



Carys speaks with service users in the community on a daily basis.

may be homeless or precariously housed. We monitor their physical health as well, because many clients have complex, physical needs. Without our support, they may have difficulties managing things like diabetes, high blood pressure or cancer. Each case is unique — mental illness and the long-term effects of physical illness affect people in different ways. Our aim is recovery to a point where people can live as independently as possible in the community. We have to build up a trusting therapeutic relationship which takes time, patience and commitment. We never say ‘never’, because with the right approach, anything is possible.”

Team members work closely with family members, who are crucial in achieving these goals and also partner with community agencies such as Financial Assistance, Social Insurance, the Salvation Army, Corrections, the Corporation of Hamilton, local businesses and physician’s offices

“Many service users end up achieving a greater sense of empowerment and a more independent way of life,” Carys says. “Some have moved into their own accommodations while others may move into community group homes, which are managed by team members from our programme. Some service users are able to handle their physical conditions more appropriately and take ownership of their lives.”

During the month of May, Bermuda Hospitals Board (BHB) joined a global campaign celebrating, honouring and recognizing nurses, who bring experience, skill, professionalism and compassion to the healthcare system. This issue of BHB’s community newsletter focuses on nursing at both King Edward VII Memorial Hospital and the Mid-Atlantic Wellness Institute.

Empowering People Recovering from Mental Illness

There has been a major shift in how best to support people who are recovering from mental health or substance abuse issues in Bermuda. This shift has involved moving services from a central institution to the home and community. In this way, people are empowered to become more independent, they are less likely to miss appointments, and – critically – early support through difficult times can prevent hospitalization.

Carys Caisey is a Mental Welfare Officer at the Mid-Atlantic Wellness Institute (MWI) and heads up the intensive case management team which visits people recovering from mental illness and substance abuse. She works with more than 60 service users. While Carys considers herself a nurse first and foremost, she also serves as an advocate, teacher, problem solver and financial adviser for the people with whom she works.

“I meet daily with service users and assess their mental state while also providing support and treatment,” Carys says. “Because many service users experience substance abuse issues along with their mental illness, they have often been isolated from family and are especially in need of support. I go to the source which could be anywhere in the community – on the street, in the park, in people’s homes, at corrections facilities or other agencies. We also provide on-call emergency service 24 hours a day.”

Carys and her colleagues base their approach on the Recovery Model, which was adopted by MWI as part of the 2010 Mental Health Plan. The model involves people becoming partners in their care plan and adopts the terminology of ‘service user’ rather than ‘patient’ in an attempt to shift from the idea of a passive recipient of care.

“Our aim is to engage service users in beginning and maintaining their recovery process,” Carys explains. “We work with people who



Transplant coordinator and dialysis nurse Debbie McFarlane monitors Mr. Woods, while clinical manager Jill Caines checks his needle placement.

Nurses on the unit are required to manage a cohort of six to eight patients, carefully reviewing their monthly blood work and adjusting medications and treatment regimes according to physician instructions. They also provide education and counselling about care and treatment. They are integral members of a team comprising dietitians, social workers, bio-med engineers and physicians.

“Being a dialysis nurse is much more than putting people on a machine and taking them off,” explains Norma Smith, Clinical Director of Medical Surgical Services. “Caring for patients receiving haemodialysis requires diligence and the ability to manage sudden changes in a patient’s condition. Nurses must quickly assess any severe, drastic decrease in blood pressure, which requires immediate intervention. Nurses work closely with physicians and may recommend a change in medication or treatment.”

In addition to caring for patients, a dialysis nurse serves as transplant coordinator, communicating with potential donors and patients on the transplant list, providing support and educating patients about the process. “Currently, 25 people are waiting for kidney transplants and over the past 10 years, 45 Bermudians have had transplants,” Norma notes. “Our transplant coordinator works closely with overseas centres, primary physicians and other agencies to facilitate the transplant process.”

The unit also has a Vascular Nurse Team which monitors each patient’s access for haemodialysis treatments. “Patients must have a working access for treatment to take place,” Norma says. “This is so important it is often referred to as a ‘lifeline.’ Vascular access nurses teach patients how to care for their access, perform monthly ultrasound flow-monitoring on patients and report results to physicians.”

Providing Quality Care to Dialysis Patients

The number of people receiving dialysis has shot up alarmingly in the last ten years, from 57 in 2003 to about 160 today. The majority of cases are related to diabetes and hypertension, diseases which affect Bermudians in great numbers. The service has quite simply outgrown its current home, and will be moving to the new acute care wing in September. While this will resolve the space issues, it is the skill and expertise of the 22 dialysis nurses who will make the service so effective. Bernard Woods has been a dialysis patient for four years and says nurses on the unit are “the best in the world. Without the skilled, experienced and professional care I receive, I wouldn’t be here. If I have any issue at all, they are always available to explain things to me. They are doing such an essential job keeping us alive. The community should be grateful for the exemplary work these dedicated nurses are doing.”

AGAPE HOUSE - “the best decision we could have made”

We don’t always give much thought to how we want to pass our last days, but we would all want them to be in a caring, personal environment, where our symptoms are eased and time is spent with family or in reflection away from a busy hospital environment.

This is why Agape House, Bermuda’s first and only hospice, was established in 1991. There are six full-time nurses employed at the facility who care for about 100 patients each year. Operated and staffed by BHB, Agape House services are also supported by the fundraising charity Friends of Hospice.

“The goal of hospice care is for patients to continue an alert, pain-free life and manage other symptoms so their last days may be spent comfortably and surrounded by loved ones,” explains Roseann Key, Clinical Manager for Agape House. “We offer specialist, individualized palliative care to patients with advanced disease and terminal illness. Our focus is on addressing symptoms and quality of life as a patient nears the end of his or her illness. Every effort is made to ensure the patient feels safe.”

Cathy Belvedere says she felt an immediate sense of peace when her husband, Giuseppe, was admitted to Agape House to spend his final days. “The nurses were so kind, caring and gentle. They provided words of comfort and seemed to have a sixth sense about when we needed encouragement.”

Dawn Lambe also received care at Agape. Her brother, Terry, says he and his family were truly blessed that Dawn spent her final days at the hospice. “It was not just the end-of-life care my beautiful sister received that made our experience so positive. Having all of our needs met as we went through the transition with her meant so much to us. We realized there was so much more to dying than death. I attribute that to Dr. Sharon Alikhani and the entire team who all went beyond the call of duty to ensure my sister and our family were comfortable.”



Staff nurse Sharon Scott with patient DeForest Evans and his brother Kuhn.

Nurses at Agape House focus on the physical, psychological and social care of patients and work closely with a team comprising doctors, nursing aides, therapists, social workers and volunteers. They also receive specialized training in palliative care and symptom management, either off-island or by taking online courses.

“BHB and Friends of Hospice have been instrumental in funding overseas and online programmes for our nursing staff,” Roseann adds. “Hospice care differs slightly from general ward nursing in that our patients are monitored for specific symptoms, which may be more common towards the end of life. Due to our practice of anticipatory prescribing, our nurses can respond rapidly to these distressing symptoms.”

While some family members may initially be hesitant to transfer their loved one to Agape House, Roseann says feedback from patients and their relatives indicates ‘it was the best decision they could have made.’

Specialized Courses Lead to Improved Patient Outcomes



Nurse Educators Merline Daley and Tamra Broadley instruct registered nurse Cheykhun Smith in Foley catheterization.

Patients who are in need of a urinary catheter are often in pain and discomfort. The sooner this procedure is completed, the better for a patient’s comfort, treatment and recovery. To ensure patients are catheterized as quickly as possible, nurses at BHB are now taking a course so they can safely carry out the procedure. Previously, male catheterization was mainly carried out by physicians and this could mean a longer wait time. The course, introduced by BHB in partnership with Bermudian urologist Dr Charles Dyer, provides both theoretical and practical training.

“We have nurses from all over the world and while some of them had learned to catheterize both male and female patients, others needed additional training,” explains Tamra Broadley, Clinical Nurse Educator for Medical/Surgical Services. “Because nurses are primary caregivers at the bedside, patients often feel more comfortable having a nurse who has been caring for them all day handle something as personal as inserting a catheter. Patients are continually assessed by the nurse assigned to care for them. As a result, if a patient experiences any discomfort following the catheterization process, a nurse trained in this procedure can respond quickly and correct the problem.”

More than 80 nurses have completed the urinary catheter course in the past year. In addition, courses focusing on caring for senior patients, surgical procedures, vascular access devices and fetal health monitoring are also being offered.

“We have developed core competencies specific to each nursing area,” Tamra adds. “Nurses must be tested on these competencies annually or on an as-needed basis when new skills are required. If new equipment is introduced or if protocols are changed or improved, patients can be assured our training programmes keep nurses up to date with best practice standards of care.”

New Process Aims to Increase Autonomy and Reduce Anxiety for Surgical Patients

A new process was recently introduced for transporting patients to the operating rooms. While in the past patients were wheeled by attendants, the admitting nurse will now walk patients who meet the ‘Safe Ambulatory Criteria’ directly into the operating room.

“We introduced this process to align with best practice recommendations,” explains Dawn Haley, a perioperative registered nurse. “The aim is to empower the patient by promoting their active involvement and minimizing anxiety, which some patients may experience prior to surgery. It will also reduce the number of manual transfers, decrease congestion in the operating room corridors, improve turnover times for transferring patients and allow nurses to continually observe their patients. So far, feedback from patients indicates they are pleased with this new process and feel less anxious about being wheeled into the operating room.”

After the admitting nurse completes baseline vital signs and confirms patient identification and consent, he or she will escort the patient to the operating room where a comprehensive handover is provided to the operating room team.

“We are excited that patients are more involved in the operating room care process,” Dawn concludes. “Patient safety, wellbeing and comfort are our top priorities. With more than 7,500 surgical procedures performed annually at the hospital, we continually strive to provide the best quality care.”



Registered nurse Nikki Clarke prepares a patient for surgery and escorts her to the operating room.

