



# Transitions, Omissions and High Risk Medicine

## WebEx Series 2018-2019

SMAC2 and MITS –  
supervision for safer prescribing  
Northern Ireland

Thursday 16 August 2018  
3pm-4pm



@SPSPMedicines  
#SPSPMeds



As part of Healthcare Improvement Scotland's ihub, SPSP activities support the provision of safe, high quality care, whatever the setting.

## A few points for our WebEx today:

Please dial in on your phone:

**0800 032 8069 and then use the pass code: 564 897 14 #**

If you are not presenting your phone is automatically on mute

Phone lines will open at the end of the WebEx for Q and A with the presenters



# Meet the team



Arvind Veiraiah  
National Clinical Lead



Lorraine Donaldson  
Project Officer



Kirsty Allan  
Administrative Officer



David Maxwell  
Improvement Advisor

# Polling Question 1

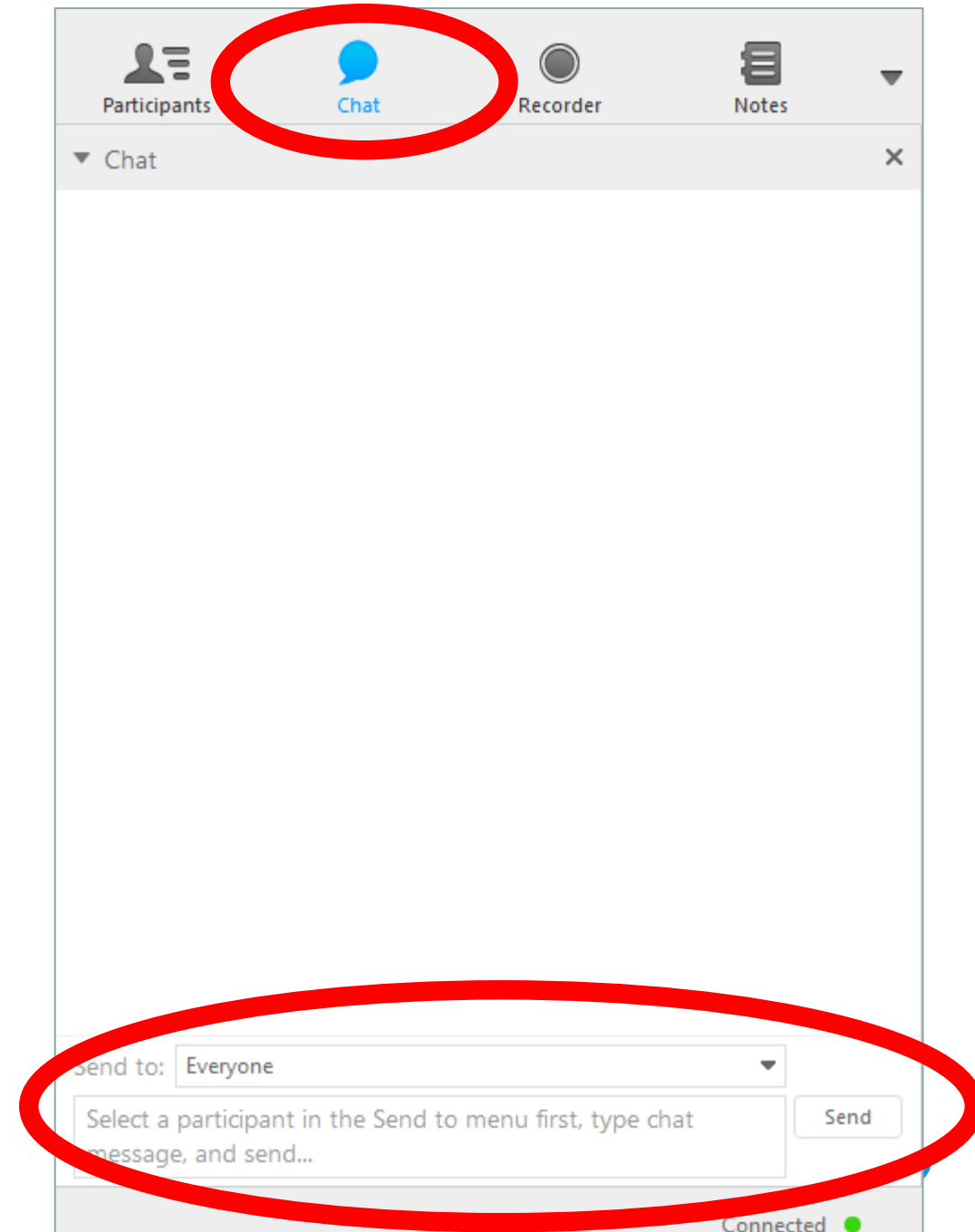
Which of the following professions best describes you?

- a. Patient / Service User
- b. Medical
- c. Nursing
- d. Pharmacy
- e. Other (please type in chat box)

To get involved in the conversation,  
please click on the Chat icon.

Select **Everyone** from the drop down  
menu, type your message then click  
send. Introduce yourself.

This WebEx is being recorded as a  
resource and will be available on the  
ihub website







**Making insulin treatment safer.  
A novel approach to workplace assessment in  
foundation education**

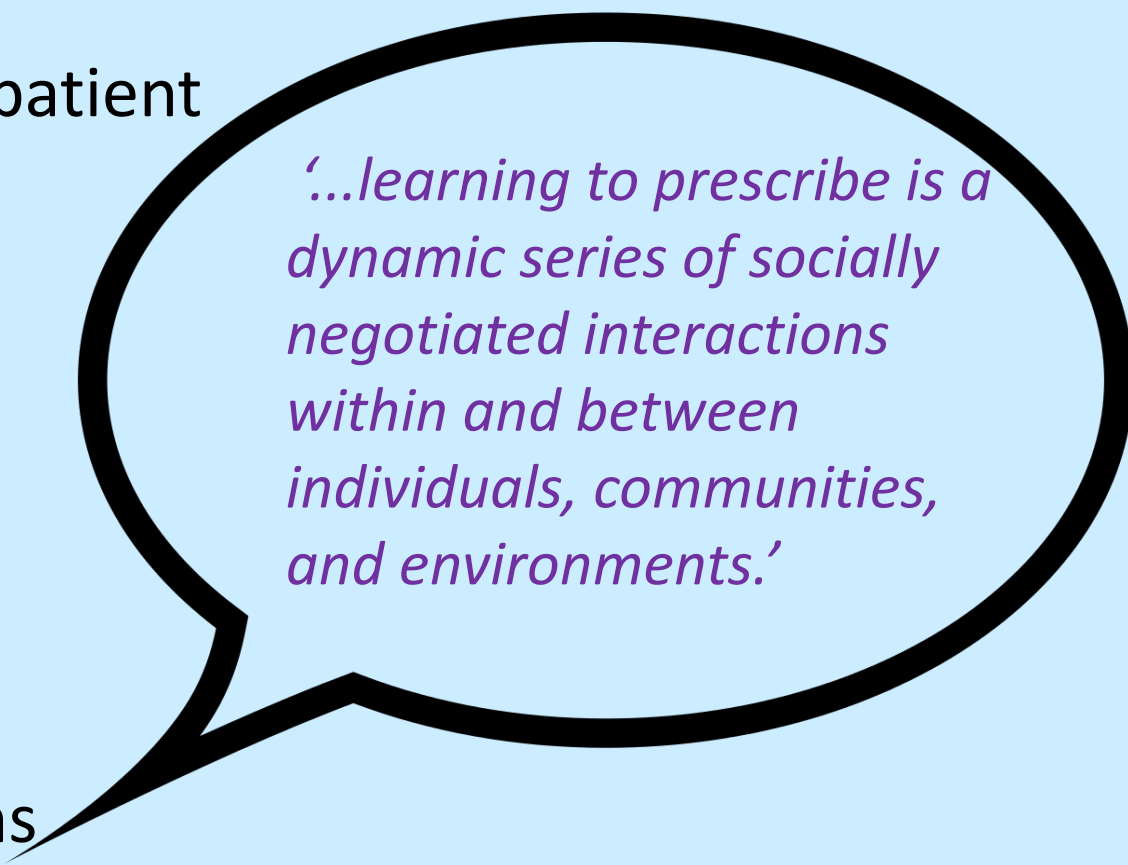


# Presenters

- Angela Carrington - NI Medicines Governance Team and DOH Medication Safety Lead
- Rosie Donnelly -Diabetes Pharmacist, South Eastern Trust
- Martin Adams - Expert Patient
- Tim Dornan – Professor Medical Education, Queen’s University Belfast

# Current situation

- 1 in 6 hospital beds occupied by a diabetic patient
- 1 in 25 chance of DKA occurring
- Good control on only 3 out of 7 days
- FDs write >60% of their prescriptions
- >30% these contain errors
- Insulin errors have complex social causes
- Prescribing is complex
- Simple fixes cannot solve complex problems
- Interventions should make better use of patients expertise



*'...learning to prescribe is a dynamic series of socially negotiated interactions within and between individuals, communities, and environments.'*





## The environment

- ### The individual

- ## The team

- ## Systems

- ### Task

- ✔ Prescribing outside routine practice
- ✔ Complex disease, polypharmacy
- ✔ Language and communication barriers
- ✔ Unfamiliarity with the individual patient (often linked to shift-work)

# Our Journey...

- Secured funding for Making Insulin Treatment Safer (MITS)
- Established MITS team and a Supervisory Board
- Aim to transfer a previous study focused on antimicrobials to insulin
- Challenge –almost impossible to define good insulin prescribing
- Unspoken Culture – no one's priority to achieve good diabetes days



# MITIS wants to help empower foundation doctors to:

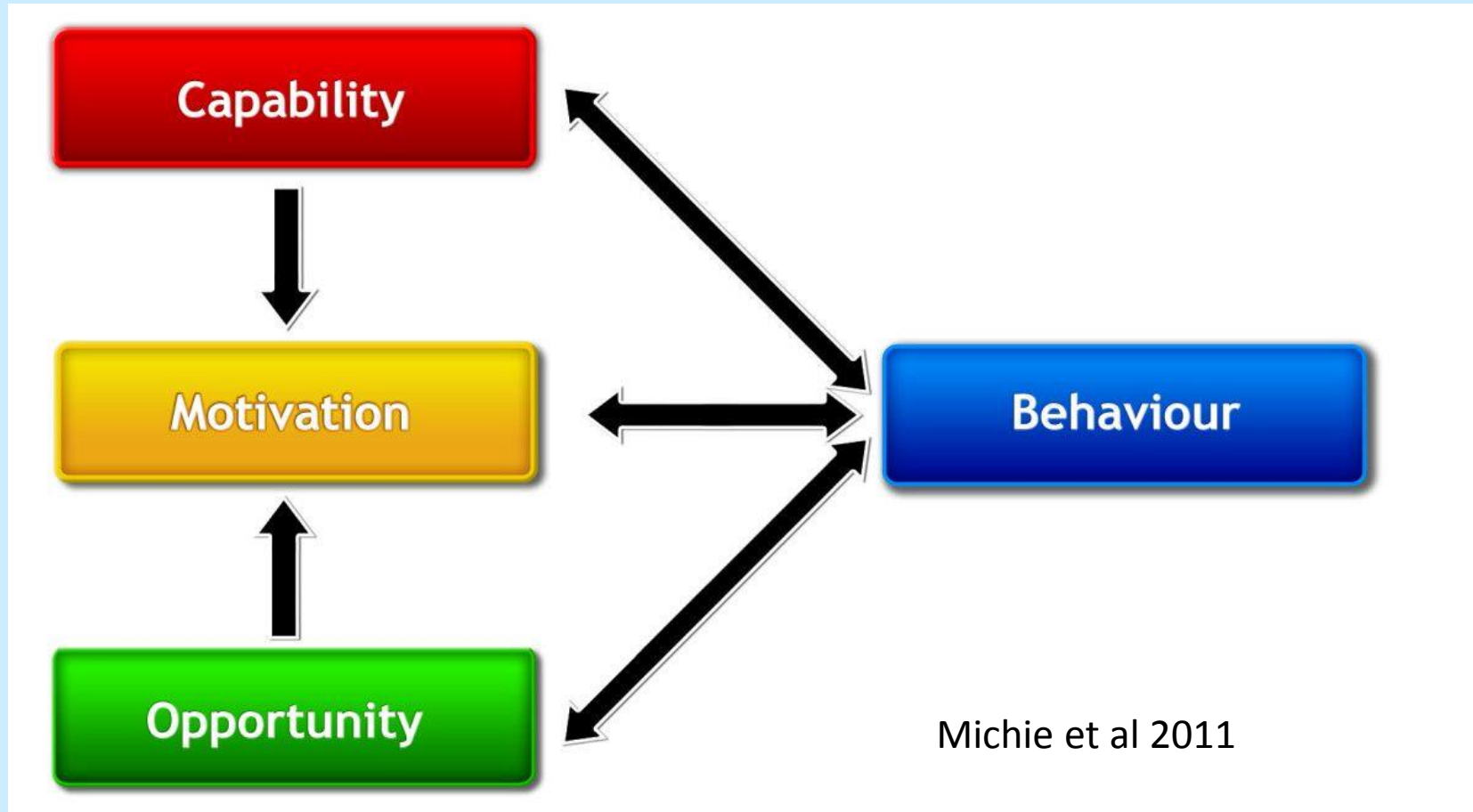
- Handle the inherent complexity of prescribing insulin
- Engage with different levels of seniority across interprofessional boundaries
- Respect patients' right to be involved in their own care
- Access and make good use of resources

# MITS CBD

- Opportunity to discuss an insulin prescribing experience
- Helping to provide FDs with the skills to navigate complexity and uncertainty
- FD makes a written commitment to change
- Skills transferable to other scenarios



# Underlining theory – COM-B





## Assess

### Situation

#### STAFF

Who wants what, why?

#### PATIENT

What do they need?  
Complicating factors?  
How to involve them?

#### CONTEXT

What is pressuring me?  
What is holding me back?  
What is derailing me?

### Myself

#### GIVEN...

My strengths  
My Limitations

Am I up to the task?

## Respond

### Act

Can I prescribe insulin safely?

**NO**

Seek information or help

?

**YES**

Prescribe

### Check<sup>2</sup>

#### CHECK NOW

**Was it easy?**  
Check yourself

**Was it hard?**  
Check with someone else

**THINK Really necessary?**  
Type of Insulin  
Dose  
Timing  
Frequency

#### CHECK LATER

Whether?  
Who?  
When?  
Why?



# smac<sup>2</sup> Top tips

Making Insulin Treatment Safer

## Make patients partners

- Ask them questions
- Show them charts
- Explain results
- Discuss actions
- Embrace uncertainty
- Let them advise you

## Aims

In any 24h period:

No more than one BG > 12 mmol/l

No BG < 4 mmol/l

- **Don't** let patients be hyperglycaemic because you're hypophobic
- **Don't** omit insulin inappropriately after hypos
- **Don't** omit basal insulin in T1DM; DKA can develop in 4-6 hours

## Adjust insulin smartly

Examine the pattern of glucose results

Think which time of day each dose affects

Decide which dose needs changing  
1 unit of insulin adjusts glucose by 2-3mmol/l

**Improve the pattern – don't just firefight**

Prescribe tomorrow's breakfast dose today

**If a patient is (getting) sick**

call for help - escalate the regimen, not just the dose

# The project design

- CBD framed around SMAC<sup>2</sup>
- Discuss an insulin prescribing scenario with a trained MITS 'debriefer'
- Developed a set of SOPs to implement and deliver the CBD
- Identified debriefers and site implementers
- Delivered debriefer training
- MITS CBDs ran for 5 months



# The Intervention

- FD is given rules of thumb for prescribing (insulin) safely, SMAC<sup>2</sup> card and “Top Tips”
- FD chooses significant event and completes proforma
- FD attends a case-based discussion with a trained ‘MITS debriefer’
- They agree and record learning points and intended actions
- FD completes official CBD form and sends ‘ticket’ to debriefer

# MITs CBD documentation

- [http://www.med.qub.ac.uk/mits/docs/MITs\\_CBD\\_Proforma.pdf](http://www.med.qub.ac.uk/mits/docs/MITs_CBD_Proforma.pdf)
- [http://www.med.qub.ac.uk/mits/docs/Trainee\\_Record\\_Sheet.pdf](http://www.med.qub.ac.uk/mits/docs/Trainee_Record_Sheet.pdf)
- <http://www.med.qub.ac.uk/mits/docs/DebriefRecordSheet.pdf>

# Training

- **The 3 Core Conditions or Qualities of a Person-Centred Debrief**

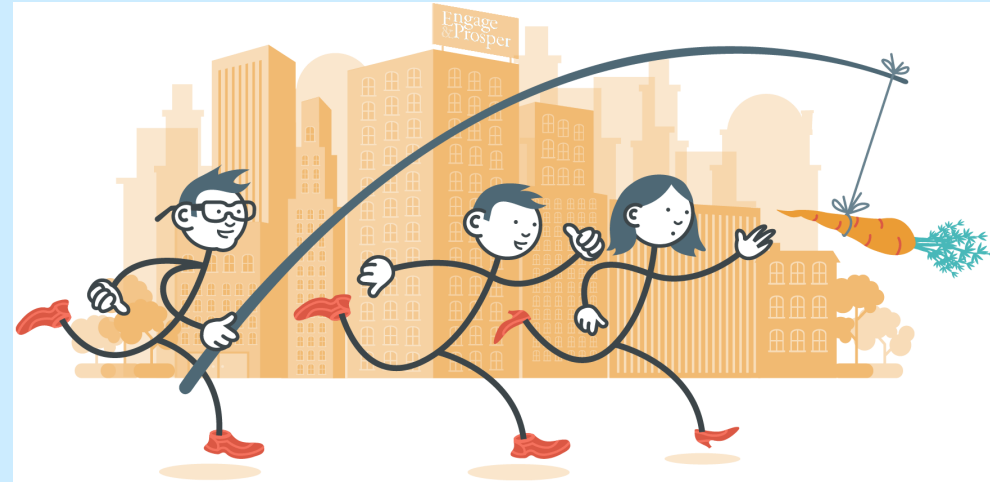
- ❖ Unconditional Positive Regard
- ❖ Empathy
- ❖ Congruence

- **ERIC**

- ❖ Experience
- ❖ Reflection
- ❖ Insight
- ❖ Change



# The incentive



- Junior doctors required to do CBDs for their ePortfolio
- MITS CBD Accredited by NIMDTA
- CPD points awarded to debriefers



# The Goals of a MITS CBD

- The MITS CBD is **NOT** a teaching session
- Provide FDs with the skills to navigate uncertainty and complexity around insulin prescribing
- Facilitate FDs to think about their own prescribing and build on the knowledge they already have
- Encourage them to make patients partners

# MITs CBD - an example

- FY1 covering acute medical admissions ward
- Asked to prescribe morning dose of insulin for 65yo Type 2 Diabetes admitted with chest infection the previous night
- Patient had supposedly been started on insulin at home but hadn't taken it
- FY1 was concerned about prescribing the pre-admission dose

# What behaviour will you change?

## How will you change it?

- Prescribe at the bedside where possible, especially new patients
- Have the confidence to flag up issues with seniors on the ward round
- Use ward pharmacist as a resource
- Be quicker to seek specialist diabetes review in complex cases

# Patient involvement

- Sought patient views
  - Improve the experience of patients on insulin better
  - Involve patients in decision making
- They said “listen, discuss, re-assure”
- 2 service users trained as debriefers
- 7 CBDs with a FD and a service user



Empowering



Rosie:  
Pharmacist



Educating

Angela:  
Patient Safety Champion



Ciara:  
Junior Doctor



## The MITS Team

Deborah:  
Administrator



Tim:  
Senior Doctor



Involving

Engaging



# Martin's experience

- Started following a personal experience in hospital and talking to friends and hearing their similar or worse experiences
- Invited to CBD training and set the daunting task of a patient led CBD
- 1<sup>st</sup> CBD was a pleasurable experience, a **conversation not an interview**
- Listened through their case and then flipped it over to the patients perspective
- MITS had changed the perception of patient knowledge
- Big surprise was what the Patient De-briefer gained



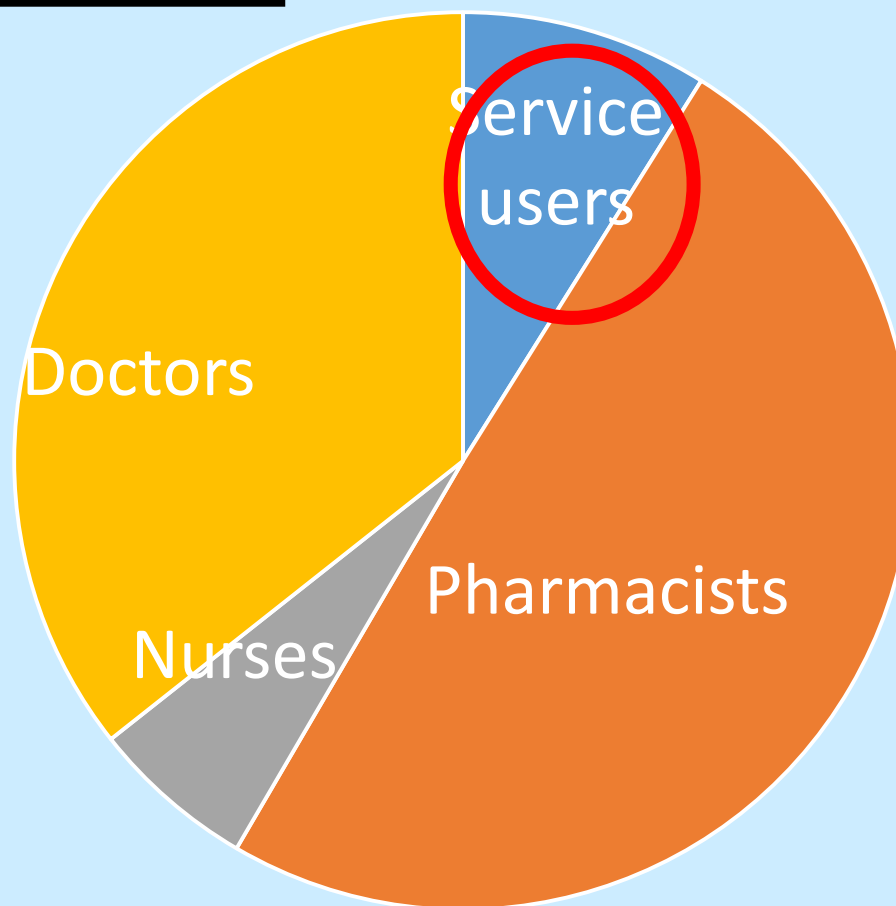
# What has MITS achieved?

- Trained **58 people** - to empower FDs to be more self- and situation-aware
- Helped 113 FDs make a **total 509 SMART** commitments to safer behaviour including:
  - ✓ Taking prescribing decisions more seriously
  - ✓ Involving patients more
  - ✓ Acknowledging their limitations and calling for help
  - ✓ Checking prescriptions and ensuring follow-up
  - ✓ Been uniformly rated as empowering and educationally valuable

Root cause: poor communication

Solution: train all disciplines to debrief

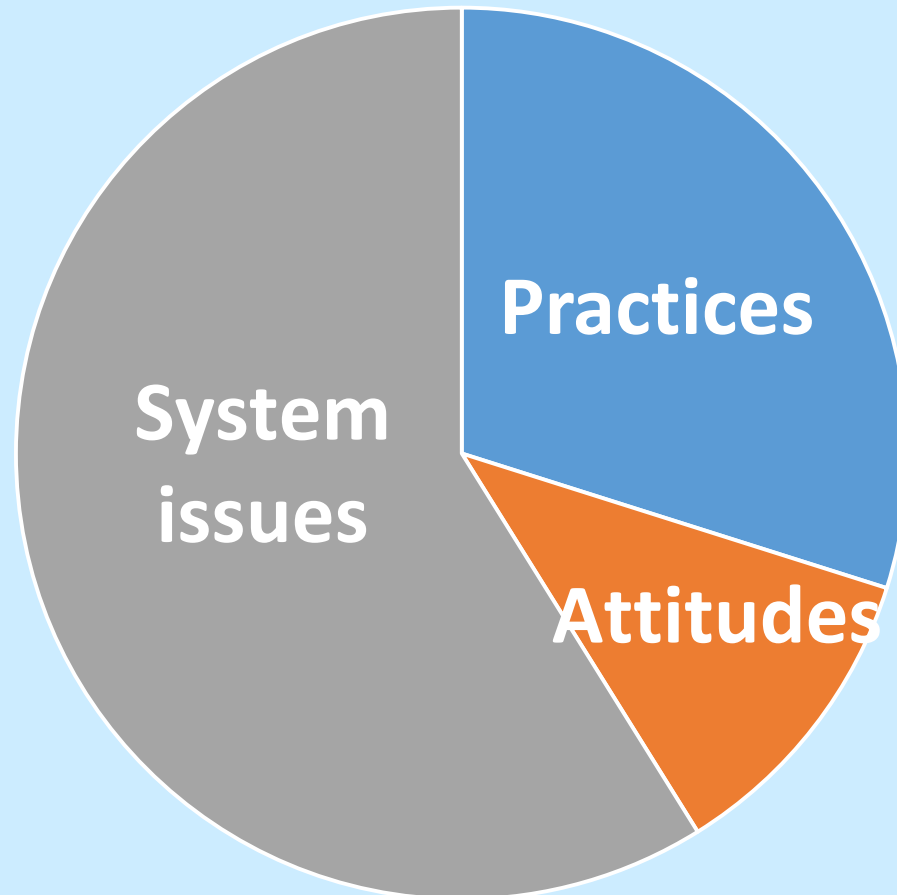
Achievement: Trained 58 debriefers



Root cause: hard to speak out

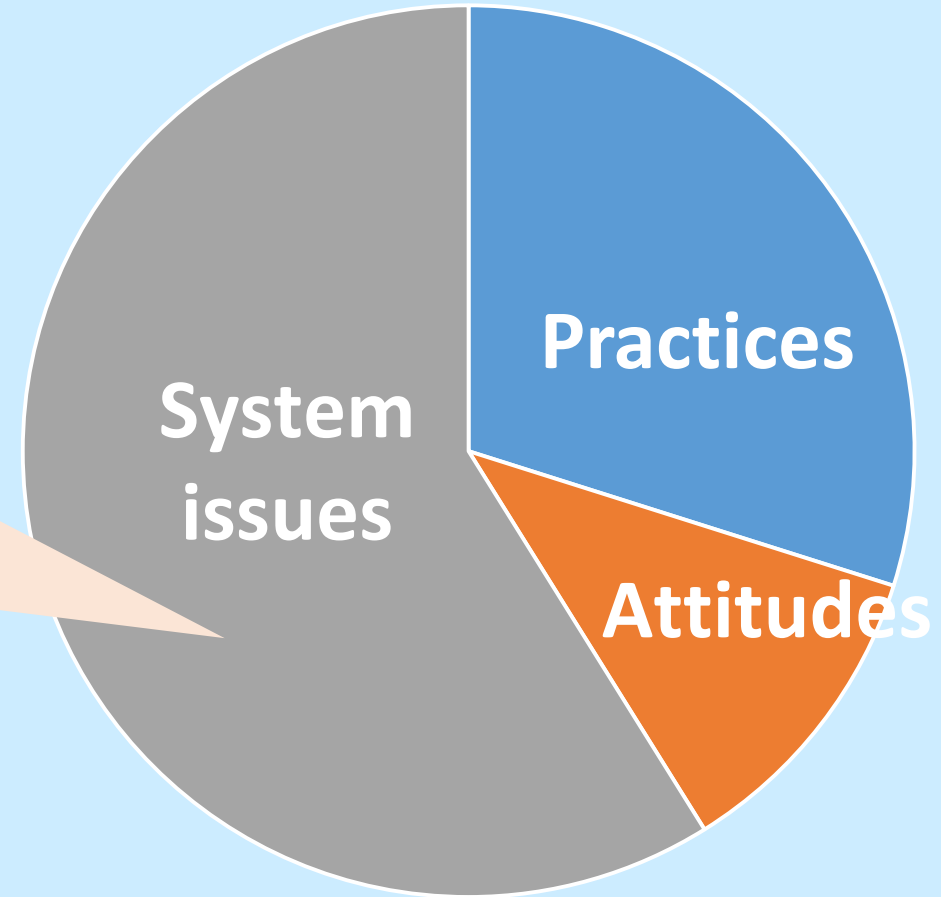
Solution: make it safe to do so

Achievement: Debriefers identified 338 safety threats

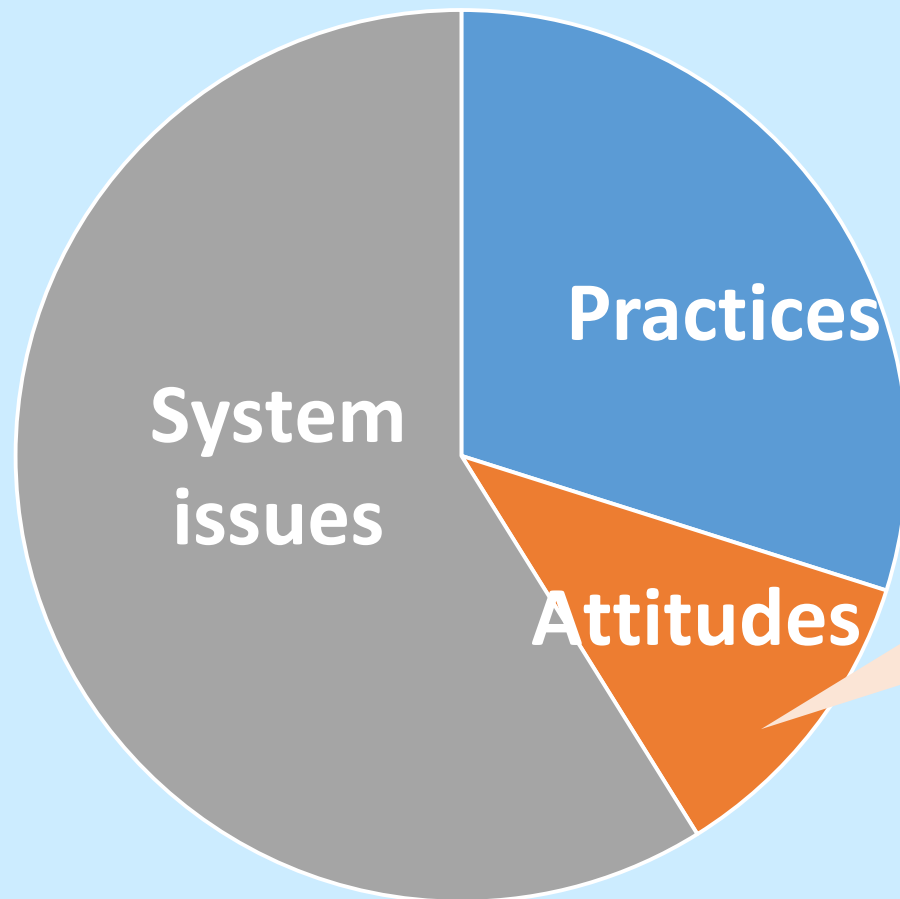


**Root cause:** hard to speak out  
**Solution:** make it safe to do so

‘The culture of senior doctors not supporting FDs with medical issues like insulin dose adjustment is unacceptable’

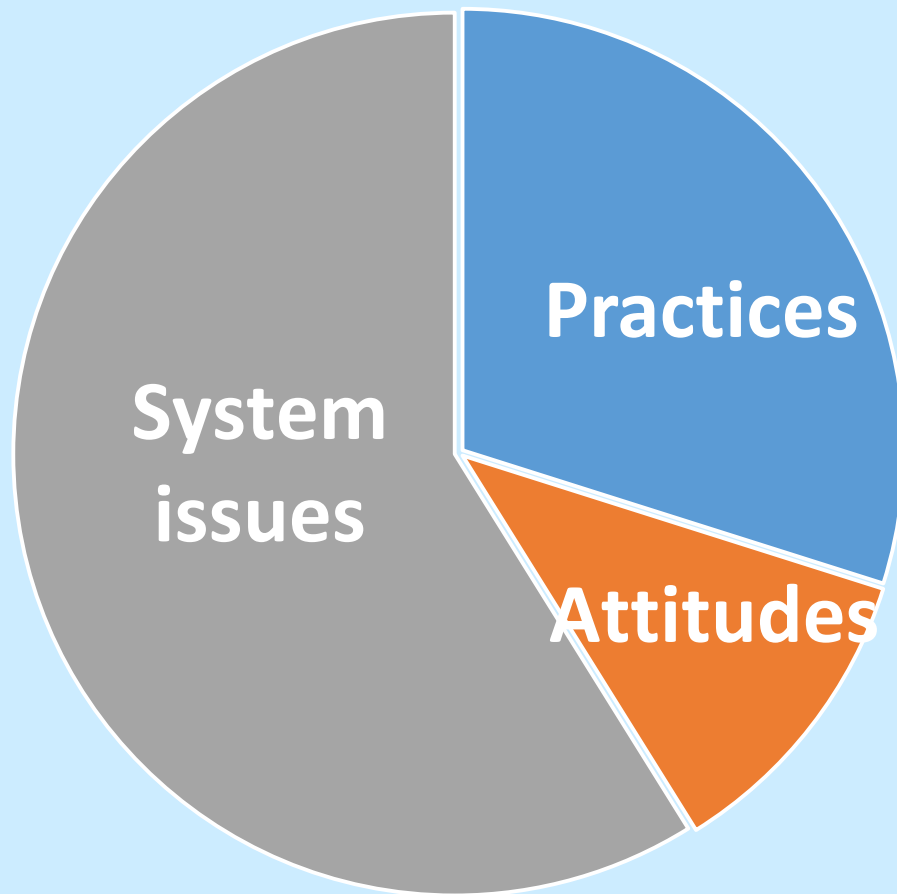


Root cause: hard to speak out  
Solution: make it safe to do so



‘(FD) believed he shouldn't need to call for help – with all the coaching he's had he should be able to manage without help’

Root cause: hard to speak out  
Solution: make it safe to do so



***Unique insight into  
suboptimal care***

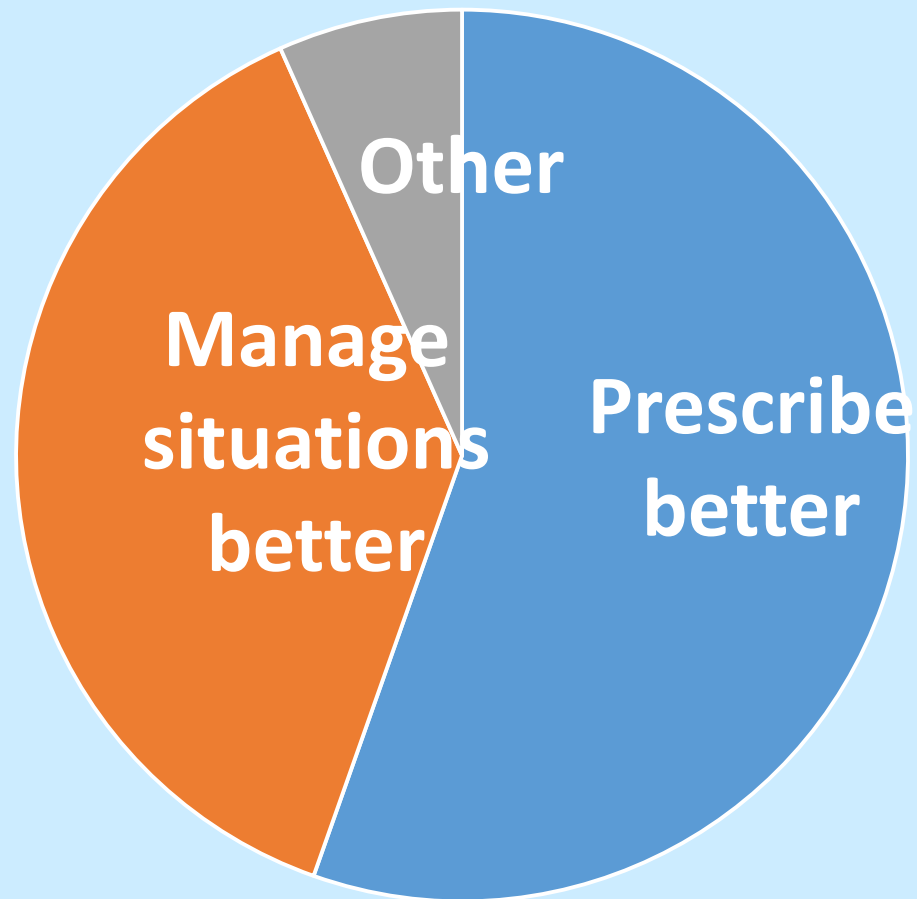
- Undersupervised
- Unplanned
- Uncoordinated
- Ineffective



Root cause: FDs behaving unsafely

Solution: commit to safer behaviour

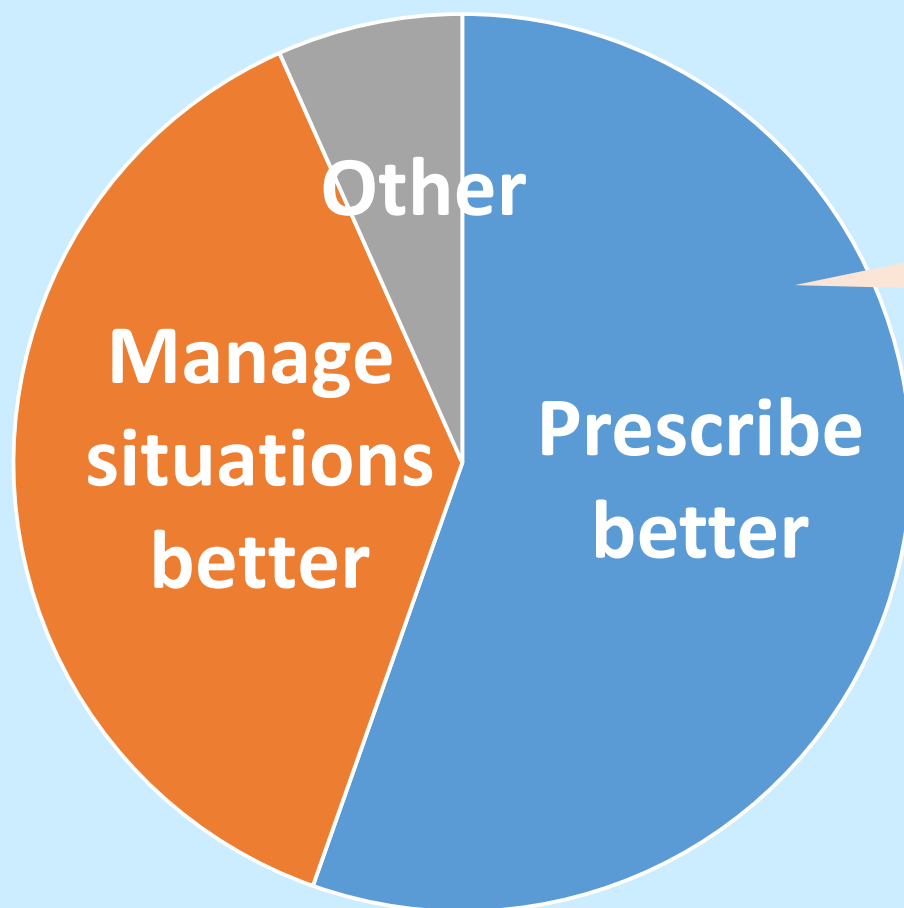
Achievement: 113 FDs made 509 SMART commitments



Root cause: FDs' behaving unsafely

Solution: commit to safer behaviour

509 SMART commitments



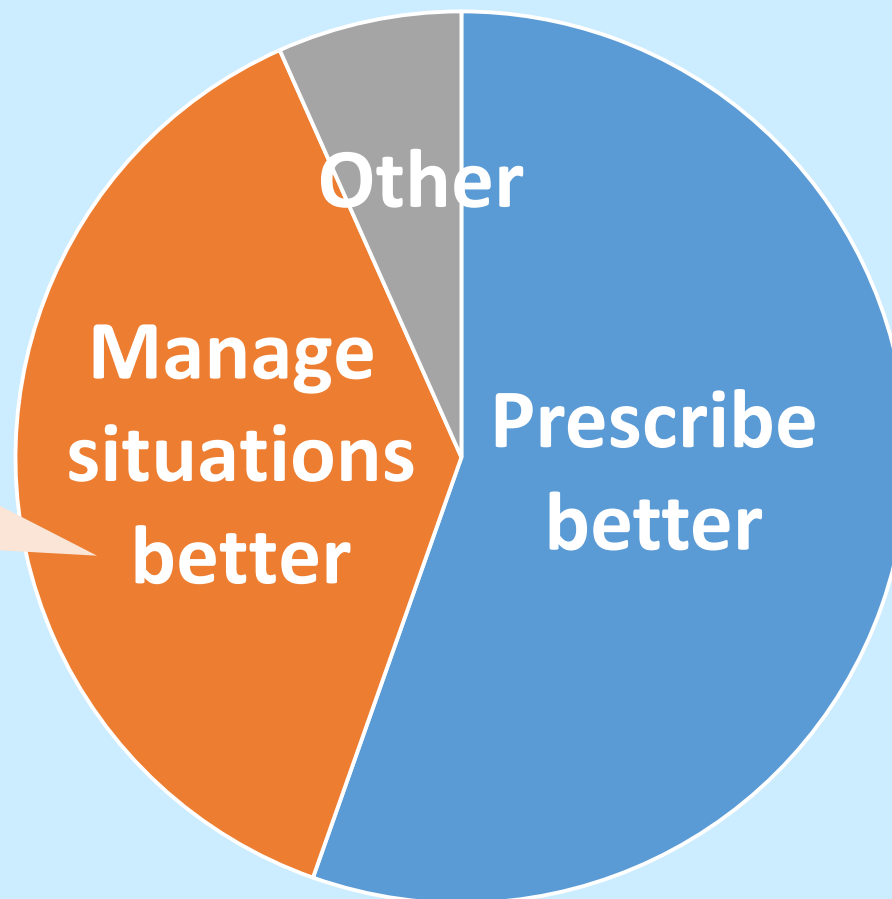
'I will take time to review notes before prescribing for unfamiliar patients'

Root cause: FDs' behaving unsafely

Solution: commit to safer behaviour

509 SMART commitments

'I will be happier with  
capable patients who  
want to self-administer;  
ask nurse to witness;  
get consultant to  
document in notes'



# MITs: changing the safety culture

- Debriefers felt more compassionate towards trainees
- Psychologically safer to speak out
- Trainees felt more confident about admitting uncertainty

‘Whilst working on the ward there is seldom time to discuss insulin prescribing. So often it is done in a rushed environment, and MITs allows you to take time to question your prescribing. Being able to use it as a portfolio CBD is a great incentive to get F1/F2s involved’

‘Very helpful to talk through difficult prescriptions. Helps to get clear in your head how to get help with prescriptions. Discussing what I felt was a negative experience very much helped me to discover the positives and the learning points from that case’

‘I feel MITS affords junior doctors with an excellent opportunity to raise any concerns or questions regarding management of diabetes they may not otherwise ask.’

‘It is an opportunity to explore the practicalities of insulin prescriptions, elaborating on more complex scenarios. This ultimately builds knowledge, patient safety and confidence that will be put to good use on a daily basis.’





# Challenges

- Uptake with FY2s
- Competing pressures – scheduling debriefs
- Demonstrating that 'MITS' works



# What's next

- NIMDTA support for MITS CBDs
- South Eastern Trust fully committed to MITS
- Scale and spread within 2 flagship trusts
- Spread to nurse and pharmacist prescribers



# Key points for sharing

- Prescribers need support to:
  - ✓ Embrace uncertainty
  - ✓ Handle complexity
  - ✓ Involve patients
- 'Upcycle' rather 'recycle' old answers



# What could we learn from you?

- Ways that you are currently empowering junior doctors to prescribe safer?
- How you are involving patients in educational models?

# Any Questions?

# WebEx Series

**Patient empowerment**

**Education**

**QI support**

**Work processes**

**Recognition for excellence**

**Digital [IT] systems**

## Webex Series 2018/2019

Date	Time	Presenters	Topic
Thursday 20 <sup>th</sup> September	3pm – 4pm	SPSP Medicines	Bleeds associated with medicines use
Thursday 18 <sup>th</sup> October	3pm – 4pm	NHS Greater Glasgow & Clyde, NHS Western Isles and NHS Orkney	Using a QI approach to reducing omitted medicines (in collaboration with Excellence in Care)
Thursday 8 <sup>th</sup> November	3pm – 4pm	NHS Greater Glasgow & Clyde	Digital solutions to reduce medicines transcription





SCOTTISH  
PATIENT  
SAFETY  
PROGRAMME

2008-2018

# Transitions, Omissions and High Risk Medicine

## WebEx Series 2018-2019

Bleeds associated with medicines use  
SPSP Medicines team

Thursday 20 September 2018  
3pm-4pm



@SPSPMedicines  
#SPSPMeds



As part of Healthcare Improvement Scotland's ihub, SPSP activities support the provision of safe, high quality care, whatever the setting.



# See you on 20<sup>th</sup> September.....

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<http://ihub.scot/spsp/medicines/>



@SPSP Medicines

Looking forward  
to welcoming you to...



# Glasgow 2019

## F O R U M

