

Collaborative Working Between Two Hospices: Single Nurse Controlled Drug Administration

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Background

In a hospice setting, a single nurse controlled drug administration (SNCD) programme was developed in response to inpatient unit (IPU) registered nurses (RN) concerns that patient waiting times for controlled drugs (CDs) were excessive and the two-staff resource impacted on other responsibilities. SNCD is used in various healthcare settings and although RNs may have initial anxieties there is no evidence to suggest it has any adverse effect on safety. Many feel it is safer¹.

Aim

- To improve symptom management by reducing patient waiting times for CDs.
- To release RN time for other responsibilities.
- To develop a robust programme of education to support practitioners undertaking this role.

Method

A practice development approach was used throughout

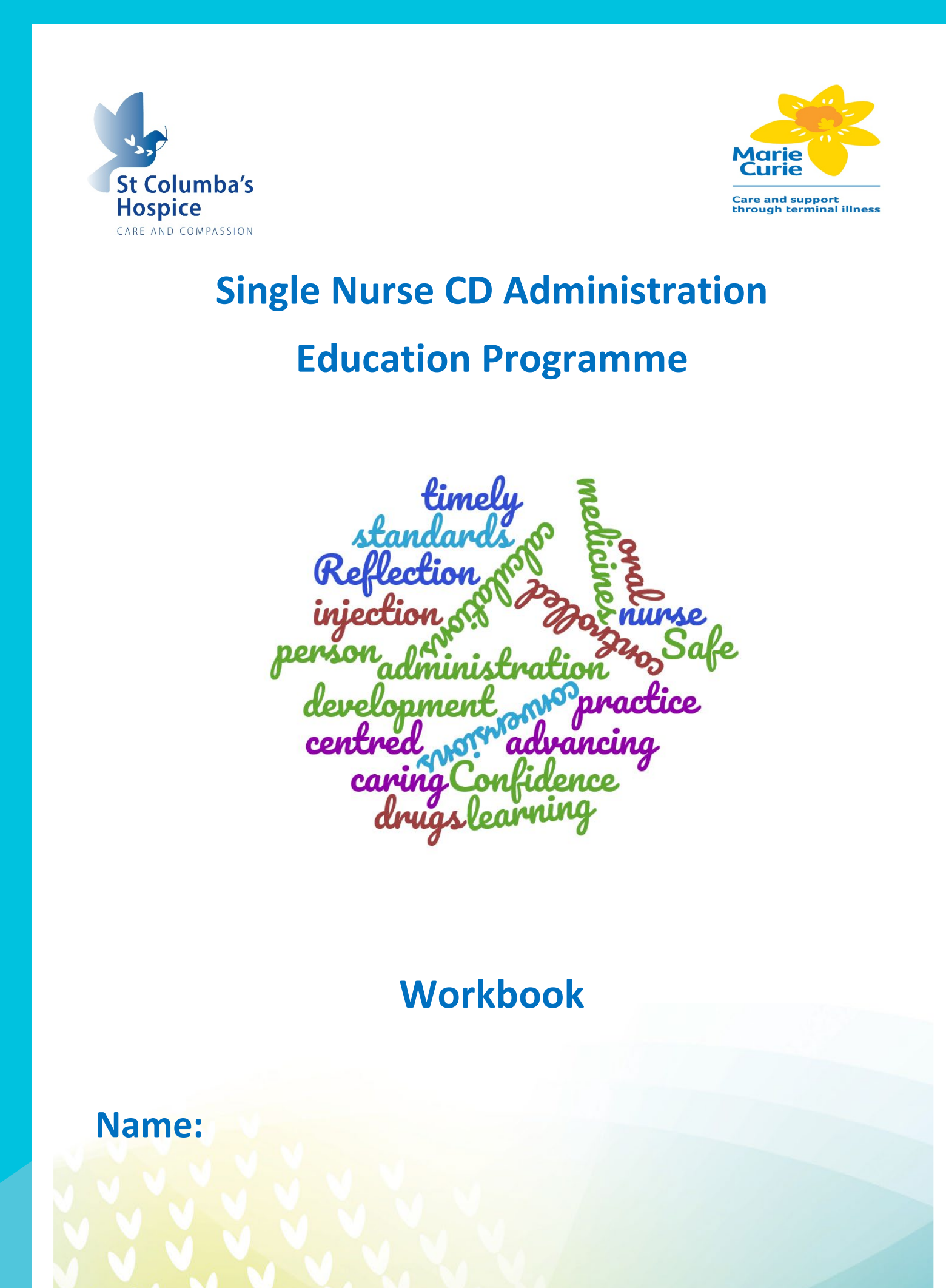
- A values and belief clarification exercise² was facilitated to engage IPU RNs and uncover their hopes and fears around SNCD. The findings went on to inform policy, procedure and a programme of education.
- Roll out was gradual, starting with a small cohort of nurses in one hospice allowing confidence building in the process.
- Following the second successful cohort, another hospice within the same health board was invited to join the project following a recommendation from the clinical pharmacist, who provides a service to both hospices.
- Following scrutiny via the second hospice's clinical governance structure, the two hospices entered into a joint working agreement. The second hospice also completed a consultation with their IPU RNs to elicit their values and beliefs regarding SNCD, the results reflected those of the first hospice.

Outcome

- Collaborative working has:
 - allowed for rigorous evaluation and governance of the project by a peer review from the second hospice.
 - ensured equity of care surrounding waiting times for CD administration across both hospices.
 - strengthened nursing relationships between the two hospices.
 - ensured good numbers of participants on the education programme to allow for facilitated reflected discussion around the benefits and challenges of SNCD as identified by RNs from both hospices in the initial consultations.
- Review of CD registers indicated 14 hours of RN time was saved in a 24 hour period in the first hospice.
- No serious drug incident recorded as a result of SNCD in either hospice. Documentation incidents have been noted.
- Participants from both hospices felt the education programme supported them fully in becoming a SNCD.

Conclusion

Working in partnership has offered an opportunity to strengthen relationships and ensure quality and equity across both hospice sites and within one health board. Staff report feelings of autonomy, empowerment and of being more responsive to patient need as a direct result of practicing SNCD.



The workbook was difficult at times, it made you really think, challenging but invaluable to my practice

RN (Workbook evaluation)

I have been set up to succeed

(IPU RN)



References:

- ¹ Taylor, V. Middleton-Green, L., Carding S. and Perkins P. 2016. Hospice nurse's views on single nurse administration of controlled drugs.
- ² Dewing, J., McCormack, B. and Titchen, A. 2014. Practice Development Workbook for Nursing, Health and Social Care Teams. Chichester. WILEY Blackwell.