

The Foundation of Nursing Studies

Awards 2001

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Special thanks to:

The Birmingham Hospital Saturday Fund Medical Charity and Welfare Trust

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Thornbury Nursing Services

Mrs Elizabeth Tompkins

All the nurses and other healthcare professionals who submitted entries to the Foundation of Nursing Studies Awards 2001

The Foundation of Nursing Studies Awards 2001

In this, our 10th Anniversary Year, the Foundation of Nursing Studies was delighted to announce two new awards together with the long-standing Mallabar awards. The awards were open to all nurses, midwives and health visitors working in practice at any level. The overall aims of the Foundation of Nursing Studies awards are to:

- Support nurses, midwives and health visitors who have good ideas for improving and developing practice
- Promote the use of good research, evidence and knowledge in practice
- Improve patient/client care

The Mallabar Awards

This year the Mallabar Awards are aimed at nurses, midwives and health visitors involved in practice development initiatives that aim to improve patient/client care. Over the years this award has been acknowledged as important for rewarding and celebrating good practice initiatives that are evidence-based and improve patient care. The Foundation of Nursing Studies feels it is important to reward developments in everyday practice. This year the Mallabar Awards ceremony is being sponsored by Thornbury Nursing Services.

Thornbury Nursing Services is a specialist provider of the healthcare staff in the public, and private sectors. The Agency was established in the early 1980's and operates all over the UK. Utilising new technology it provides a fast, efficient, quality-based approach to all its operations. Adhering to a strategy of being the "very best at what it does" Thornbury provides a degree of service to clients and staff, which it believes to be unmatched by others in the field.

The total prize fund for this award is £5000.

The Richard Tompkins Award for Nurse-Led Care

We are particularly pleased to announce this new award in the name of one of the Foundation's early supporters, the late Mr Richard Tompkins. Over the past ten years the Tompkins Foundation has enabled us to carry out our important work and Mrs Tompkins, as one of our Trustees, has always valued the skills and expertise of nurses. It seems fitting that this new award is for nurses, midwives and health visitors who are developing nurse-led initiatives, in particular those which improve the accessibility and responsiveness of services for patients/clients.

The total prize fund for this award is £2000.

The Birmingham Hospital Saturday Fund User Involvement in Care Award

This second new award invites nurses, midwives and health visitors to submit proposals for developing services and practice that demonstrate the full involvement of service users. We all recognise the importance and value of making sure patients and service users have a strong voice in the development of care services and this award is for those who provide models of good practice.

Founded in 1873, the Birmingham Hospital Saturday Fund (BHSF) has 155,000 policyholders throughout the UK and provides a medical cash back insurance scheme for individuals. The BHSF Medical Charity and Welfare Trust is the charitable arm of the Company, donating over £125,000 each year to medical research and the provision of equipment to hospitals and charitable organisations. The total prize fund for this award is £2000.

Foundation of Nursing Studies Award Winners 2001

Mallabar Awards

Winners

Dawn Lockley, Public Health Nurse; Siobhan McFeely, Specialist Development Nurse, Sheffield South West Primary Care Trust.

Development of a nurse-led outreach contraceptive service in conjunction with youth and drug outreach services.

Susan Ward, Skills Training Project Manager, University Hospital of Wales, Cardiff.
Skills training programme for ward nurses.

Runner Up

Elaine Whitfield, Coronary Care Nurse Practitioner; Pam Naylor, Coronary Care Clinical Lead Nurse, Queen Elizabeth Hospital, Gateshead, Tyne and Wear.

Meeting the priorities of patients admitted to hospital for chest pain.

Commended

Donna Ellis, Ward Manager; Jo Tytherleigh, Junior Sister, Addenbrooke's Hospital, Cambridge.

Non-invasive ventilation.

Keith Coupland, Consultant Nurse; Eric Davis, Consultant Psychologist; Karl Gregory, Clinical Nurse Specialist; Richard Burden, Community Psychiatric Nurse; Jo Denney, Occupational Therapy Clinical Specialist, Brownhill Centre, Cheltenham.

A shared endeavour in training practitioners to work with psychosis.

Fiona Paul, ICU Specialist Liaison Nurse; Charles Hendry, Lecturer; Louise Cabrelli, Senior Staff Nurse, Ninewells Hospital, Dundee.

The development and evaluation of an information booklet for patients and relatives following intensive care.

Richard Tompkins Award for Nurse-Led Care

Winner

Meriel Sinclair, Clinical Co-ordinator, Leeds Community and Mental Health Trust.

'Gateway Clinic' for multiple sclerosis patients in Leeds.

Runners Up

Alison Pearsall, Risk Manager; Gina Helsby, Specialist Nurse for Substance Abuse; Maureen Donohoe, Mental Health Liaison Nurse, Fairfield Hospital, Bury.

A seamless approach to the management of substance misuse in mental health services.

Sue Marsh, Community Mental Health Sister, East Dorset Adult Community Mental Health Service, Poole, Dorset.

'Obsessions Together' – making a difference with service users.

Commended

Kirsten Midgley, Junior Ward Sister; Rosie Copland, Senior Ward Sister, Leeds General Infirmary, Leeds.

Establishment of a nurse-led pre-transplant clinic.

Birmingham Hospital Saturday Fund Award for User Involvement

Winner

Kate Lowery, Research Associate; Yvonne Curling, Deputy Ward Manager; Karen Beamen, Deputy Ward Manager, Queen Elizabeth Hospital, Gateshead, Tyne and Wear.
Integrating service users' views into developing service provision.

Reports from Last Year's Winners

Joint First Prize Mallabar Award 2000 Winners

Falls prevention project

Project Leader: Julie Derbyshire, Practice Development Nurse, Medical/Elderly Division, South Tyneside District Hospital

The Medicine/Elderly Division health and safety team initiated an audit in August 1999 to determine the effectiveness of the falls risk assessment tool currently in use and the nursing and a medical intervention for falls. An ongoing project resulted from these findings.

The Divisional falls prevention strategy was revised. Plans included:

- The purchase of bed alarm monitors and other aids
- Exploring the possibility of establishing a multi-disciplinary falls clinic within the existing day hospital
- A review of patient/carer information
- Improving staff awareness of falls prevention strategies.

A new falls risk assessment tool was developed and introduced in May 2000. As well as using a simple scoring system to identify those patients at risk, the tool also includes recommended interventions for staff to follow depending on the level of patient risk.

Informal feedback from staff following the introduction of the tool was positive, but a formal evaluation was initiated in May 2001 to measure the use and effectiveness of the tool.

Each health and safety representative was asked to complete an audit tool for ten patients on their ward. In total, 86 forms were completed.

The audit results showed that the risk assessment tool was being used in most clinical areas for patients on admission. However, the timing of the risk assessment varied. They suggest that the tool is simple to use and effective in identifying those at risk, particularly as the patients who fell more than once had been identified as at a high risk of falling. In the majority of cases a green wristband was put in place to alert staff to patients at high risk and a care plan had been implemented. Appropriate interventions were adopted for many of the patients, both those at risk of falls and those who fell, for example, use of bed monitors and hip protectors. Overall the results of the audit were better in comparison to the audit of the previous tool, and generally staff appeared more interested and enthusiastic about falls prevention and management.

The results of this audit will be fed back to staff in clinical areas by the health and safety representatives, to raise awareness of the importance of using the falls risk assessment tool and the need to initiate appropriate interventions to reduce the number of patient falls. It is important that care plans are implemented for all patients at risk, so that all staff are aware of the care to be delivered. Although some staff education has been organised during the year, there is a definite need for more training, particularly since the National Service Framework for Older People (DH 2001) identifies falls as a key priority. There is also a need to encourage user involvement and improve patient education in falls prevention and management, not only in hospital but also on discharge.

The design and implementation of a model of psychosocial interventions within an in-patient mental health unit

Project Leader: Mick Fleming, (formerly) Ward Manager, Moor Lane Centre, Ilkley.
Contact details: mf51@york.ac.uk

The rehabilitation unit at the Moor Lane Centre is a twenty bedded in-patient mental health unit for people who have a severe mental health problem. During 1998 a number of factors occurred which led to a review of the care being provided.

National evidence suggested there were deficiencies in the core skills of mental health professionals, particularly in engaging patients, their carers, assessment of need and the use of therapeutic interventions (DH 1998, SNMAC 1999, Sainsbury Centre 1998). Feedback from user/carer groups and staff meetings provided local evidence that these deficiencies were apparent in the care being provided at the Moor Lane unit.

There is also growing evidence indicating the effectiveness of specific psychological and social interventions for people who suffer from severe mental health problems and for their relatives (Brooker, Tarrier and Barrowclough 1992, Brooker, Falloon and Butterworth 1994, Lancashire et al1996). However, organisational factors, attitudinal factors and the complexity of the interventions have been barriers that have prevented the implementation of these techniques into mainstream mental health services (Brooker 2001, Baker 2000, Fadden 1997).

As a result of the awareness of these factors, the staff team agreed to undertake a project to design, implement and evaluate a new model of care based on the principles of psychosocial interventions (PSI). The aims of the study were to consider:

- The evidence base for the effectiveness of PSI for people who have a severe mental health problem
- The design and implementation of a model of care based on the underlying principles of PSI. An action research approach was used to review the implementation of the model and to identify the barriers and boosters to implementation
- Identification of the impact of implementation of PSI on the staff team.

Outcomes/Findings:

Psychosocial interventions:

- Are useful when working with people who have a serious mental health problem and are therefore consistent with recommendations in the National Service Framework for mental healthcare (DoH 1999)
- Enhance coping and symptom self-management and provide therapeutic optimism for clients and staff
- Fit readily into integrative models such as multi-agency/multi-disciplinary team working
- Are effective in improving aspects of clinical practice, such as engagement, assessment of needs, use of therapeutic interventions and evaluation/measurement of care
- Provide practitioners with a wider range of strategies and techniques to use in clinical practice
- Increase practitioner confidence
- Reinforce the use of evidence and research findings in clinical practice

- Emphasise the importance of quality of care issues such as relationship building and humanistic issues
- Can increase understanding of clients' behaviour.

Barriers to implementation

Organisational factors: The structure of in-patient units is not conducive to training, PSI work and the implementation of innovative developments. This is partly due to PSIs being time intensive. The conflicting interests and goals of different service areas work to prevent the implementation of PSI in any one area.

Attitudinal factors: PSIs conflict with traditional ideologies of care and treatment of people with serious mental health problems. Staff who are immersed in the biological model of schizophrenia or who have a rigid view of mental health care have difficulty adjusting to new models of care.

Factors relating to the interventions: PSIs are complex and professionals need time to develop the knowledge, skills and, most importantly, the confidence to use them in their clinical practice.

Boosters to implementation

A structure of clinical supervision in place and strong clinical leadership provides guidance, focus and support for team members. The development of a positive/warm culture for staff to work and the involvement of the whole team in implementation enhances teamwork, a common identity and the motivation of staff. Training utilising non-didactic teaching methods, together with the provision of study time, increases staff knowledge about PSIs and provides them with the opportunity to practice using the techniques in a safe environment. Involving users and carers provides the opportunity for receiving feedback regarding models of care and their impact on clients and families. Multi disciplinary team (MDT) and management support ensures consistency between the goals of the new model and those of the organisation.

This in turn ensured MDT support and fuller implementation of the model. A particular emphasis was placed on the appropriateness of the stress vulnerability model of schizophrenia to the medical model of schizophrenia. Management support can provide practical help with resources and help in solving wider organisational problems.

Winning the Mallabar Award in 2000 has raised the profile of the project and allowed staff to meet people from other in-patient units who are working on similar projects. The Foundation of Nursing Studies has provided financial support, allowing the unit to purchase essential teaching equipment and resources. The Foundation has also offered advice on practice development, which has helped with the direction of the project and promoted the link between research and practice. The overall benefit has been to maintain the motivation of the team towards achieving their stated goals for practice development.

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A practice development project to implement best practice in prevention of leg ulcer recurrence

Sarah Pankhurst, Clinical Nurse Specialist – Tissue Viability, Nottingham City Primary Care Trust

The management of leg ulceration has enjoyed a resurgence of interest over the last few years, because new bandaging techniques for venous ulcers have greatly increased healing rates and decreased ulcer duration. This reduces the amount of pain and suffering for the patient, and also the financial burden that leg ulceration has placed upon health service resources.

Leg ulcer clinics across Nottingham have provided patients with treatment for several years and have proved effective in increasing healing rates for patients. The problem that is now faced is preventing leg ulcer recurrence for those patients who have been healed.

Current guidance on how often patients with healed leg ulcers should be monitored is unclear. Although RCN Guidelines suggest that Ankle Brachial Pressure Index (ABPI) should be reassessed three monthly as part of ongoing assessment, less frequent reassessment might be appropriate for those patients whose healed leg ulcers are solely caused by venous disease.

A team of tissue viability nurses recognised that practice could be developed if two main issues were explored:

1. How often should patients with a healed leg ulcer be reassessed?
2. What information should patients receive when their leg ulcers have healed?

Project outline and progress to date

Using the evidence available, the team developed an assessment tool to identify factors that indicate the patients who are most likely to benefit from more frequent reassessment. They wanted to determine if those patients who are at greatest "risk" of developing changes in circulation could be recognized. The tool has enabled them to review how many patients actually have changes in their ABPI and over what period of time.

Patients have also been asked about the health education information that they received once their leg ulcers had healed. The team wants to ensure that patients are receiving appropriate information about the prevention of recurrence.

Leg ulcer clinic co-ordinators have completed 100 assessment forms with patients in clinics across Nottingham.

With assistance from the local Research and Development Team, a database has been developed to collate the assessment forms. As well as addressing the issues identified in this project, the team will be able to explore and develop practice in other areas of care such as pain control or promoting compliance with compression hosiery.

To date, 50 of the assessment forms have been collated. Findings suggest that:

- For the majority of patients, there has not been a significant change in their ABPI measurement since their leg ulcer healed
- Patients who have shown changes tend to be those who already had other symptoms and medical history indicative of arterial disease
- Patients are not aware that their circulation could change and that they would benefit from an information leaflet detailing advice for the aftercare of their legs.

Further verification of these findings will be available when all the assessment forms have been collated.

Summary of outcomes

The assessment tool has proved to be a successful way of collecting information about patients with healed leg ulcers. The clinic staff have been very supportive of this initiative as they recognised that it was an area of practice that needed to be developed. When collation of the information from the assessment forms is complete, the team will be able to produce guidelines for the reassessment of patients with healed leg ulcers which can be implemented across Nottingham. A patient information leaflet will be developed to support patients in caring for their legs and preventing recurrence. The process has also helped to identify areas of practice where periodic training and audit would support the delivery of patient care.

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Mallabar Award 2000 Second Prize Winners

The 125 Flower Estate health project

Project team: Siobhan McFeely, Specialist Nurse; Sue Flynn, Secondary School Learning Mentor; Bethan Plant, Health Promotion Manager; Val Holland, Drama Facilitator

Contact: Bethan Plant. Telephone: 0114 271 1113

Background to the Project

The "125 Flower Estate Health Project" is a multi-agency initiative that was established in 1998 with the aims of improving the health of young people and bridging the gap between young people and primary care.

The project, which is located in a secondary school near to a disadvantaged housing estate in the north of Sheffield, recruits year seven pupils to engage in a twenty week health workshop programme. Learning mentors in the school select young people to participate in the project. These tend to be young people who would benefit from being involved in group work and many are regular non-attenders at school.

The workshop programme enables the young people to explore a variety of different health issues. These include:

- Healthy eating
- Smoking
- Alcohol
- Sexual health and relationships
- Self-esteem and confidence building
- Stress and relaxation.

Central to the work is a behaviour model of positive praise and reward (Webster Stratton, 1994). Many of the young people constantly receive negative comments from individuals in school and at home, rarely do they receive positive reinforcement and praise. The workshop sessions focus on encouraging group work and praising young people for their participation and involvement.

Introduction of peer education – the Mallabar Award

The Mallabar Award 2000 has enabled the team to develop their work further. The funding has been used to train six young people, who have themselves participated in the "125 Health Project" workshops, to become peer educators. The literature suggests that young people naturally form groups of friends who will learn from each other. Peer-led approaches can be very positive experiences for young people. In adolescence young people often prefer learning from and with their own peers (Shiner, 1999).

The peer education training – residential weekend

The team developed a training programme to enable the young people to develop skills as peer educators and arranged a peer education residential weekend which took place at Boggle Hole in Whitby in September 2001.

The group stayed in a youth hostel which had direct access to the beach. Some leisure time was scheduled for the programme and the young people were able to go for a beach walk. For some, this was the first time they had been to the seaside.

During the weekend the young people worked extremely hard in training to deliver two different workshop sessions:

- The introduction workshop
- The alcohol workshop

The group continually exceeded the expectations of the project team. It is important to reiterate that many of these young people have low levels of self-esteem and self-confidence, yet all participated fully throughout the three days, working late into the evening to practise delivering the workshop sessions.

Since the weekend, the group of young people has facilitated two workshops for their year seven peers who have been recruited to the "125 Health Project". This will continue during each school term, as different groups of year seven pupils are recruited.

Outcomes

Since the "125 Health Project" began, it has been demonstrated that the young people involved in the work have gone on to access primary care services on their housing estate. It is hoped that the peer education element will further encourage this trend.

As a result of this positive outcome, the project is now being rolled out across the city of Sheffield. Four secondary schools are now involved in delivering the project, one in each of the four Primary Care Trusts.

The work is being supported by the Education Department and the School Nursing Service. A project training and resource folder is currently being produced. The project team is training school nurses and learning mentors to deliver the project in their own settings. The project is also being taken into residential children's units as a way of engaging "looked after children" in health education work.

Breast Power – Protecting, promoting and supporting breastfeeding in the East Durham area

Project Team: Catherine Sara, Health Visitor and Glenda Fallow, Health Visitor, Sure Start Peterlee

The project was jointly funded by the Mallabar 2000 Award and Easington Primary Care Group.

Project Rationale

A calendar using local people in the photographs, quoting local people's experiences as breastfeeding families, and giving evidence-based information on the benefits of breastfeeding was produced. The intention of the project, through this calendar, was to:

- Increase the initiation rate of breastfeeding which at 24% locally (Sure Start, 2000), currently falls below the national average of 64% (Department of Health, 1996).

This was achieved by using local breastfeeding mothers and their families and by increasing women's knowledge of the benefits of breastfeeding

- Sustain breastfeeding, which at 17% locally (Sure Start, 2000), again falls below the national figure of 40% at 6 weeks (Department of Health, 1996). Both of these will have positive short and long-term effects on child and maternal health (Howie et al, 1990)
- Positively influence societal attitudes towards breastfeeding, therefore encouraging future generations to choose to breastfeed (Tarkka et al, 1999)
- Support current breast feeders by positively advertising the accessibility of local breastfeeding support groups
- Extend the current role of professionals within the public health arena in line with current government recommendations (Department of Health, 1999).

Action Plan

A calendar was produced involving local antenatal and postnatal women. These were distributed by midwives to 50 pregnant women in the Sure Start Peterlee area. All recipients were asked to complete a questionnaire to evaluate the impact of the calendar. A 100% response rate was achieved.

Outcomes

An increase in the awareness of normality and benefits of breastfeeding within the local society

Question 5 of the questionnaire showed that 32 out of 50 women (64)% said their knowledge of breastfeeding had increased. This is supported by some of their comments:

“good idea – encouraged me to try again when I wasn't going to”

“encouraged me to try and to carry on”

“good idea to promote breastfeeding in homes that would otherwise not get the information”

“it was a good idea using local people”

“nice to be handed out to encourage people to have a go”

Increased numbers initiating breastfeeding

Question 3 of the questionnaire showed that 19 out of 50 women (38%) initiated breastfeeding. This is an increase of over 50% from the previous year's figures (Sure Start, 2000).

Sustained breastfeeding

Question 3 of the questionnaire showed that 14 out of 50 women (28%) sustained breastfeeding for 6 weeks or longer. This is an increase of 61% from the previous year's figures (Sure Start, 2000).

Increased attendance at local breastfeeding support group offering peer and professional support

Although prior figures for breastfeeding group attendance were not formally collected, experiential evidence proves an increase. The group itself has been vibrant, supportive and enjoyable for staff, mothers and children. A selection of comments supports this:

“fantastic – lots of help”

“brilliant”

“I liked it and the calendar is a good way to promote it”

“professional advice and interacting with other mothers was good”

Stimulated debate in family settings and wider social networks that breastfeeding is a public health issue

Experientially it has been found that producing the calendar has stimulated debate beyond expectations. Comments from question 6 and the further comments section of the questionnaire illustrate this:

“friends thought it was interesting and so did my daughters”

“there was information on the calendar that people were surprised about”

“my husband was fascinated by it”

“I know that breastfeeding is best but I didn’t want to do it”

“increased awareness generally which can only be a good thing, counteracts bottle feeding adverts and there should be more of the same”

“increased confidence for a friend thinking of breastfeeding”

“good idea, recognised people on the calendar”

In addition, interest has been shown by contacts made by local health promotion networks and from other UK health workers.

Conclusion

The project has been successful in the aims it set out to achieve. There has been a positive impact on the health of the target community, and an immeasurable effect on the wider community. As a result, the calendar will be produced annually.

The project co-ordinators extend their thanks to all involved.

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Mallabar 2000 Runner up

Mouth care matters in medicine - a project to improve the care delivered to patients

Project Team: Jill Down, Practice Development Nurse, Medical Services, Addenbrooke's NHS Trust; Gwyn Chivers and John Wilkinson, Senior Lecturers, Homerton College, Cambridge School of Health Studies; Dee Wheldon, Jo Tytherleigh and Nerys Brick, Clinical Support Nurses, Medical Services, Addenbrooke's NHS Trust; Sarah Huggins, Practice Development Nurse, Medical Services, Addenbrooke's NHS Trust

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Introduction

The National Strategy for Nursing, Midwifery and Health Visiting (Department of Health, 1999) and the National Health Service Plan (Department of Health, 2000) stress the importance of delivering high quality health care. Emphasis has also been placed on the importance of learning in practice (UKCC, 1999), and the new national benchmarks (Department of Health, 2001) support this further with a focus on patient-centred and evidence-based standards of fundamental aspects of care. Addenbrooke's NHS Trust through its Nursing and Midwifery Strategy (Addenbrooke's NHS Trust, 2000) and its Strategy for Practice Development (Addenbrooke's NHS Trust, 2001) has specifically targeted core nursing skills as a priority area to be reviewed and enhanced where appropriate.

Project Development

There was a general feeling amongst colleagues working within the Medical Unit at Addenbrooke's NHS Trust, that the oral care delivered to patients could be improved. In a framework of transformational leadership and a collegial approach to change management, a project was developed in partnership with practice development nurses, link educationalists, clinical support nurses and ward staff, to develop nursing practice related to mouth-care within the unit.

The key objectives were to:

- Improve the oral care patients received, based on evidence
- Develop and utilise an audit tool based on the evidence
- Develop an evidence-based oral risk assessment tool for use in the Unit
- Utilise a "buddy" system for project team members to share and learn specialist skills.

Project plan

An ambitious project plan was devised to meet these objectives within a time frame of six months. Members of the team paired up for specific tasks so that there was a novice and an expert in each pair to facilitate personal skills development.

1. Month 0 - 3

- Review the published literature
- Collate in-house expertise
- Develop an audit tool based on the evidence

2. Month 0 - 4

- Write guidelines for best practice
- Develop an oral risk assessment tool (ongoing refinement throughout project)

3. Month 4

- Audit the care patients receive and assess nurses' knowledge of oral care before guidelines for best practice disseminated

4. Month 5 - 6

- Education of patients and staff using multiple approaches; poster displays for patients and staff, informal talks at ward meetings, visual aids, practical clinical sessions and formal teaching sessions
- Feedback from patients
- Ongoing refinement and testing of the risk assessment tool

5. Month 6

- Re-audit the care patients receive and re-assess nurses' knowledge

Ongoing challenges

The team met the tight schedule of the project and acknowledged that this was enabled through a collegial approach that encouraged sharing of specialist skills. During the project it became clear that, in order to make lasting changes, the team needed to provide ongoing support to the clinical areas. Therefore, practice development nurses have been appointed to work clinically in ward areas with a key role in achieving change by role modelling good practices, and action planning with the ward leaders. As a result of the project, the oral risk assessment tool has been tested for reliability and validity and is ready for general use across the Unit.

Conclusion

The impact of the project has extended beyond the Medical Unit to involve speech therapists and dental hygienists, who are now working in partnership to improve oral hygiene for patients. The best practice guidelines and audit tool will be used to guide and evaluate care on an ongoing basis and will be shared across the Trust by publishing on the hospital intranet. Additionally, members of the team have presented the work at national conferences. The collaborative working with colleagues from the College has strengthened our partnership and had a positive impact on nurse training. This partnership working can be used to influence other areas of practice to ensure practice is evidence-based and appropriate.

The team would like to thank the Foundation of Nursing Studies for its ongoing support and encouragement during this project.

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Mission Statement:

“The Foundation of Nursing Studies helps nurses develop practice and improve patient care by using and sharing research findings, evidence and knowledge.”

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