

Thoughts From Evelyn Prodger RN QN MSc BSc(Hons)

Flexible

The pandemic afforded me an opportunity to lead a Health Foundation funded project “Community Hospitals: Embedding Covid-19 positive impact changes through shared learning”. Alongside our day jobs, a small group of us interviewed Community Hospital Teams about the work they had done during the pandemic and the innovation and creativity they had generated.

The project identified several key findings including that being able to adapt and develop new ways of working contributed to flexible services who could support the wider system.

Community Hospitals, sometimes thought of as Cottage Hospitals, can appear traditional and may not be the area you think about first when considering flexibility or new ways of working. Old building in rural settings can also add to the sense that they belong in the past – nothing could be further from the truth.

Community Hospitals have always had to flex and innovate to survive in a system that is fiercely focused on the acute settings. You only have to look at the CHA Innovation and Best Practice Award winners to see how they flex and innovate on micro and macro levels: <http://communityhospitals.org.uk/quality-improvement/innovation-best-practice.html>

To flex is to bend without breaking and new refers to something recently created. Introducing change is never easy and there is real skill in changing at pace to adopt a new protocol or deliver a new service without destroying the good practice and teamwork in place already.

Matrons in Community Hospitals are exceptionally skilled at doing this. It happens continually in response to system requests to reduce Delayed Transfers of Care or shorten a rehabilitation pathway or indeed deal with Covid-19. Community Hospitals and the multidisciplinary teams that work in them do this day in and day out but they do so with a focus on patients and families. They never lose sight of that core value of person centred care.

The teams look after and support each other, grow in knowledge and skill, change the way they work while ensuring quality of care and treatment is not diminished. You can see this in the case studies the study recorded:

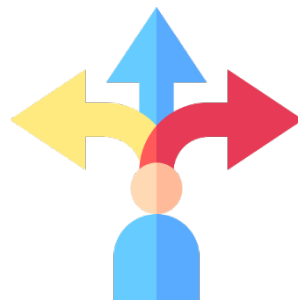
<http://www.communityhospitals.org.uk/quality-improvement/case-studies.html>

The University of Birmingham research into Community Hospitals identified constantly evolving in response to external demands as a characteristic of a Community Hospital:

<https://www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/research/community-hospitals-research-programme.aspx>

“So what? I hear you say. Next time you hear about the system response to a crisis or backlog, stop and think about where your nearest Community Hospital might be, how it is helping and then perhaps consider whether you want to be part of a supportive, patient centred, innovative and creative team.

Help them celebrate the great work they do, acknowledge them in system meetings and think about how much harder other parts of the system would need to work if Community Hospitals were not flexing and changing because of great leadership rooted in local need and value added care.



Compassionate

I can't think of many health professionals including Nurses who would not consider themselves to be compassionate. The recent Lucy Letby case has made a great many people question what compassion truly means and how professionals can practice without it.

Planned Inquiries will unearth the truths about practice that lead to her being able to commit those crimes but for now, Nurses, alongside other health professionals will be thinking about how they demonstrate their compassion within their professional practice.

Compassion can be defined as feeling sad or sympathetic for those who are suffering and wanting to help to resolve the suffering. Compassion does not mean we can remove the suffering but we can be present in the moment with that person or family and offer comfort and care.

The pandemic afforded me an opportunity to lead a Health Foundation funded project “Community Hospitals: Embedding Covid-19 positive impact changes through shared learning”. When hearing and gathering stories to inform the study and develop case studies I was continuously humbled by the lengths to which teams in Community Hospitals would go to deliver compassionate care. This was seen in changes to communication, the use of knitted hearts, connecting people using technology and being present when no one else could.

That is not to say every health professional will be able to be compassionate in every circumstance. Being present in that way and giving of yourself cannot always be continuously maintained but recognising when you have reached your limit and reaching out to others to provide this element of care is where professional behaviour kicks in.

Being compassionate in a pandemic was costly to team members, some of whom were sleeping in their offices or caravans on Community Hospital sites to protect their own families but the teams never lost sight of the needs of patients and their families. Every story we heard was filled with humanity, humility and compassion. None of the teams ever questioned the need to be able to show their compassion in every way they could. Team members supported and cared for each other to ensure whatever was happening for individual team members compassionate care for patients and families was maintained.

The case studies we generated are full of compassionate moments and I challenge anyone to read them and not feel touched by the stories they share: <http://www.communityhospitals.org.uk/quality-improvement/case-studies.html>

When I heard the Lucy Letby verdict, I was angry, disappointed, horrified and dismayed that a member of my profession could behave in such a way. It is vital that as inquiry findings emerge, we focus not only on putting measures in place to stop such crimes happening again but also on the times individual and teams got it very right and share the learning from those stories too. Community Hospitals are and will continue to be a great place to find them.



Integrated

Integration is one of those concepts that can mean different things to different people. Integration as a term is about combining two or more things in an effective way. Now that is not easy as it means people cannot continue to do what they have been doing or practice in the same way. Often integration is viewed in the same way a merger is with winners and losers.

Undertaking the Health Foundation funded project “Community Hospitals: Embedding Covid-19 positive impact changes through shared learning” helped me think about integration in a slightly different way.

Teams stopped thinking about winning and losing or the fact the one team had to change more than another. Teams became focused on the goal they needed to achieve whether that was relocating a service, setting up a virtual nurse's station, becoming a site for Covid positive patients, finding alternative ways of connecting patients and families, supporting redeployed colleagues or working differently with teams from acute, mental health or hospice services.

Focusing on this, the need to support a system facing an unequalled challenge and doing what Community Hospitals do best which is providing truly multidisciplinary patient centred care decreased barriers, created an environment for change at pace and put all parts of the health and care system on an equal footing. Providers were seen for what they could offer not the type of service they were.

Community Hospitals have often struggled to be recognised for the value they add despite research which demonstrates this:

<https://www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/research/community-hospitals-research-programme.aspx>

Matrons and managers told us the difference it made having a seat at the table and being heard. As you will see from the study many participants thought that this was a positive consequence of the pandemic and one they were keen to see continue. Improved relationships will continue between people who have shared lived experience of dealing with the pandemic. But as time marches on and yet another strain of Covid-19 emerges it would be easy to resort to old ways of working and behaving.

Compassion and bold leadership are characteristics of Community Hospital Leaders as demonstrated through the case studies we developed:

<http://www.communityhospitals.org.uk/quality-improvement/case-studies.html>

Community Hospital teams must continue to make sure their voice is heard and their place at the table remains in place so that they can ensure integration is focused on outcomes and the needs of those receiving services and not a battle of wins and losses.



Creative

When I hear the word creative, I think of works of art or classic novels or those Blue Peter moments we cherished as children. I think of friends who can paint or taking dramatic photographs or write poetry. I must admit that Community Hospitals are not the first thing that come to mind. Until, that is, I had an opportunity to chair the judging panel for the CHA Innovation and Best Practice awards.

Reading submissions for the first time is always interesting. Titles rarely tell you the whole story but as you work your way through the project you can see the creative moments that weave their way through.

On the face of it implementing an electronic system related to medication does not seem “creative” in itself. The creativity comes from the how and not the what or why.

Hearing how identification of a need or trying to solve a problem led to innovation and creativity left me feeling incredibly proud of Community Hospital Teams. Hearing from the award winners when we recognise their work and present the awards is humbling to say the least.

It also makes me think about the need to be “creative” to make sure we share their work with others. Creativity is about producing something original. Much as we would like to, we cannot all be creative all the time but we can make use of and learn from the creativity of other. We can use social media, write a blog, contribute to an online discussion or tell our story. All have creative elements and it is these that challenge us to think differently.

Undertaking the Health Foundation funded project “Community Hospitals: Embedding Covid-19 positive impact changes through shared learning” forced me to be and think about creativity. How do you reach out and collect stories when you can only travel to work? How can we encourage teams who feel they are just doing their job to share their learning and creative moments? How can we make the output eye catching to support others to engage? Well, we did what teams in Community Hospitals were doing up and down the country – we got our thinking caps on, generated plans, tried them (PDSA cycles <https://www.ihf.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx>) and flexed and adapted until we reached our goal.

The learning from the study and the awards is that innovation is about ideas, it’s about continuous quality improvement, learning when things go awry and constantly moving forward. Community Hospitals do this all the time, sometimes in a small way and sometimes in a big way but always with the goal of improving patient centred care and staff development.

Next time you have a good idea think about how creative you are being and think creatively about how you could make it happen – who knows you could be a CHA Innovation and Best Practice Award winner of the future!

If you would like to access the case studies follow this link: <http://www.communityhospitals.org.uk/quality-improvement/case-studies.html>

If you would like to see the work of the Innovation and Best Practice Award Winners follow this link: <http://communityhospitals.org.uk/quality-improvement/innovation-best-practice.html>



Responsive

Responsive implies being able to answer a query or meet a need with speed. The pandemic often left people feeling paralysed and unable to respond to what they saw around them.

Community Hospitals are a resource valued by the communities they sit in as demonstrated through research conducted by the University of Birmingham: <https://www.birmingham.ac.uk/schools/social-policy/departments/health-services-management-centre/research/community-hospitals-research-programme.aspx>

The pandemic saw them become responsive in ways they could never have previously imagined. Community Hospitals gained new skills and knowledge, developed new services and pathways, worked with different teams, shared sites with relocated services, use senior managers as buddies, use technology, be creative in connecting patients and families, care for sicker patients while drawing on their reserves as a team.

It also saw communities be responsive to the needs of the Community Hospitals providing food, equipment and gifts as well as coming out to applaud weekly. This relationship between hospital and community is part of what makes Community Hospitals different to other services in the system.

Building relationships is something Community Hospitals have always done and are skilled at. Negotiating is part of the skill set needed by every health professional working in one. This put teams in a great place during the pandemic whether they were creating a new service, in reaching to support discharge, using technology for assessments or acquiring the coffee machine from HQ.

Community Hospitals have not always had the recognition they deserve or had their voice heard but our Health Foundation funded project “Community Hospitals: Embedding Covid-19 positive impact changes through shared learning” demonstrated that the rest of the system has a lot to learn from Community Hospitals.

As the health and care system continues to face crises about Delayed Transfer of Care, elective waiting times and staffing it is important to remember that to be effective the systems need all the component parts working at their optimum. Bold leadership, flexibility and creativity and fundamental characteristics of Community Hospitals making them well placed to be responsive in its fullest sense.

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