Introduction of fixed team nursing for Parkinsonian patients

Yuko Ueda, R.N., Etsuya Shinbori, R.N.,

Department of Nursing, Tokushima National Hospital, National Hospital Organization, 1354 Shikiji, Kamojima, Yoshinogawa, Tokushima 776-8585, Japan

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Abstract

In the A ward, patients with Parkinson-associated diseases are hospitalized primarily, and introduction from conventional method of nursing to the fixation team nursing which fixed a team leader and a member was required. Two fixed teams were organized and ten or eleven nursing staff members were selected for each team in consideration of their experience, personality and specialty. Two teams took charge of a similar group of patients for 24 hours.

Keywords : Parkinson-associated, conventional, team leader, fixation team nursing, method Nursing

Introduction

A team nursing method was adopted to practice nursing efficiently in the A ward. This method has a team led by a leader and is the usual form of daily nursing, which has been performed since the 1950s [1]. The methods organizes two or more teams in one ward, and the team is fixed for a certain period of time. The organized team takes charge of the constant patients. Under the leadership of the leader of a picked team, a team nursing policy was determined. The members offers nursing care according to the policy to individual patients. There was a problem that a difference occurred because of the years of experience of the nurse in a nursing level in primary nursing. There are the following advantages in team nursing. 1) Changes in the quality of the nursing decrease, and the individual patient can receive a consistent level of nursing expertise. There is little feeling of unfairness about the nursing from the patients. 2) A nurse with expertise can be deployed appropriately to share control of the nursing service, with the result that high quality nursing can be offered. 3) Newly assigned nurses can conduct their duties immediately by accessing shared information in the team. 4) Because several people nurse, the nurse can observe the patients from a multi-directional viewpoint. A metabasis is easy to be thereby noticed. 5) The new nurse can perform nursing service while receiving support from the nursing veteran. However, it was difficult to plan a unified approach because the constitution of the nursing teams always fluctuated. Also, it was difficult to offer a constant nursing goal advocated by a team. Therefore, the policy of nursing offered to the patients often changed. In the A ward, primarily patients with Parkinson associated diseases are hospitalized at present.

Diseases associated with Parkinson's disease consist of Parkinson's disease (PD) [2], progressive supranuclear palsy (PSP) [3], and corticobasal degeneration [4]. These diseases are complicated with various kinds of neurologic manifestations in addition to motor symptoms mainly on the Parkinsonism. The neurologic manifestations in particular diverge into many branches, and develop specific symptoms in every patient. Therefore, it is necessary for the nursing staff to understand the situation,

Correspondence to: Yuko Ueda, R.N., Tokushima National Hospital, National Hospital Organization, 1354 Shikiji, Kamojima, Yoshinogawa, Tokushima 776-8585 Japan Phone: +81-883-24-2161 Fax : +81-883-24-8661

including the character and the taste of individual patients and the family environment. With that in mind, in consideration of motor symptoms and neurologic manifestations, it is necessary to determine the most appropriate policy for individual patients. For example, it is known that these patients fall down frequently and ADL decreases by a fall more. The pattern of this falling tends to be constant in the individual patient. For fall prevention, it was necessary to use different approaches in individual patients. Also, for the patients with Parkinson's disease, it is necessary to nurse while paying attention to the on-off phenomenon of the symptoms and the side effects of the drugs [5]. As a result, it was necessary for the nurses to decide the directionality of the nursing by analyzing an enormous amount of information. When desirable nursing was provided in A ward, introduction from conventional method of nursing to the fixation team nursing which fixed a team leader and a member was required. We introduced fixed team nursing from September, 2012.

Mathods and Results

The nursing staff of A ward was as follows. The nursing staff consisted of 21 nurses, which included two subhead nurses. There were two staff providing medical treatment assistance. The duty system was three shifts including three people on late-night duty and two people of duty of the associate night. The number of possible teams should be limited to two if the number of nurses is considered. Two teams were created, named the A team and the B team. The organizational chart of the nursing team was made on the basis of nursing experience (Table 1). The newly assigned nurses can thereby practice their nursing under the supervision of the expert nurses. The information of the patients was classified. Table 2 shows the classification according to disease. Table 3 shows a classification according to measures / assistance. Table 4 shows a classification according to the daily activity of the patients. Based on the data, disease severity and care degree of the patients were equal in both teams.

A case study

Ms S was a patient with Parkinson's disease. She was able to move in a wheelchair by herself. The patients were strong in independent spirit, and the number of incidences of falling increased together with disease progression and cognitive decline. The incidence of falling in our ward between April, 2012 to December was 78 cases. The fall of patients S was 51 cases (65%). The principles of measures were as follows. Patient S falls down without doing nurse call by acting voluntarily. Therefore, it was necessary for the nurse to understand a life action pattern of S, change the aspects of the environment creating an elevated risk of falling and to be ready to assist with for high-risk behavior immediately. The concrete measures were as follows (1). There was a place where it was easy for the patient to fall down around her bed, her wheelchair and the restroom. The nurse changed the room so that she could move to a wheelchair safely.
The nurse increased the number of visits to rooms and opened a curtain around Bet besides measures.
The chances to observe the patients by this increased. (2) The nurse installed a protection cushion around the bed fence and spread a shock absorption mat on the floor. (3) The patient was taught to wear a safety helmet when moving and to push the nurse call button when she returned. (4) The patient used a portable restroom at night. She could not stand up by herself from the portable restroom, and might fall down. It was decided to use a diaper as an alternative to these measures at night. Daytime excretion was carried out under surveillance in a restroom. The above-mentioned measures were explained to the family. Informed consent was conducted about the risk of the bone fracture by the fall, and the limit of activities of daily living. A nursing policy spread among the nurses of the team subsequently. For example, the nurses helped when the patients moved to a wheelchair to sit deeply. Also, it was possible to call out to to be always careful about falls spontaneously. Furthermore, when the patients did putting in order in bedside, nurses helped with rearranging, and acted for environment maintenance. Team conferences were often held, and the

individual measures were revised in the general plan. With the aggravation of symptoms of the patients, appropriate support changes were made. Therefore it was quite important that conferences were held regularly and measures were adopted after everyone had understood the patient's condition. The effect of the fixed team nursing will be judged considering several cases objectively in the future. We want to try to offer better nursing.

References

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Table 1. Organizational chart of the nurse team.

Title		Number of nurses	
Head Nurse		1	
Subhead Nurse		2	
Team		A	B
Registered Nurse	Experience years		
Senior	6 y -	3	3
Junior	2y - 5y	3	3
Beginner	- 1y	1	1

Table 2. Underlying diseases of patients

Disease	Number of Patient
Parkinson's disease	21
Amyotrophic lateral sclerosis	4
Progressive supranuclear palsy	4
Spinocerebellar degeneration	3
Multiple system atrophy	2
Stroke	2
Others	7

Table 3. Managements of patients

Management	Number of Patient
Respirator	8
Tracheostomy	17
Gastrostomy	14
Nasal tube feeding	13
Central venous hyperalimentation	3
Oxygen inhalation	7
Sustained withdrawing of urine	21
Diet support	5
Diaper	30

Table 4. Daily activity of patients

Daily activity	Number of Patient
Bed-ridden	27
Wheelchair	10
Gait	4