NAMED NURSING THROUGH AUDIT

IMPROVING PATIENT AWARENESS OF NAMED NURSING THROUGH AUDIT

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The named nurse is an essential role in the delivery of patient care – particularly in mental health settings. This article explains the concept, its development and its implementation. It also reports on an audit of patient awareness of their named nurse, conducted in a mental health setting. The findings are discussed with suggestions for improvements to future practice.

INTRODUCTION

Primary nursing, generally known in the UK as named nursing, is a crucial element of nursing practice. In 1991 the Department of Health stated that all patients have the right to receive care from a named nurse.

This role is crucial in the management of all inpatients. Patients in mental health settings need to be able to develop a rapport with the practitioner who is responsible for their care, which makes named nursing particularly important.

The system has four essential elements:

- Patient allocation to and acceptance of individual responsibility for decision-making by a single nurse;
- Individual assignment of daily care to a single nurse;
- Direct communication channels;
- One identifiable nurse to be responsible for the quality of care administered to individual patients on a 24-hour basis, seven days a week (Manthey, 1980).

In 1992 the Audit Commission recorded that, while 49% of wards stated they used team nursing, in-depth examination revealed they were actually employing task and patient allocation.

More recent audits have relied on a trust statement to ascertain whether or not they use the named nurse system. Often these are unreliable and based on assumptions. A policy may be in place but not adhered to in practice. A true reflection can be obtained by asking patients directly if they are aware of their named nurse.

No reliable nationwide audits have been carried out to discover trusts’ real compliance in the past 10 years (DH, 1994; Audit Commission, 1992).

This audit aimed to identify the proportion of patients on psychiatric wards who knew who their designated named nurse was. We then made some recommendations on how improvements could be made.

THE AUDIT

During one week in October 2006, 63 patients on four adult psychiatric wards in an NHS mental health hospital were asked: ‘Do you know who is your named nurse?’ All available patients on wards A, B, C and D were interviewed. Those who had been on the ward for seven days or fewer were not interviewed, as new patients may be acutely unwell and unfamiliar with their surroundings.

The best results were on ward A (44%). This is likely to be because each dormitory had the patient’s named nurse written on the bed space door. Ward D had similar results (42%). Both these wards had a board at the nurses’ station displaying patients’ names with their named nurse, which was visible to patients.

The results on wards B and C were the poorest (21% and 0% respectively). Nurses on these wards had a whiteboard inside the nursing office detailing named nurse allocation but this was not visible to patients. Whiteboards were displayed with each patient’s name and allocated nurse for each nursing shift but the allocated nurse was the named nurse only if that nurse was working that particular shift. The lack of visual display of named nurses on wards B and C may be reflected in their relatively poorer results.

Overall, 18 out of 63 patients (29%) could identify their named nurse.

A number of studies have been conducted to establish patient awareness of their care coordinators in different mental health settings. Jeggo (2007) studied inpatients detained under the Mental Health Act 1983 and found 62% were able to identify their named nurse. In the same year, the

IMPLICATIONS FOR PRACTICE

- Nurses and other healthcare professionals should wear name badges at all times.
- Patients can be given cards (similar to business cards) on admission that give the name of their designated nurse.
- Each bed space door should display the patient’s named nurse.
- The named nurse of each patient should be displayed above each bed.
- Named nurses should introduce themselves to their patients within 24 hours of admission and this should be documented on the admission checklist.
- If the named nurse is on night shift or on leave, the associate nurse should introduce her or himself to the patient.
- This audit should be repeated after these recommendations have been implemented.
BACKGROUND

- Primary nursing was developed in the US in the 1960s and introduced in the UK in the 1990s, where it is generally known as named nursing.
- The named nurse initiative was launched with the intention of improving patient care and increasing nurse autonomy and job satisfaction.
- The system aims to ensure patients receive skilled care delivered with warmth, empathy and understanding in a relationship with some degree of continuity (Rose, 2001).
- Being a named nurse offers more opportunity to deliver personalised patient care, which increases patient satisfaction and leads to greater empowerment for nurses.

Healthcare Commission surveyed patients in the community and found 89% could name their care coordinator. Webb et al’s (2000) study involved both inpatients and community service users; 80% knew the name of their care coordinator.

All staff should aim to ensure that individual patients are made aware of their named nurse.

However, unless patients can remember this information, the effectiveness of the named nurse system may be impeded. In mental health settings, psychotic disorders, mood disorders and other psychiatric conditions are associated with varying degrees of cognitive impairment leading to disorientation and poor concentration, attention and memory, potentially affecting patients’ ability to remember their named nurse. In addition, some psychotic illnesses can lead to persecutory and paranoid beliefs, which may prevent patients from developing a rapport with others, including their named nurse.

INCREASING PATIENT AWARENESS

The patient’s named nurse should always be visible, through the use of name badges, whiteboards and names listed in bed spaces. Named nurses should also introduce themselves to their patients, whether on mental health or general wards, and any other healthcare staff involved in their care should do the same.

The whole multidisciplinary team should also be made aware of a patient’s care plan and briefed in a concise manner during handovers. The different aspects of a care plan may apply to different nurses because of their different skill sets. Therefore delegation may be more appropriately carried out by the nurse in charge and, although there is one named nurse, each member of the unit must practise with the utmost accountability and autonomy (Kennedy, 1999).

So far, nationwide implementation of the named nurse policy has brought about mainly structural changes.

An attitudinal change is also necessary if the policy is to operate effectively. The main argument leading to resistance is primarily concerned with resources. However, the concept of named nursing is driven 30% by resources and 70% by attitude. To be implemented fully it needs total backing in spirit rather than just mere acceptance.

Essentially, named nursing can help patients receiving mental health care through what can be an anxious and disorientating time simply by facilitating the development of improved rapport and a patient-centred care approach.

CONCLUSION

This audit demonstrated that only a small number of patients in the hospital studied knew who their named nurse was. It is likely that the situation is similar in other trusts, despite the system having been introduced over a decade ago. Attention must therefore be given to improving practice in this area.

Being an inpatient in mental health services can be a daunting, frightening and confusing experience. Named nurses can play an important role in guiding patients through this difficult journey.

Patients can put their trust in their named nurse, promoting a therapeutic alliance that assists the nurse to make regular assessments of the patient’s mental state, risk and inpatient progress.

Named nurses are then suitably placed to give feedback to the multidisciplinary team, playing a vital part in the team’s decision-making process.