



Julie Bassendale, community matron with the Barnsley neighbourhood nursing service, explains how adopting an agile way of working enables her to be more responsive, efficient and effective.

As we know we all need to regularly evaluate our working practices to make sure that we're working in the most efficient way that we can while still being able to uphold a high standard of care. A need was highlighted to develop modern working practices to maximise performance within community nursing services, so it was suggested that we move to an agile way of working.

After completing training we were armed with laptops and began a totally different way of working to what we were used to doing. I did have some worries at first, but I eventually found that I felt empowered to work where, when and how I chose enabling flexibility which helped optimise patient care and staff performance.

Agile working enables me to keep in contact with staff through email, instant messaging or Skype calls without having to drive across town to attend a face to face meeting and breaking away from patient care.

It offers the ability to access work whilst out and about, which means work can be scheduled according to the demands of that particular day. I now have the ability to receive instant messages whilst using the system when I'm out meaning I can be reactive to any escalated call outs for patients. This means we can carry out our own triaging as we have all the details to hand.

GPs who use SystemOne can directly message me to help me obtain referral information within seconds, and I'm able to look up key information about a patient's health quickly and easily.

Working agilely has not only helped me, it's also helped our patients. Working agilely means I can undertake record keeping with the patient in their own home which increases face to face time with the patient and limits the time I have to spend travelling back to base for starting and finishing work. We now see higher patient satisfaction as we're able to sit with the patient developing individualised care plans. We can empower people and raise the profile of self-management by including the patient in planning their care and showing them their care plans on our computers.

Working in this way also allows me to minimise distractions. I can work in a quiet base of my choice or alongside a patient when developing personalised care plans of a sensitive nature. I also get more control over how work time is spent – I now have the ability to catch up later in the day at home if the day has been overly busy to enable a fresh start the next day.

I've found that moving to an agile way of working has given me increased job satisfaction and personal productivity, as well as reducing cost savings in terms of travel time.

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Case study

Edward was a 73 year old gent who lived with his wife in a privately owned bungalow.

Edward became ill after retirement and was diagnosed with chronic obstructive pulmonary disease. This impacted upon his activities of daily living and he became practically housebound.

Edward was referred to the community matrons via his GP after having had a hospital admission with an infective exacerbation of COPD.

With the help of the agile device I was able to conduct my first consultation along with the help from Edward which he said helped him to feel involved with the planning of his care as we sat down together inputting his details. We were able to input details of Edward's preferences and choices for care whilst conducting a full holistic assessment of his needs.

Edward's progressive condition caused him to have good days and not so good days. During his not so good days he contacted our services and he had a consultation at home. On some occasions Edward required changes to his prescribed medications. This involved writing additional prescriptions to treat new exacerbations and titrating existing medications for symptom control. Being agile enabled me to input the prescription details and titrations directly onto the system ensuring current and up to date changes to his records that reflected his changing needs.

Edward's wish was not to be admitted to hospital and that all his health and care needs be addressed within his own home. The use of the Electronic Palliative Care Co-ordination System (EPaCCS) enabled Edward's preferences and choices in terms of palliative care to be available to all staff who accessed his record.

Any sputum analysis was accessed on my agile device within 2-3 days of sending the sample to the local hospital enabling me to prescribe the correct antibiotics in line with specific sensitivities.

All this would take extended time if not for agile working.

As a matron we work weekends and are on call for all patients in the Barnsley community. Being only one matron on at a weekend means seeing patients not known to us personally and therefore having an agile device is paramount to safe patient care. Having this access enables staff to see other information from staff and GPs which means we can assess, treat and monitor in a safe and professional manner.

Unfortunately Edward passed away – however he was at home with his family and he even enjoyed a good whiskey before he died.

