

Nursing Practice

COMMENT

“Stop using the term ‘acute’ to mean hospital-based care”

The words that nurses and other health professionals use to describe where they work is an issue that urgently needs to be addressed. People commonly use the terms “acute” and “community” instead of the more accurate and appropriate “hospital” and “community”.

Using the terms “acute” and “community” is a confusion of two concepts. One describes the health status of the patient and the other the environment in which the delivery of care is taking place. It may appear on the surface to be of little consequence but by using the term “acute” to mean hospital-based care, we do a huge disservice to all staff based in the community.

More and more acute and complex care is being delivered in the community to acutely ill patients. Many patients have life-limiting illnesses and they are being supported to stay at home, whenever it is safe to do so, rather than being admitted to hospital. Most community-based nurses work autonomously in homes and clinics with no team immediately available for consultation.

The skills of holistic risk assessment are essential in the care of community-based patients. When to manage an acutely ill patient at home and when to refer to the hospital is an illustration of the high-level decision-making skills used in everyday practice. The use of the terms “acute” and “community” also implies that the hospital is where acute care and specialist skills are required and the community must therefore require less specialist and potentially lower-level nursing skills.

The perpetuation of this image of nursing in the community has led to a generation of student nurses who have little or no exposure to district nursing teams in their practice placements. They choose to develop their nursing skills in “acute” settings, deferring the idea of a career in the “community” to some indeterminate point in the future.

If student nurses could be exposed to more community nursing in their training, they would know that it is in the community setting where the broadest range of nursing skills are developed, practised and tested to the limit. The scope and range of nursing need in the community is far greater than most nurses would experience in a hospital ward environment.

Nursing at home presents unique challenges. As a guest in the patient’s home, the nurse needs keenly developed social as well as clinical skills. Negotiation, tact, imagination and compromise are essential skills that are always called for. But there is huge potential to deliver excellent and compassionate healthcare to patients and families, who are at their most vulnerable.

We need to banish the terms “acute” and “community” and replace them with “hospital-based care” and “community-based care”. This makes more sense for patients, families and nurses – and indicates that patients with acute care needs can be safely cared for in their own homes as well as in hospital. **NT**

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HIGHLIGHTS

Increasing student involvement in trust activities *p16*

Should all nurses be mentors? *p22*

Factors influencing the decision to become a nurse *p12*



SPOTLIGHT

The scratch that can tell stories beyond figures

Blood tests are one of the most common diagnostic tests available. The amount of information they can supply about a patient’s state of health means most of us will be familiar with the phrase “just a tiny scratch”.

Our new series on blood testing begins by discussing urea and electrolytes (page 19), which tell detailed stories about renal function. These tests can pick up a range of conditions, from those that are acute and easily remedied to long-term or life-limiting conditions that must be managed to minimise their effect.

Our series looks beyond tables and test results to explain what they actually mean. It discusses the underlying anatomy and physiology, as well as the treatment and care prompted by the test results, revealing the story behind the numbers.



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