SPSP Essentials of Safe Care Webinar Series: Is your team ready for Safety?

Webinar Series

Tuesday 20 June 2023
13:00 – 14:30

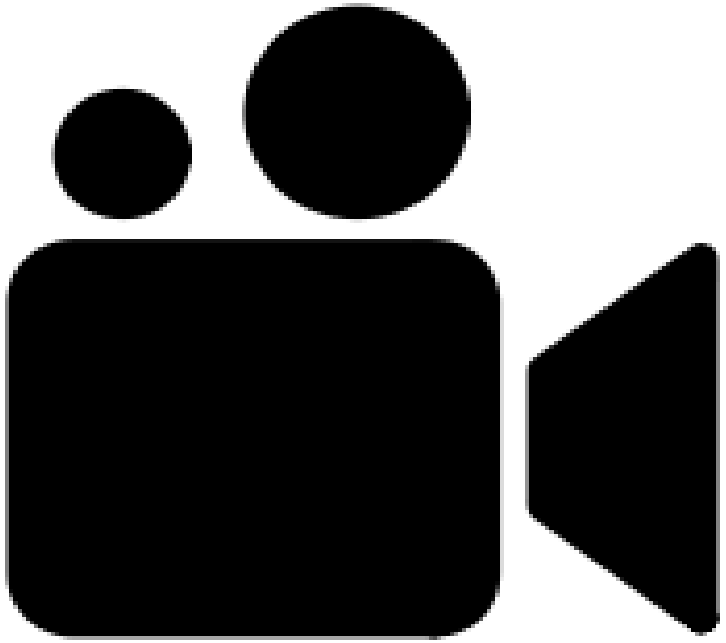
Welcome & Introduction

Joanne Matthews

Associate Director of Improvement and Safety,
Healthcare Improvement Scotland

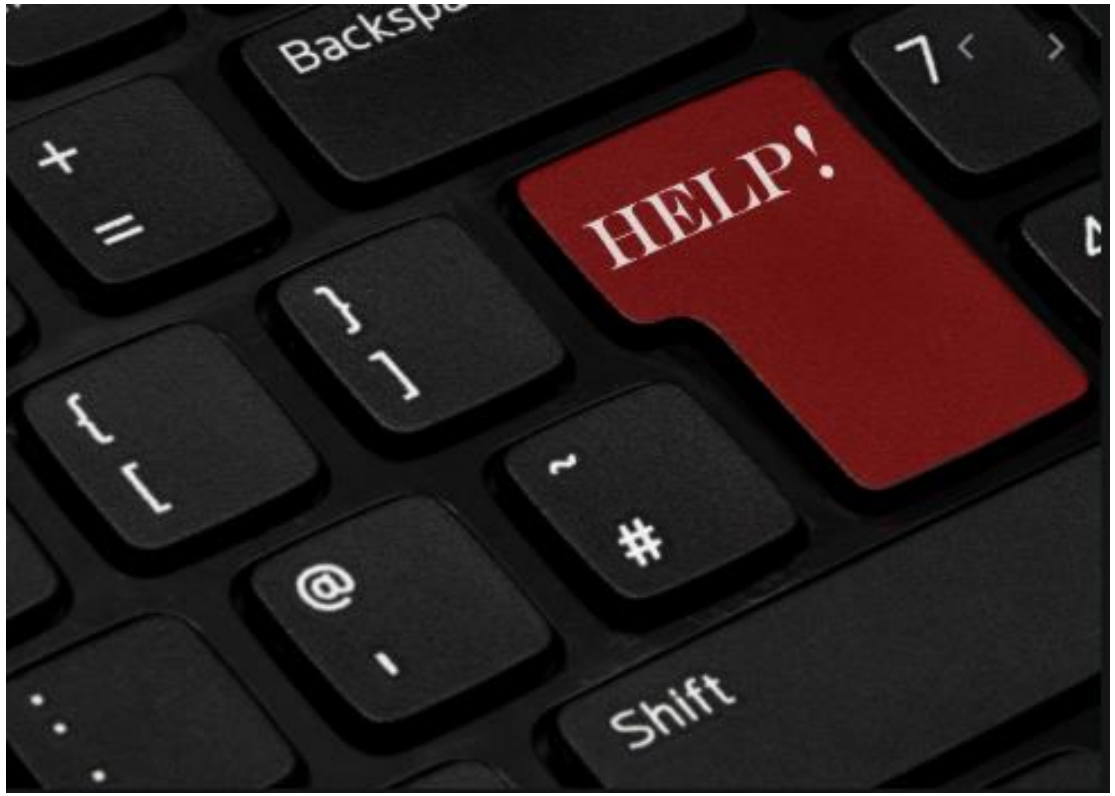
Meeting Participation

Please note this webinar is being recorded and will be shared on www.ihub.scot following the event as part of our SPSP Learning System



- During the meeting, your camera and sound will be disabled.
- To take part in discussions, or ask a question of the presenters, please use the chat box.

Troubleshooting



Any technical issues, please post a message in the Teams chat or contact:

his.pspcontact@nhs.scot

Aims of the Webinar

- Explore how leadership and a focus on staff wellbeing can grow effective teams across all health and social care settings.
- Learn from teams on how they are using the SPSP Essentials of Safe Care to help support improvements in safety.
- Provide an opportunity for colleagues working across all aspects of health and social care to come together to share and learn.

Agenda

Time	Topic	Lead
13:00 – 13:05	Chair's Welcome	Joanne Matthews
13:05 – 13:15	'Creating the conditions for innovative improvement - trialling the use of AI technology to improve pain assessment'	Nicola McCardle
13:15 – 13:25	'Are we ready? - A focus on falls reduction in NHS Orkney'	Shauna Stockan
13:25 – 13:30	Q & A Session	All
13:30 – 14:15	'The Art of Being Brilliant: Your Wellbeing Launchpad'	Dr Andy Cope
14:15 – 14:25	Q & A Session	All
14:25 – 14:30	Thank you & close	Joanne Matthews

Scottish Patient Safety Programme

SPSP aims to improve the safety and reliability of care and reduce harm

Core Themes

- Essentials of Safe Care
- SPSP Programme improvement focus
  Maternity, Neonatal, Paediatric, Acute Care, Primary Care, Medicines and Mental Health
- SPSP Learning System

Essentials of Safe Care

Aim	Primary Drivers	Secondary Drivers
To enable the delivery of Safe Care for every person within every system every time	Person centred systems and behaviours are embedded and support safety for everyone	Structures and processes that enable safe, person centred care
		Inclusion and involvement
		Workforce capacity and capability
	Safe communications within and between teams	Skills: appropriate language, format and content
		Practice: use of standardised tools for communication
		Critical Situations: management of communication in different situations
	Leadership to promote a culture of safety at all levels	Psychological safety
		Staff wellbeing
		System for learning
	Safe consistent clinical and care processes across health and social care settings	Reliable implementation of Standard Infection Prevention and Control Precautions (SICPS)
		Safe Staffing

Creating the conditions for innovative improvement - trialling the use of AI technology to improve pain assessment

Nicola McCardle

Senior Improvement Adviser (AHP),
Health and Social Care Improvement Team,
Care Inspectorate

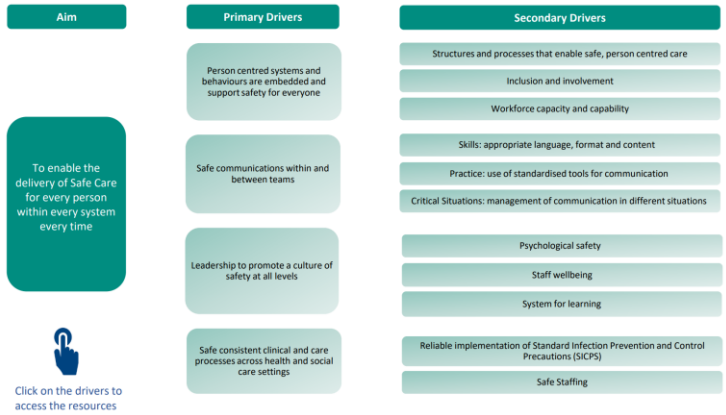
Background

Personal:

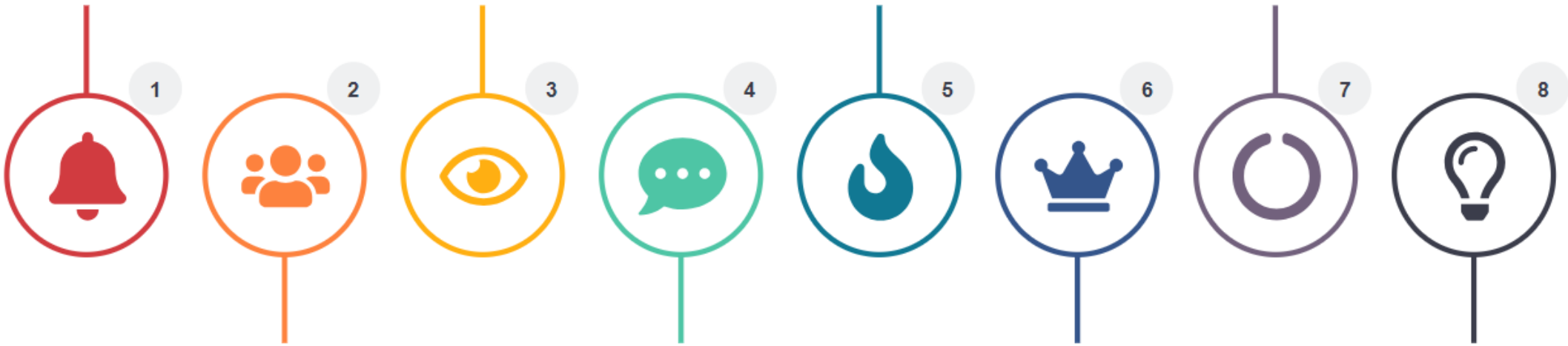
- Physiotherapist - special interest in falls and older people
- Senior Improvement Adviser - focus areas of Safer Mobility, Frailty, Rehabilitation and Reablement
- Scottish Quality and Safety Fellow

Project:

- Trialing the use of AI technology to improve pain assessment in people unable to verbalise pain (care home residents living with dementia)
    - Number and quality of pain assessments completed
    - Medication changes
    - Quality of life indicators including ability to engage in meaningful activities; falls; episodes of stress and distress; BMI; and functional ability



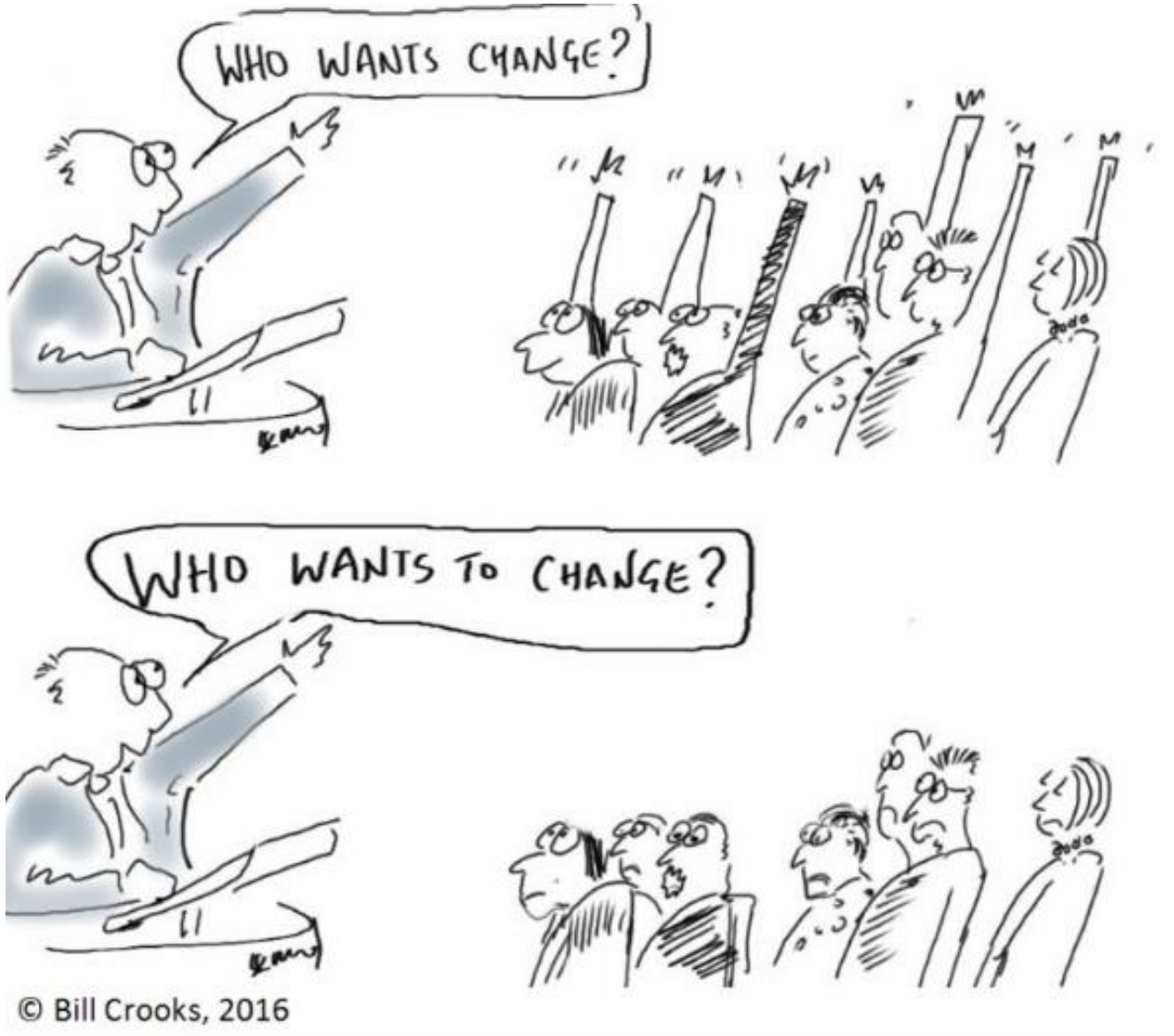
Kotter's 8 Step Change Model



Create the climate for change | Make the change happen | Implement and sustain for change

Kotter's 8 Step Change Model

Innovators: Those who want to be the first to try the innovation.
Early Adopters: Intrigued by how new ideas and products may be helpful.
Early Majority: Like new ideas but want to know for definite that something is going to be useful.
Late Majority: Afraid of risk and doubtful of their own ability to use new ideas. They want 'finished' proven ideas.
Laggards: Resilient to any change.


WHO WANTS CHANGE?
WHO WANTS TO CHANGE?
© Bill Crooks, 2016

Listen to Understand

Proactively seek out concerns and potential barriers to success and design the solutions together

- Reluctance to recognise pain management could be an issue
- Time/staffing
- Lack of confidence in new technology
- Reluctance to use new technology
- Protective of role
- Involve all stakeholders – wider team
- Quality improvement fatigue

Celebrate Success

- Staff able to complete pain assessments increased from 9 to 27
- Increase from 0 to 831 documented pain assessments completed in 6 months
- Reduced prescribed rates of analgesia and laxatives
- Falls - initial reduction (first 12 weeks) of 75%; overall reduction (24 weeks) of 42%
- Stress and distress - initial reduction of 42%; overall – n change
- Body Mass Index (BMI) - half of residents had an increased BMI
- Dependency - half of residents had a reduced dependency score

When change is done to people they experience it as violence. When change is done by people they experience it as liberation.

Rosabeth Moss Kanter

If you take out the team in teamwork, it's just work. Now who wants that?

Matthew Woodring Stover

Are we ready? – A focus on falls reduction in NHS Orkney

Shauna Stockan

Physiotherapist,
Ageing Well Service, NHS Orkney

Introduction

- Community based Physiotherapist and Team Lead for Ageing Well.
- 6 months funding for 1 day/week SPSP Falls Clinical Lead August 2022-January 2023.
- Passionate about improvement for both patients and staff - with limited Quality Improvement knowledge.

Local Context

- **Smallest** NHS Scotland Health Board
- **2 Inpatient Wards**:
  - IP1- Acute/HDU (Medical/Surgical – all ages)
  - IP2 –Assessment, Rehabilitation, Oncology & palliative care
- **Single Rooms** (curved floor-plate)
- **Limited specialist**
- **High** use of **locum/agency**
- **NHS Orkney's SPSP** journey began - **July 2023**
- **HIS/SPSP Readiness for change** - **LOW** scores

Source: National Records for Scotland 2019-2012

Assessing Team Readiness IP1 – 1/16

(HIS/SPSP Readiness for change Assessment & Prioritisation Tool – Essentials of Safe Care)

Answer each question by scoring it as: **0 – No evidence ; 1 – Some evidence ; 2 – Good evidence**

TEAM QUESTIONS	Score of Evidence
At least one member of the team has authority on the outcomes, processes, or systems being changed.	0
Team members report experience of working well together, for example via one-to-one discussions, supervision conversations or in team meetings.	0
The team has effective communication processes in place: this might include the use of structured tools and electronic documentation.	0
The team has decision-making processes in place with clarity of roles, responsibilities and routes of escalation.	0
The team is aware of the need for continuous improvement in processes, experiences and outcomes to support falls prevention and management.	**1**
The team have skills and experience to make changes and improvements in practice.	0
The team is committed to achieving shared goals.	0
The team aims are directly aligned with the organisation's key strategic goals.	0

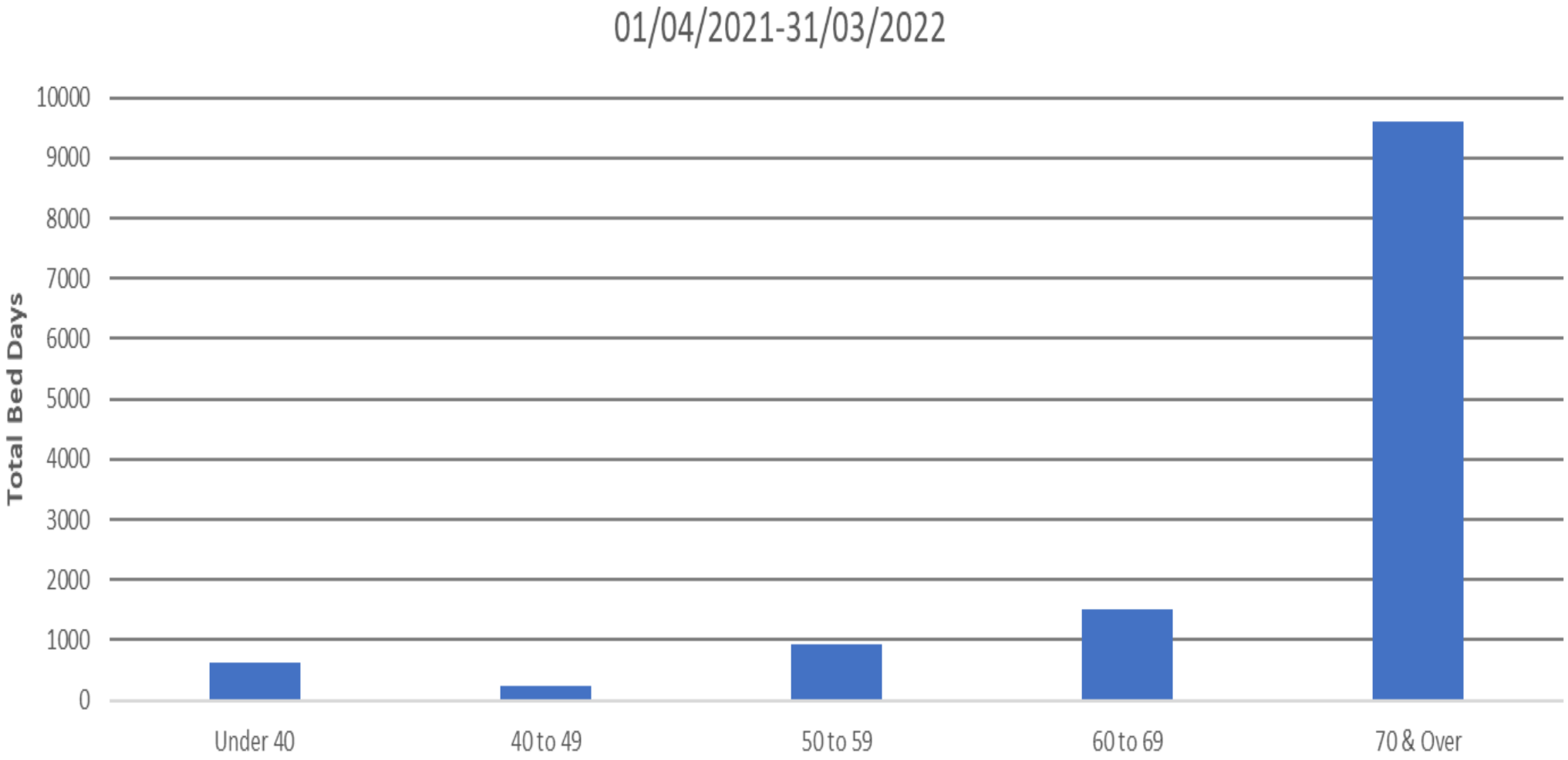
Assessing Team Readiness IP2 – 5/16

(HIS/SPSP Readiness for change Assessment & Prioritisation Tool – Essentials of Safe Care)

Answer each question by scoring it as: **0 – No evidence ; 1 – Some evidence ; 2 – Good evidence**

TEAM QUESTIONS	Score of Evidence
At least one member of the team has authority on the outcomes, processes, or systems being changed.	0
Team members report experience of working well together, for example via one-to-one discussions, supervision conversations or in team meetings.	1
The team has effective communication processes in place: this might include the use of structured tools and electronic documentation.	0
The team has decision-making processes in place with clarity of roles, responsibilities and routes of escalation.	1
The team is aware of the need for continuous improvement in processes, experiences and outcomes to support falls prevention and management.	1
The team have skills and experience to make changes and improvements in practice.	1
The team is committed to achieving shared goals.	1
The team aims are directly aligned with the organisation's key strategic goals.	0

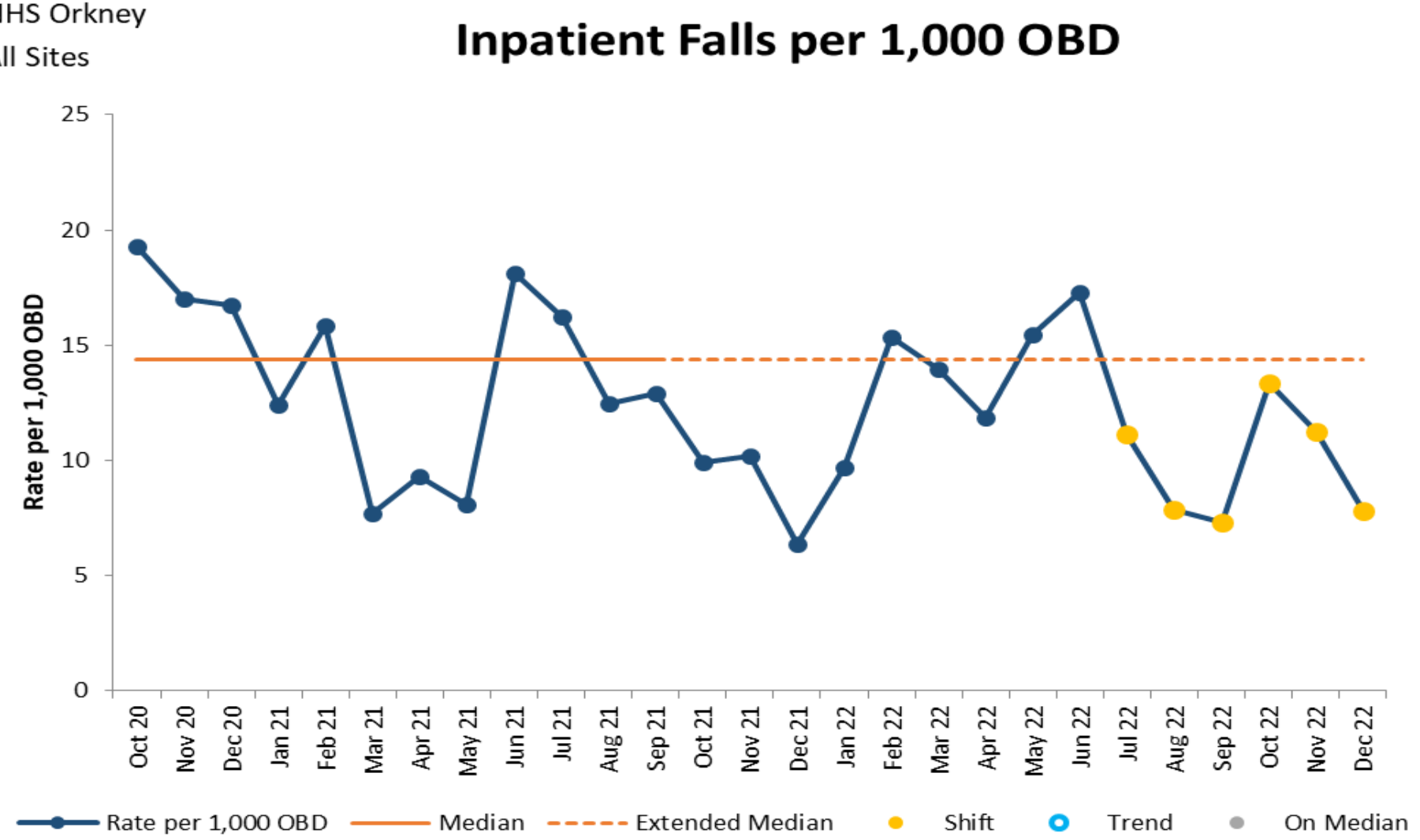
Inpatient Demographics – Total Bed Days



Inpatient Falls

NHS Orkney

All Sites



2022 Falls Prevention Driver Diagram

National Aim:

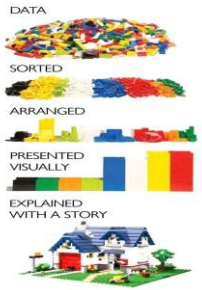
- reduce all falls by 20%
- reduce falls with harm by 30% by Aug 2023

Local Aim:

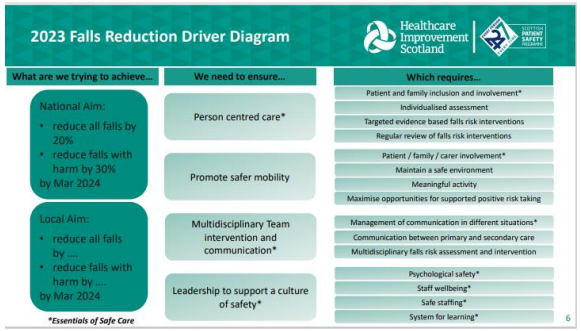
- reduce all falls by 15%
- reduce falls with harm by 20% by Aug 2023

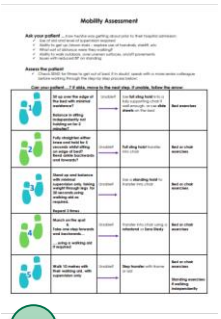
Person centred care	Patient and family inclusion and involvement
	Individualised assessment
	Targeted evidence based falls risk interventions
	Regular review
Promote mobilisation	Family / carer involvement
	Maintain a safe environment
	Meaningful activity
	Maximise opportunities for supported positive risk taking
Multidisciplinary Team intervention and communication	Management of communication in different situations
	Use of standardised communication tools
	Communication between primary and secondary care
Organisational safety culture	Psychological safety
	Staff wellbeing
	Safe staffing
	System for learning

6 months



So much to do....





= 25 days
So little time

Quality Improvement Journey

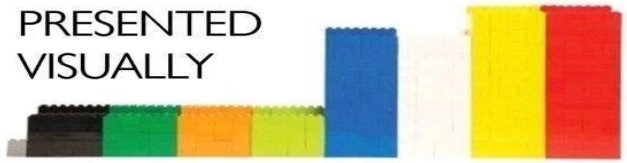
Understanding the System

DATA

SORTED

ARRANGED

PRESENTED VISUALLY

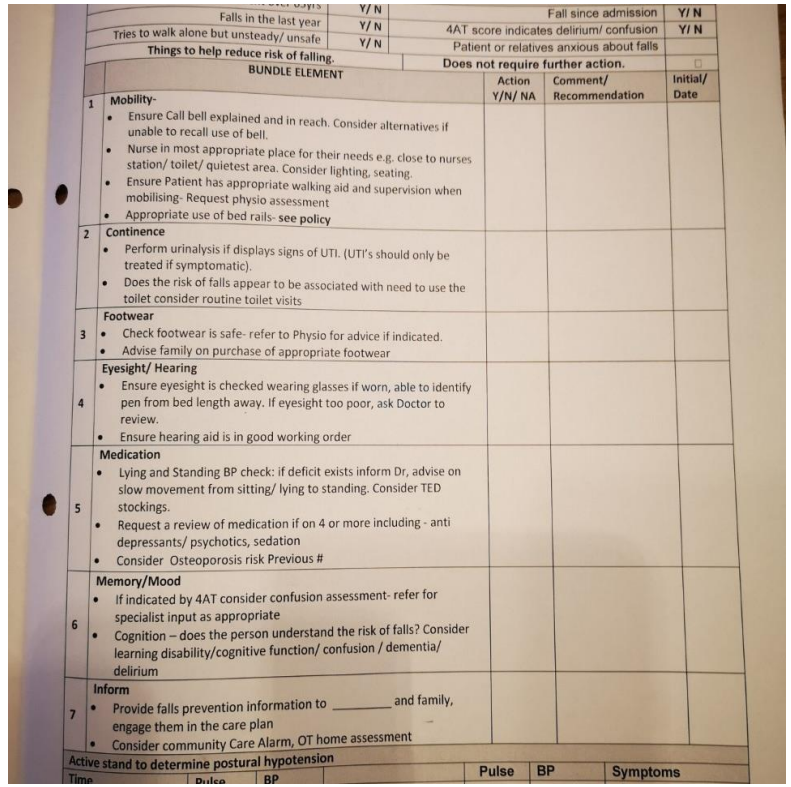


EXPLAINED WITH A STORY

30 Falls reported September – November Understand the stories

Listening and Learning

- Documentation design is poor.
- Extensive repetition
  - – mobility is referred to in 6 different places (frequently documented differently).
- Staff using the document highlight poor engagement and acknowledge some aspects are ‘tick box exercise’.
- Varied knowledge of the assessments.
- AHP staff report more risk averse behaviour as staff are increasingly worried about patients falling.
- Documentation appears poorer for surgical patients.
- (Observation)
- Variability in quality of handover from different areas, with duplication or complete absence of assessment.
- No pathway in place for onward referral to the community team following a fall in hospital.



Falls in the last year	Y/ N	Fall since admission	Y/ N
Tries to walk alone but unsteady/ unsafe	Y/ N	4AT score indicates delirium/ confusion	Y/ N
Things to help reduce risk of falling.		Patient or relatives anxious about falls	
		Does not require further action.	

	BUNDLE ELEMENT	Action Y/N/ NA	Comment/ Recommendation	Initial/ Date
1	**Mobility-** • Ensure Call bell explained and in reach. Consider alternatives if unable to recall use of bell. • Nurse in most appropriate place for their needs e.g. close to nurses station/ toilet/ quietest area. Consider lighting, seating. • Ensure Patient has appropriate walking aid and supervision when mobilising- Request physio assessment • Appropriate use of bed rails- see policy			
2	**Continence** • Perform urinalysis if displays signs of UTI. (UTI's should only be treated if symptomatic). • Does the risk of falls appear to be associated with need to use the toilet consider routine toilet visits			
3	**Footwear** • Check footwear is safe- refer to Physio for advice if indicated. • Advise family on purchase of appropriate footwear			
4	**Eyesight/ Hearing** • Ensure eyesight is checked wearing glasses if worn, able to identify pen from bed length away. If eyesight too poor, ask Doctor to review. • Ensure hearing aid is in good working order			
5	**Medication** • Lying and Standing BP check: if deficit exists inform Dr, advise on slow movement from sitting/ lying to standing. Consider TED stockings. • Request a review of medication if on 4 or more including - anti depressants/ psychotics, sedation • Consider Osteoporosis risk Previous #			
6	**Memory/Mood** • If indicated by 4AT consider confusion assessment- refer for specialist input as appropriate • Cognition – does the person understand the risk of falls? Consider learning disability/cognitive function/ confusion / dementia/ delirium			
7	**Inform** • Provide falls prevention information to _____ and family, engage them in the care plan • Consider community Care Alarm, OT home assessment			

Active stand to determine postural hypotension					
Time	Pulse	BP	Pulse	BP	Symptoms

Staff Survey

NHS Grampian | REALISTIC MEDICINE | NHS Orkney

Falls and Frailty Prevention Staff Survey	Not confident	Confident	Very Confident	N/A
SKILLS				
I am able to complete a basic mobility assessment to ensure patients are safe during their stay.				
I support and encourage patients to mobilise as much as they are able during their stay.				
I can asses patients for appropriate seating.				
I am able to provide suitable seating following an assessment.				
I am able to asses sitting and standing BP and know what actions to take if there is a significant drop in BP.				
Patient's bladder and bowel problems are identified and assessed during their stay.				
I am able to complete a bladder and bowel assessment				
I can identify medication that increases a patient's risk of falling?				
I am confident that the falls mats are effective?				
Patients and carers are well informed on how to reduce falls and safe during their stay in hospital.				
ASSESSMENTS/DOCUMENTATION & REPORTING -				
I know what assessments I am responsible for.				
I know the purpose of the documentation I complete				
I can easily find the information I need to keep individuals safe during their stay.				
Please rate your confidence in completing the following assessments:				
4AT				
Time Bundle				
MUST				
Waterlow				
Falls screening questions				
Falls care plan				
Moving and handing assessment				
Bedrail assessment				

I would be interested in attending training sessions.	YES	NO		
1 hour training session's would be most accessible in the:	MORNING	AFTERNOON	EVENING	
I would prefer the training to be	Delivered on the ward	Delivered in a meeting room	No preference	
Please select your role:	Nurse	AHP	Health Care Support Worker	Student

Staff Survey Summary

Health Care Support Workers

- **44%** did not feel that a basic mobility assessment was applicable to them.
- **56%** felt that the falls screening question's were not applicable to them.
- **55%** felt that falls mats were not effective
- **44%** did not feel confident in the provision of suitable seating.
- **100%** of the HCSW were confident or very confident that Bladder and Bowel problems were identified and assessed.

Registered Nurses

- **100%** of the RN's feel confident or very confident in the assessment and management of bladder and bowel issues.
- **100%** of the RN's feel confident or very confident in basic mobility assessments and feel that they encourage patients to mobilise. (Outcome measure to confirm).
- Confidence in the assessment and provision of seating was lower with **29%** not confident in the assessment or provision of suitable seating for patients.
- **71%** reported feeling not confident in the effectiveness of falls mats.

What we can achieve from listening…

Everyone (-1) wanted training

Giving us:

- an opportunity to develop ‘all teach all learn’ environment.
- To share and build a ‘sense of urgency’
- Improve MDT working through talking and learning together.
- Time to share ideas
- Building motivation to improve

Making Progress

- 1 session
- 12 staff - MDT
- Ideas shared
- Fears listened to
- Changes planned
- Enthusiasm for more
- Cakes eaten

Listen

Be brave

Start small – start somewhere

Questions & Answers

The Art of Being Brilliant: Your wellbeing launchpad

Dr. Andy Cope

Art of Brilliance

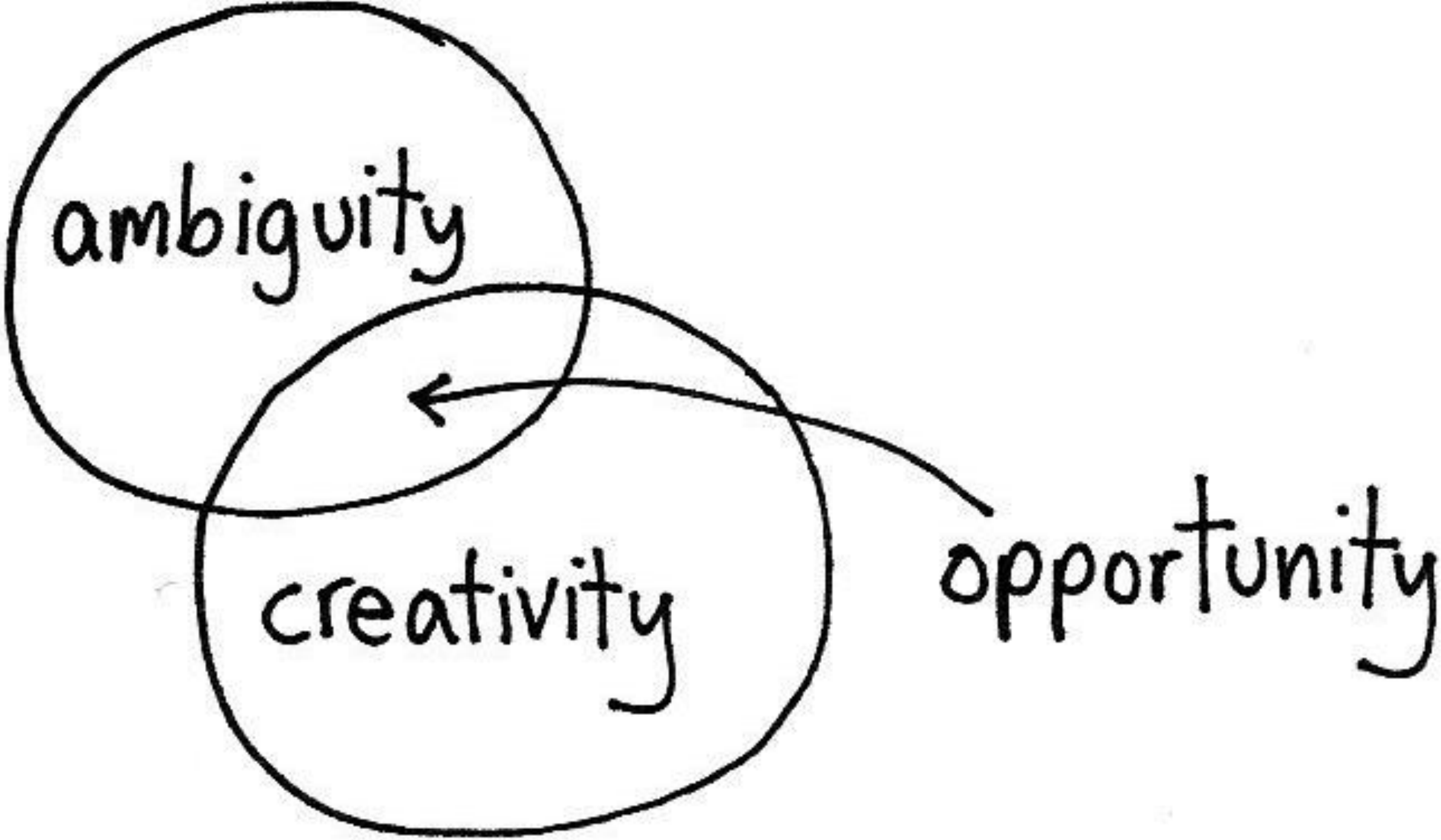
The Art of Being Brilliant

Your wellbeing launchpad

Dr Andy Cope
@beingbrilliant

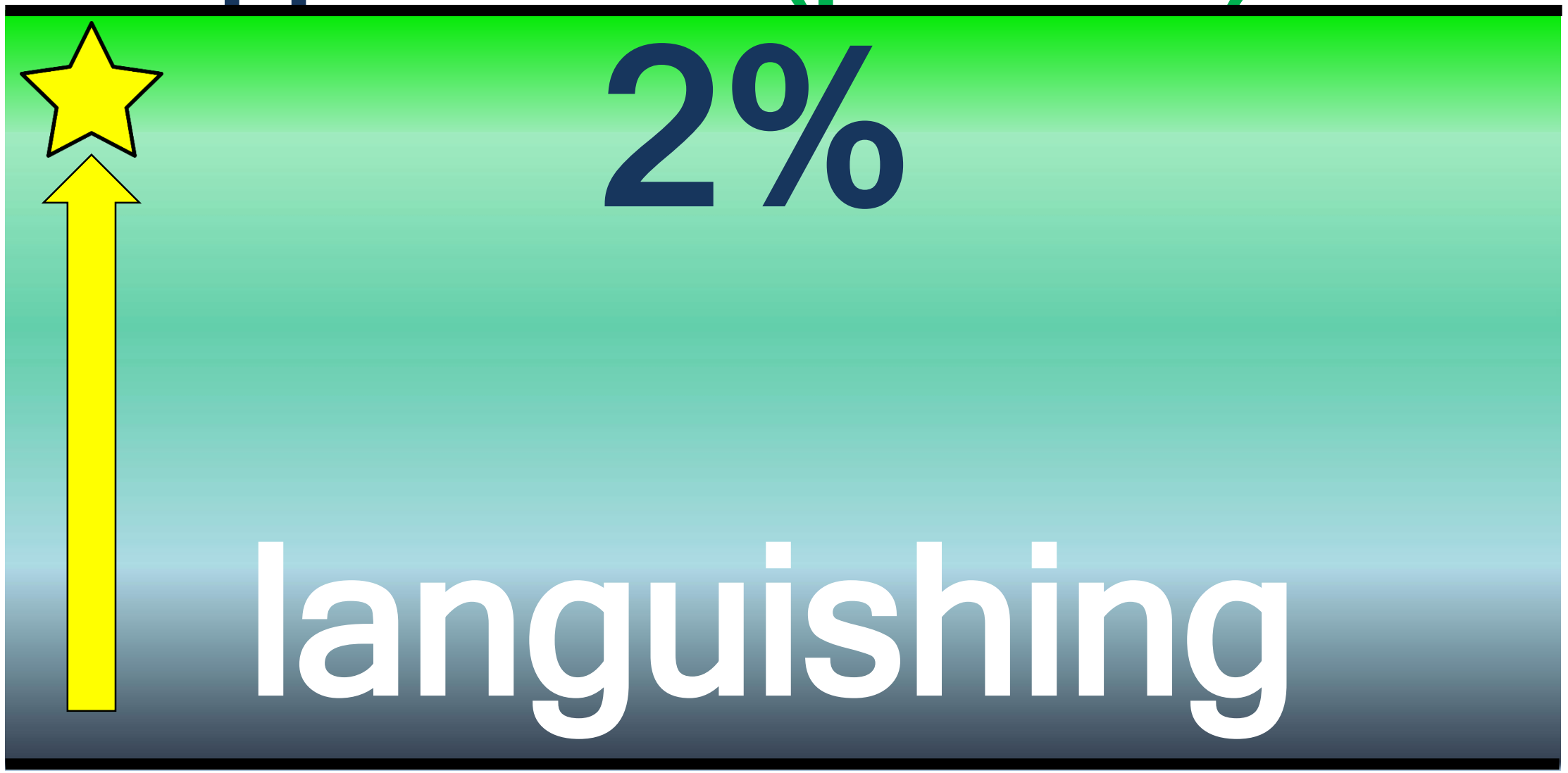
3 words that describe you at your best...

THE
TERMINATOR

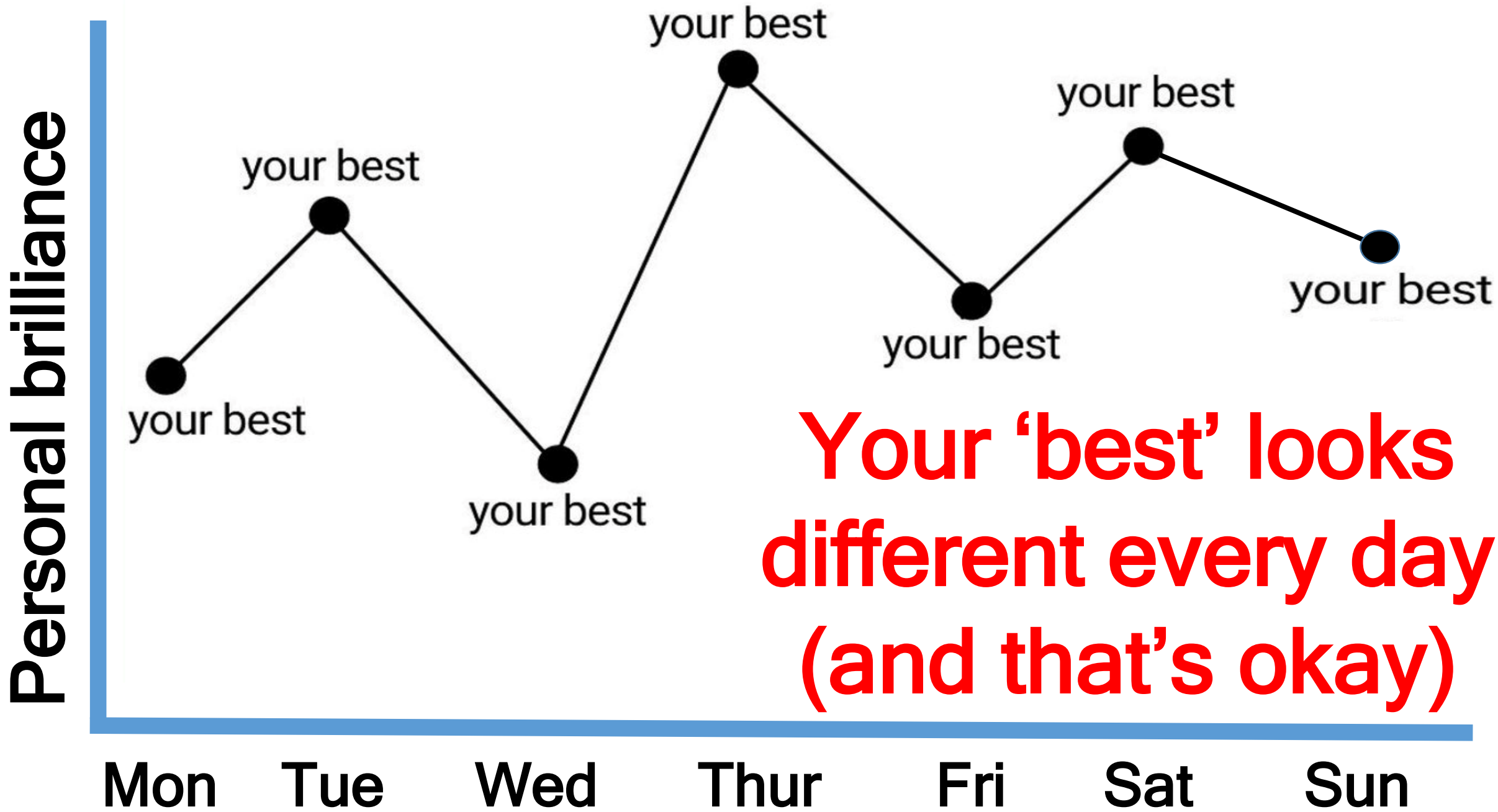

ambiguity
creativity
opportunity

IF YOU FEAR
CHANGE !
LEAVE IT
HERE.....

upper level (positive)



lower level (negative)

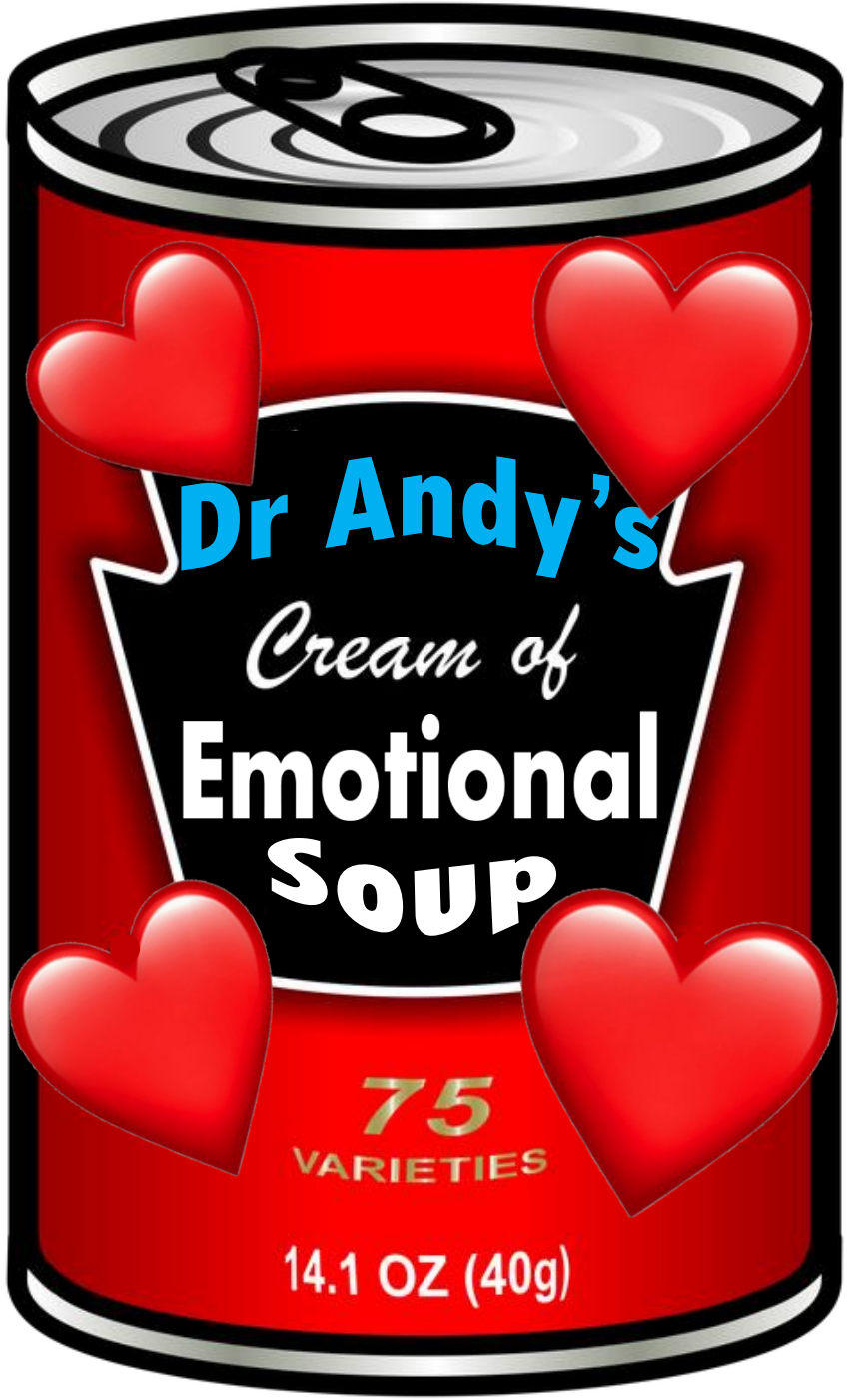


Your ‘best’ looks different every day (and that’s okay)

COMPLAINTS
GRATITUDE

10 THINGS YOU'RE LUCKY TO HAVE BUT TAKE FOR GRANTED...

THE 4-MINUTE RULE


Dr Andy's
Cream of
Emotional
Soup
75
VARIETIES
14.1 OZ (40g)

YOU MATTER

HOMEWORK

Questions & Answers

Thank you

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#SPSP247

#TheEoSC

www.ihub.scot

SPSP National Learning Event

Please save the date

20 September 2023, 10am-4:00pm

Golden Jubilee Conference Hotel, Glasgow