

If no dependency tool exists locally, it is imperative that any tool adopted should be simple in nature in order to ensure conformity of use amongst nursing staff.

Any tool is best utilised in conjunction with staff clinical judgement.

It is key to acquire nursing staff thoughts, feelings and expert knowledge when adopting a change in practice.

Research Objectives

- To pilot a Dependency Tool which quantifies the predicted time a patient visit may take, in the local community nursing service.

- To gather staff's thoughts, feelings and opinions on the effectiveness, usability and value of the Dependency Tool pilot.

Research Questions

- Will a Dependency Tool be a useful, valuable addition to the local community nursing service?

- What are community nursing staff thoughts, insights and opinions on a piloted Dependency Tool?

- Is the data generated by the tool of value to the local community nursing service?
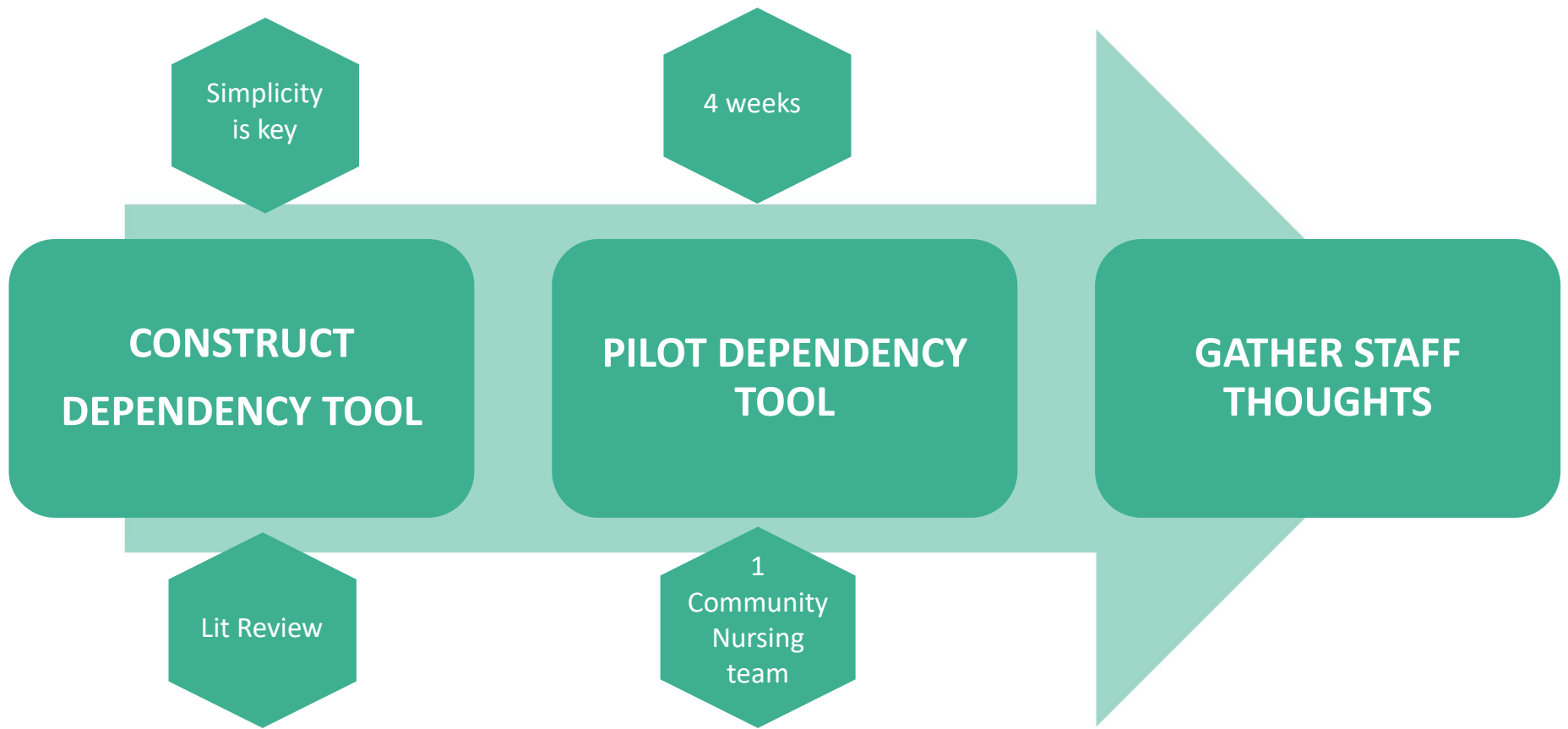
Ethical approval from Research Ethics Committees
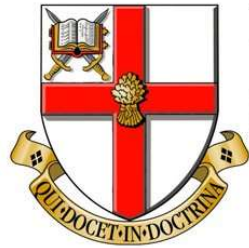
Methodology

Methodology

Data Collection — **Focus Group**

- Ability to collect data from multiple participants in one consultation
- Consideration of staff time

Sampling — **Purposive**

- Members of staff who are part of the team in which the dependency tool is piloted
- Have had 5 or more nursing shifts during the pilot to ensure sufficient exposure to the dependency tool

Data Analysis — **Thematic Analysis**

- Clear, useable findings
- Categorisation of experiences

Findings

Codes	Categorised Codes	Themes
High level of non-patient facing workload evidenced	High level of non-patient facing workload evidenced.	
Tool is universally simple to use	Non-patient facing workload should be considered	
Non-patient facing workload should be considered	Lack of purpose to data collected	Extensive non-patient facing workload
Useful for staff unfamiliar with patients and team	Difficult to accurately predict non patient facing duties	
Could be misused	Suggested improvements to the tool	
Predications accurate	Tool is universally simple to use	
Lack of purpose to data collected	Predications accurate	Ease of dependency tool use
Data assisted allocation practices	Practice not negatively affected by tool	
Data can be easily compared	Useful for staff unfamiliar with patients and team	
Effective data generated	Could be misused	
Step up from current dependency system	Data assisted allocation practices	
	Data can be easily compared	Effectiveness of dependency tool data
	Effective data generated.	
	Step up from current dependency system	
	Useful in managing daily workload	

Theme 1 - Extensive Non-Patient Facing Workload (NPFW)

- Administration, telephone calls, mandatory training and travel.

- Encompassed a substantial amount of nursing time

- Staff used dependency tool to estimate how much community nursing time was spent nursing patients.

- On an average 7.5 hours shift, 4 hours were spent on NPFW – 3 hours direct nursing.

- Significant (and surprising) as dependency tools have not been used to evidence this in previous literature.

- Dependency tool did not capture NPFW

Theme 1 - Extensive (NPFW) – Participant Quotes

"It is well known and frustrating that face to face nursing time is only a fraction of our day. Admin is becoming more and more of our day, and we are spending less and less time with the patient."

"We have a high standard of the paperwork…we are still good at being more holistic in our role."

"We are expensive receptionists"

"It doesn't encompass everything such as duties generated from everyday work."

"The worry is that they (management) will look at those numbers and think that's only a morning of work, you have 3 more hours of the day that is not accounted for."

Theme 2 – Ease of Dependency Tool Use

- Straightforward and easy to use

- Did not negatively impact daily workload or patient care

- Immediately indicated in the focus groups without prompts

- Clinical judgement facilitation

- However, could be open to interpretation – would need an auditing system if introduced into practice

Theme 2 – Ease of Dependency Tool Use - Participant Quotes

"You would automatically fill in the numbers without thinking"

"There will always be variation in what I might score to what someone else might consider"

"The general feeling in the office was that it was going to be a lot of extra work but actually it wasn't."

"There is room for it being manipulated."

"I didn't think it was too prescriptive. I thought it was a good guideline."

Theme 3 - Effectiveness of Dependency Tool Data

- Data from the dependency tool positivity assisted with management of workload, resources and planning

- Operational and personal workload planning

- Promotion of a fair and equitable workload for staff

- Data generated a step up from current local system

- All members of the CN service will evidently work differently – support could be offered

Theme 3 - Effectiveness of Dependency Tool Data – Participant Quotes

"It gave you that reassurance for the patients you didn't know. It assured you weren't overloading work to people."

"At a very quick glance, I found it very useful to manage my workload for the day."

Conclusions from finding

- Dependency Tool can be integrated into local service without detrimental effects if required

- Basis for future development

- Data has been produced – qualitative and quantitative

- The ward without walls has been measured!

The value of conducting research

- Pride

- Resilience

- Knowledge

Any questions?