FLASH REPORT Cohort 7 Shirley Christie

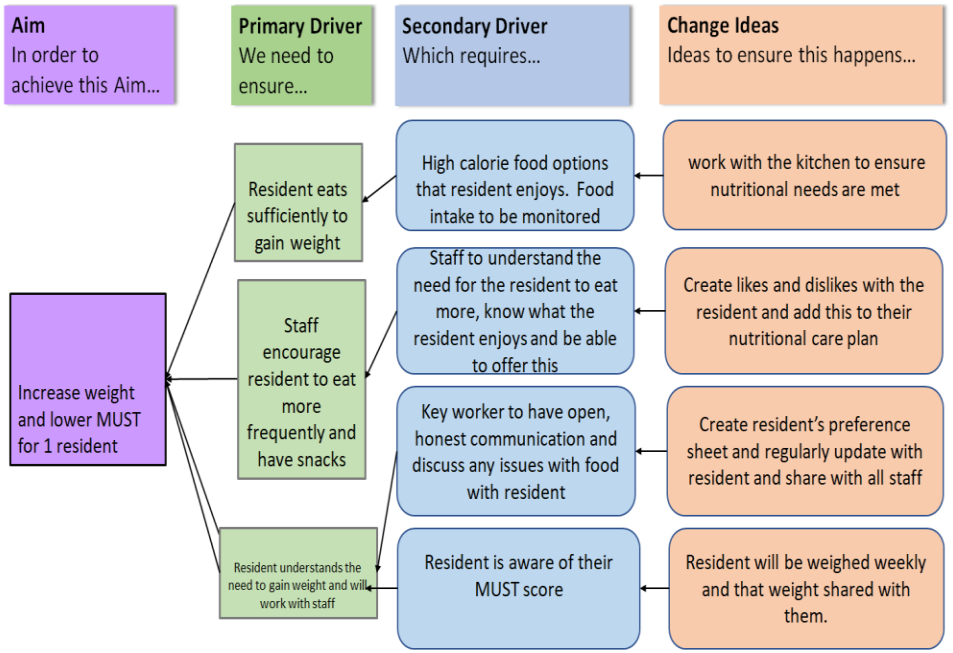
QI Project Team:
Mains House Care Home

QI Project Aim: By December 2024 resident J will have a lowered MUST score from1 to 0, using the food first approach as per the Food, Fluid and Nutrition guidelines.

Stage of QI Journey:
Testing Changes

Change Idea I am going to test below:
Fortifying foods with milk powder and potentially cream to aid Resident J's MUST score.

Area to insert pictures of QI Tools Used:



ACT

Discussed plans with kitchen and care staff.

2.
Discussed improvement with kitchen and care staff, agreed to add milkshakes and blended soups between meals for Resident J.

PLAN

Planned meals into the weekly menu rotation that resident J enjoys most and can be fortified easily. Set a day and time for weekly weight to be taken and recorded.

STUDY

How did Resident J's weight change?
Resident J's weight remained as normal for weeks 1 and 2, but slight increases were seen in weeks 3 and 4.

How does Resident J feel?
Resident J has reported no change in food quality or taste but feels less tired.

DO

From 30/9/24 milk powder is being added to all milk products for resident J.
This includes but not limited to cereal/tea/coffee, mashed potato, creamy sauces.
Weekly weights to be taken and recorded, reviewed on 28/10/24

Area of Learning:

Successes: Kitchen and care team have improved communication around resident nutritional requirements. The resident now has a MUST of 0 after a few weeks. The resident is more aware of her nutritional needs.

Challenges: Ensuring residents that are on controlled diets, such as diabetic, were not impacted by any changes

FLASH REPORT Cohort 7 Carrie Mclaughlan

QI Project Team:
Children Service Workers/ School Years

QI Project Aim: By December 2024, 100% of one social work team will report higher levels of connection and wellbeing within their team, in line with The Promise (scaffolding) & Trauma informed practice

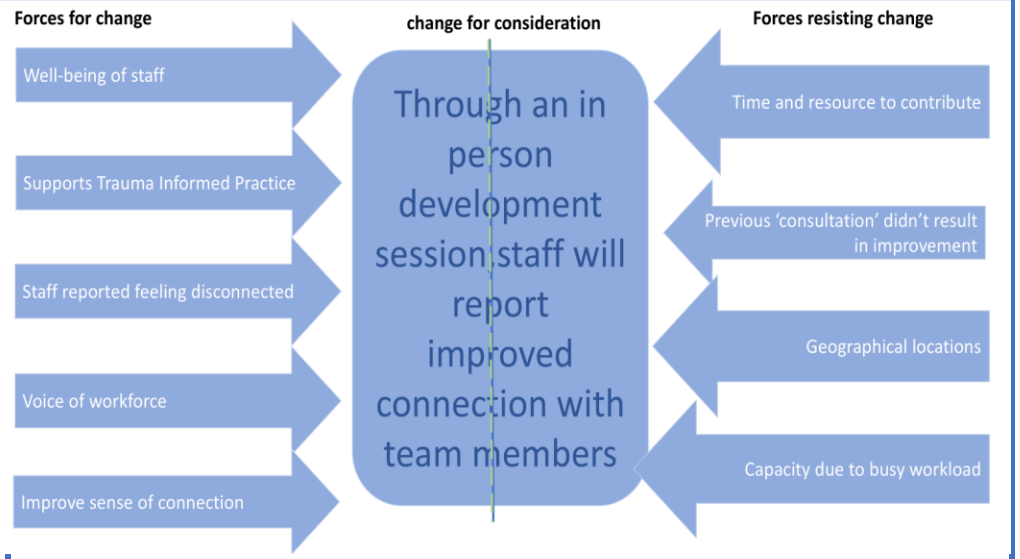
Stage of QI Journey:
Testing Changes

Change Idea I am going to test below:

An 'in-person' team development session

QI Tools used:
MS FORM
FORCEFIELD ANALYSIS:

Forcefield analysis



ACT: ***ADAPT*** Future development sessions planned in less formal spaces. Discussed at staff meet: Add monthly in person coffee sessions.
Next PDSA to include wider development sessions with broader team (care & protection social work teams) & measure impact of co-location

PLAN: Co-designed 'change idea'
One staff team will meet for an in-person development session, including lunch.
Prediction: session will improve teams' sense of connectedness & enhance wellbeing.
Agenda will include a 'development' section from external training & a 'team only' afternoon session

STUDY Not all staff completed MS Forms
Staff reported positive feedback following development day. Identified external trainer helped increase staff confidence, and in turn, enhanced sense of empowerment across team. Evidence of Trauma Informed principles reflected in staff's feedback
Venue impacted on staff sense of value (poor venue left staff feeling unwelcome versus afternoon venue felt safe and promoted more connection

DO
Team met in person for a full day. Morning: external speaker, committee room, with no heating. Afternoon: private space within a café. The private café space facilitated good conversations, ideas and connection.
MS Forms used to collate staff feedback.
In person follow up session with QI Lead

Area of Learning:. Taking time to 'understand the system' was time well spent. What works to enhance wellbeing is a personal area, requires time to get alongside people to make sense of what test of change is worth testing
Successes: Team enthusiastic about test of change and 'bought in' through co-design approach, staff reported higher levels of connection after 1 test.
Challenges: What supports one person's wellbeing doesn't necessarily support another's – so several tests of changes and parallel PDSAs are required. Team wanted to test lots of changes all together which wouldn't have allowed for an accurate measure. Was difficult to put restrictions on this given their enthusiasm!

FLASH REPORT Cohort 7 Fiina Narhi

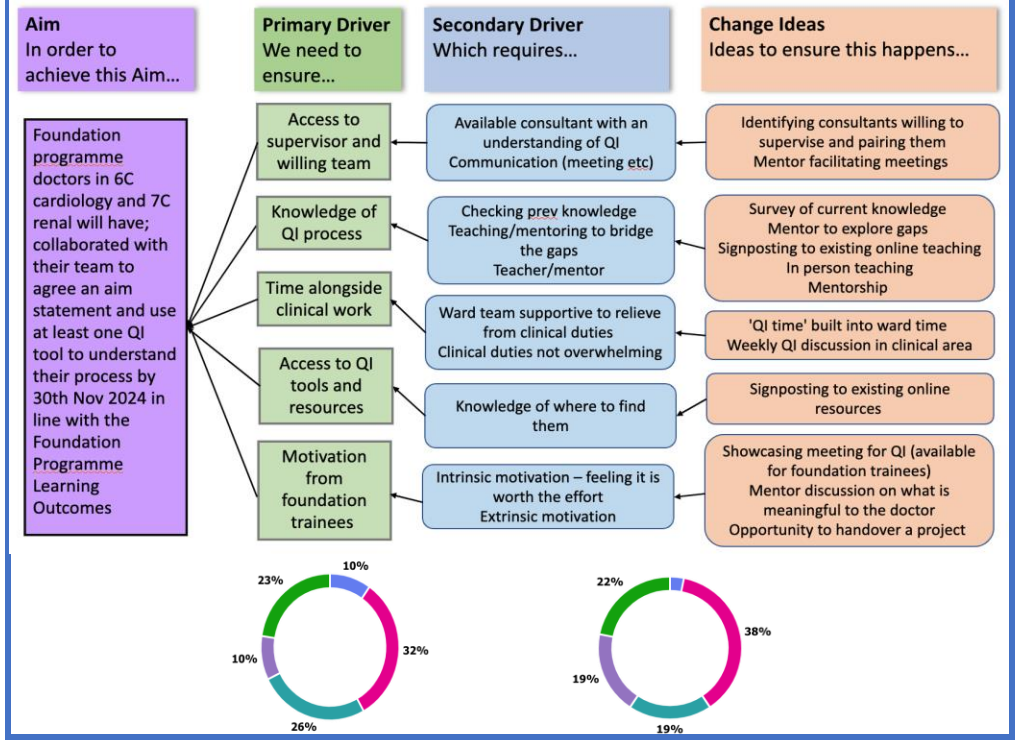
QI Project Team:
Fiina Narhi
Esther Dickinson
Stephen Leslie
Stuart Lambert

QI Project Aim:
Foundation Programme Doctors in 6C cardiology and 7C renal will have collaborated with their teams to agree an aim statement and used at least one QI tool to understand the process by 30/11/2024, in line with UKFP Learning Outcomes.

Stage of QI Journey:
Testing changes

Change Idea I am going to test below:
Providing foundation programme trainees face-to-face training on QI methods in understanding the system and formulating a STAN aim.

Area to insert pictures of QI Tools Used:



ACT
1) Adopt face-to-face meeting to mentor FY doctors in participating in QI project and using the appropriate QI tools. Ideally tailored to individual needs rather than fully standardised to allow for best experience.
2) Provide links to review TURAS QI zone content but offer meeting/support afterwards for questions.
3) Providing medical examples in addition to TURAS QI zone could be another test/change

PLAN
Prediction: FY doctors find templates and training useful, complete one QI tool and formulate an aim. Difficulties: finding time to meet and for doctors to complete the steps with consultant support.
Information to gather: doctor satisfaction, QI progress, consultant presence, time commitment from Fiina
Tasks: Fiina to meet with FY doctors, explore current standing, teach the gap using trial teaching series, sign-post to TURAS QI zone

STUDY
FY doctor experience: guarantee of project longevity increases motivation, QI zone on TURAS was felt to be 'confusing' with non-medical examples,
QI progress: 1/2 projects progressed at the predicted rate, the project that is not yet at the aimed state is appropriately taking time to understand the system
Consultant presence: 100% involvement and support in initial meeting, email correspondence to help with understanding the system but no meeting presence

DO
Initial meetings with FY doctor and supervising consultant – idea well received. Hesitance to choose topic for QI project and establish 'what is good'. Tendency to problem solve and prompting needed to understand the system.
Subsequent meetings with the FY doctors in person to explain different QI tools and components of STAN aim. One FY doctor completed QI tool and aim, other doctor is understanding the system and collecting baseline data.

Area of Learning: It was fundamental to break my initially massive project idea into manageable and testable aims, focussing the project on two clinical areas with potential to adapt and adopt the change ideas to any ward in the hospital with foundation programme doctors.
Successes: Enthusiastic reception from Foundation Programme Doctors and consultants and great willingness to take part. Ability to provide mentorship where necessary and build on existing knowledge increased satisfaction and skills of FY doctors.
Challenges: Lack of faith in the QI process from project participants. Lack of time to meet and mentor in the clinical setting. Changeover and how to meaningfully pass project on.

FLASH REPORT Cohort 7 Student Name: Fiona Gray

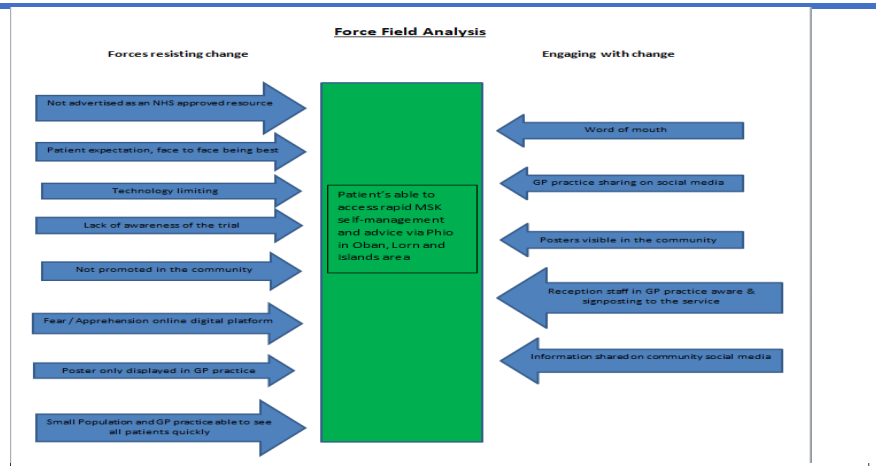
QI Project Team:
Fiona Gray – Argyll and Bute Physiotherapy

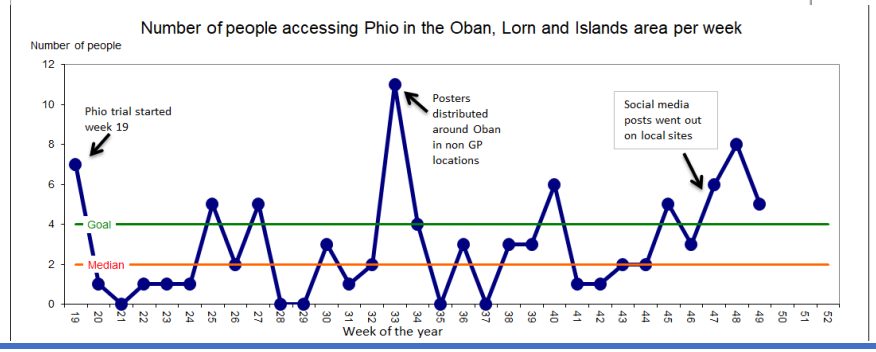
QI Project Aim: To increase the number of people in the Oban, Lorn and Isles (OLI) area accessing Phio; a digital musculoskeletal (MSK) physiotherapy supported, self-management and advice service; to an average of 4 per week by January 2025 in line with the Scottish Government's pledge to enhance remote and rural healthcare (2022)

Stage of QI Journey:

Testing change

Change Idea I am going to test below: What impact will using social media to promote Phio have on the numbers of people accessing the service?





ACT

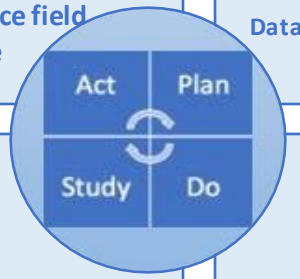
Still waiting to gather enough data to determine whether the change of promoting on social media sites will make a significant change to the uptake of Phio, if it does then we will adopt it and roll it out over the rest of Argyll and Bute. If the change does not show a significant trend, then we will adapt it and look to changing another idea identified on the force field analysis and run another PDSA cycle before implementing any change

PLAN

Objective: Use a force field analysis to identify possible reasons for the low uptake of Phio since the trial began in May 2024, and select one area to change to see if it improves the uptake of Phio in OLI area

Prediction: by promoting the service on local and community social media sites more people will be aware of the project and use it

Data collection will be collected in real time by EQL the team behind Phio



STUDY

Create run chart using the baseline data of the uptake of Phio and determine the mean, before the change is made.

Continue to collect data following the change to see if the numbers of people using the service alter and if the change is significant

DO

Identify all the local and community social media and virtual noticeboards in the OLI area

Advertise the service on the sites – First promotion on social media was 19/11/2024

Collect baseline data from Phio to identify the uptake of Phio in the OLI area since the trial was started

Area of Learning: The QI framework provides a structured and logical way to identify problems and work through to help identify solutions working through PDSA cycles. It highlights the importance of first understanding your system and collecting baseline data to know whether the change made alters the data

Successes: It was good to see that making one small change has started to alter the data and because you have worked through the QI framework and have data you can conclude the improvement was from the change because you have collected the data to confirm it. I need to continue collecting data until January to see if increase in up take is random or non-random

Challenges: It was difficult to 'think small' and identify a problem that could be addressed that was small enough to work through using the QI framework and only make one change at a time to work through a PDSA cycle

FLASH REPORT Cohort 7 Kat Scott

QI Project Team:

Katherine Scott
Emma Ritchie
Ward 10 midwifery team and Obstetric junior grades.

QI Project Aim:

100% of Postnatally discharged women have been risk assessed for VTE at discharge and administered relevant prophylactic treatment as recommended by RCOG by March 2025

Stage of QI Journey:

Testing change. At planning stage of first PDSA cycle.

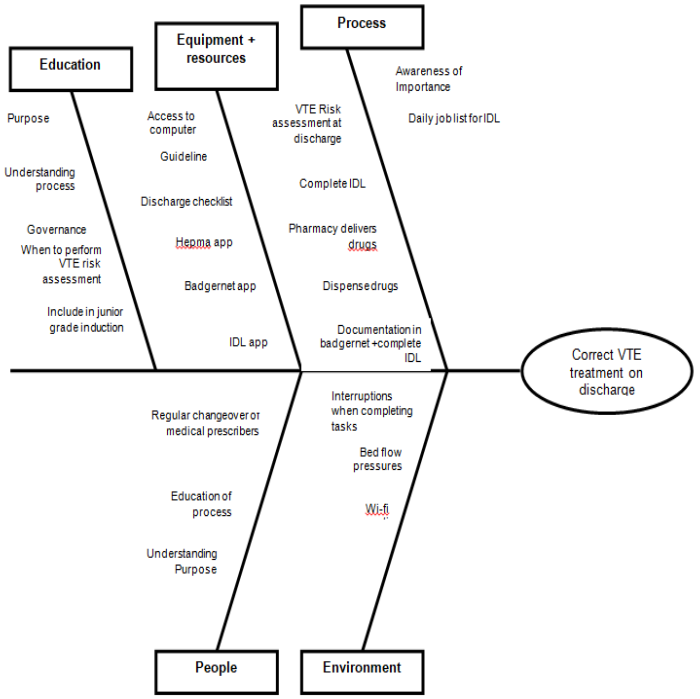
Process Measures: % VTE risk assessments performed at discharge.

Outcome measure: % correct treatment on discharge

Change Ideas I am going to test below:

Add VTE assessment to PN discharge checklist
Make RCOG risk assessment table visible within the ward.
Provide education on purpose of aim and correct process
Provide education for junior grade induction
Update local guideline on when to do VTE risk assessments within local policy
Switch on VTE risk assessment score to badgernet homepage

Fishbone Tool



ACT

Further education around process is required to both medical and midwifery teams around process and purpose of discharge medication and VTE score.
-do tea trolly talks
-share at fy2 induction
-share project with team leads
-make QI board for clinical area

PLAN

Increase awareness of current VTE score.
-Clinical risk mw to display RCOG guidance within clinical areas
--Full national guideline to be placed on maternity guidelines page on the intranet.
I expect that there might be a slight improvement in compliance due to the resources being more available.

STUDY

No real change in outcome at present
I have learned that more education is required, and better communication to the teams about the project.

DO

VTE assessment added to PN discharge checklist and VTE risk assessment added to Badgernet homepage.
Not sure if clinicians aware that a change idea has happened.

Area of Learning: Initially thought process was relatively simple when exploring the problem realised more complicated than appears. More steps were involved to the process of correct treatment being administered on discharge. These included the use of new tools such as Hepma and IDL for the team. Importance of a QI team in understanding problem, process and developing change ideas.
Successes: Getting a key member of the medical team involved to help brainstorm issues from a medical perspective and generate change ideas.
Challenges: The task of encouraging the by in of a larger QI team to help progress project further and minimise load for all. Delegating tasks rather than doing everything myself. Time management constraints to allow adequate time to carry out project with multiple competing tasks.

FLASH REPORT Cohort 7 – Anna Mackay & Katie Webster

QI Project Team:
Anna Mackay &
Katie Webster

QI Project Aim:
To increase self-scored confidence of Community Occupational Therapists in performing mobile hoist assessments and reviews by 25%, by December 2024, in line with confidence and competency requirements set by The Scottish Patient Safety Programme.

Stage of QI Journey:

4 – Testing Change

Change Idea I am going to test below:

To use the Mobile Hoist & Sling Evaluation form during moving and handling assessments and reviews.

Area to insert pictures of QI Tools Used:

Photo of Process Map -

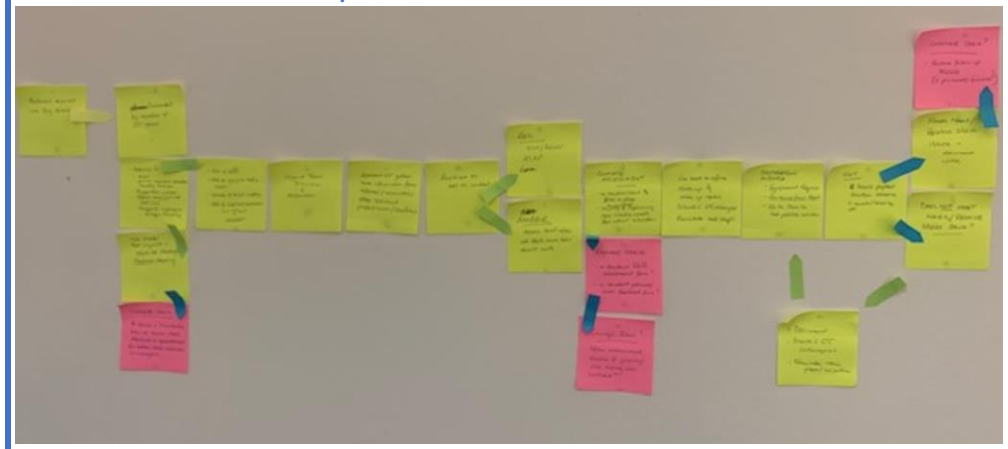
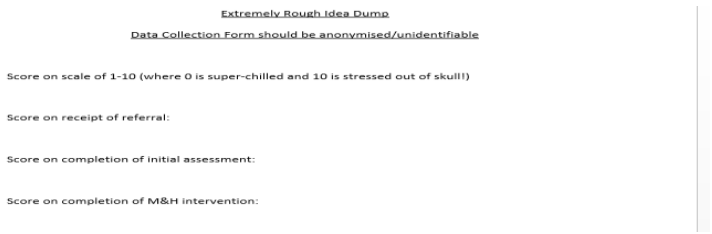


Photo of Survey -



Extremely Rough Idea Dump

Data Collection Form should be anonymised/unidentifiable

Score on scale of 1-10 (where 0 is super-chilled and 10 is stressed out of skull!)

Score on receipt of referral:

Score on completion of initial assessment:

Score on completion of M&H intervention:

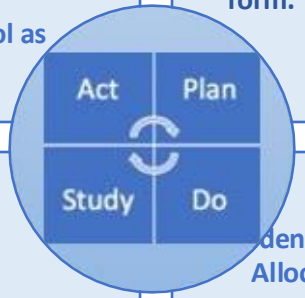
ACT

- Make amendments to form to improve it.
- Repeat with more patients.
- Repeat with more OTs.
- Gather further data on how the Evaluation form impacts OT confidence in dealing with moving and handling referrals.
- If the results are positive implement the tool as standard practice.

PLAN

Tasks needed to set up this change included:

- Find an appropriate evaluation form.
- Adapt the Evaluation form to local service needs.
- Create the OT self-score confidence form.
- Identify a suitable referral for testing the Evaluation form.



STUDY

- Compared confidence scores.
- Confidence scores increased by 30% .
- This was more than expected.
- More mobile hoist assessments/reviews using Evaluation Tool are required.

DO

dentified a suitable referral.
Allocated it to appropriate OT.

- OT scored their confidence level prior to carrying out assessment.
- OT completed assessment using new Evaluation form.
- OT scored their confidence level after completing assessment.

Area of Learning: It was initially difficult to get our Aim to align with what we wanted to address. Once we had identified a Project Aim that we were happy with, it took time to settle on a single change idea that was focused enough to implement in a small project. The QI tools were useful for understanding our local Moving & Handling practices and processes and how best to target quality improvement work.

Successes: The Evaluation tool quickly and successfully increased the OTs' confidence in carrying out mobile hoist assessments by 5% over the predicted percentage.

Challenges: We have only tested with one OT and one patient. More data is required to ensure that the tool will be consistently helpful. We will do this in future PDSA cycles.

FLASH REPORT - Cohort 7 - Kerry Martin

QI Project Team:
NHSH VACCINATION SERVICE

QI Project Aim:

To improve staff wellbeing by 20% within the vaccination service by enhancing communication and staff engagement, aligned with the Essentials of Safe Care from the Scottish Patient Safety Programme, by March 2025.

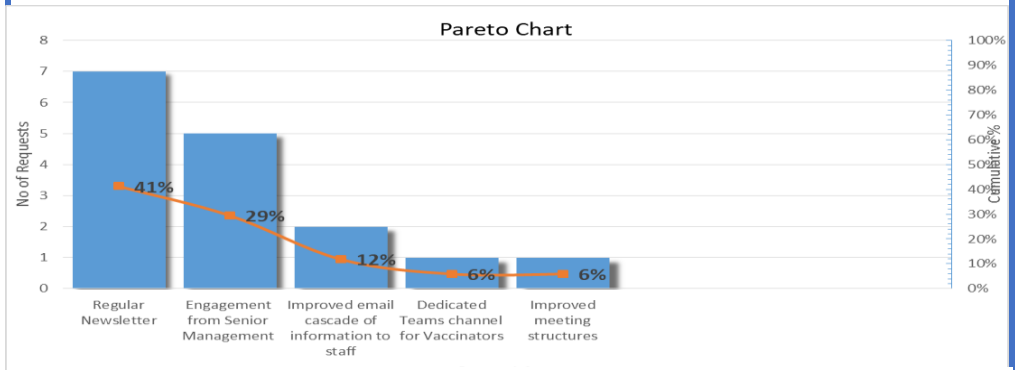
Stage of QI Journey:

Testing Changes

Change Idea I am going to test below:

Use of staff surveys and suggested change ideas – Regular Vaccination Service Newsletter

QI Tools – User Feedback, Pareto Chart & Run Chart



ACT

Adopt successful change – Regular Vaccination Service Newsletter
Repeat Pulse Survey monthly to measure wellbeing, communication and engagement levels.
Create run chart - Review Data

PLAN

To test whether improving communication and levels of staff engagement has a positive effect on the perceived wellbeing of staff in the vaccination service.

STUDY

Assess responses and decide which change ideas are feasible and can be easily implemented.

DO

Create survey to obtain feedback from staff on perceived levels of wellbeing, communication effectiveness and staff engagement. Also explore change ideas with staff on how to enhance communication within the service.

Area of Learning: The initial survey to staff highlighted the importance of effective communication in relation to staff wellbeing. The QI tools helped to structure project. When completing the Turas modules, I had lots of outstanding questions...these were all answered during the course.
Successes: Staff had some great ideas and using the surveys also increased their engagement, which was one of the aims of the project.
Challenges: Due to the nature of the service, it was difficult to get staff to interact. The surveys were quick and easy for them to complete, but required regular reminders. Also getting staff on board with implementing the changes has been difficult.

FLASH REPORT Cohort 7 Kiersten Henderson

QI Project Team:
Kiersten Henderson
Department of Critical Care, Raigmore Hospital

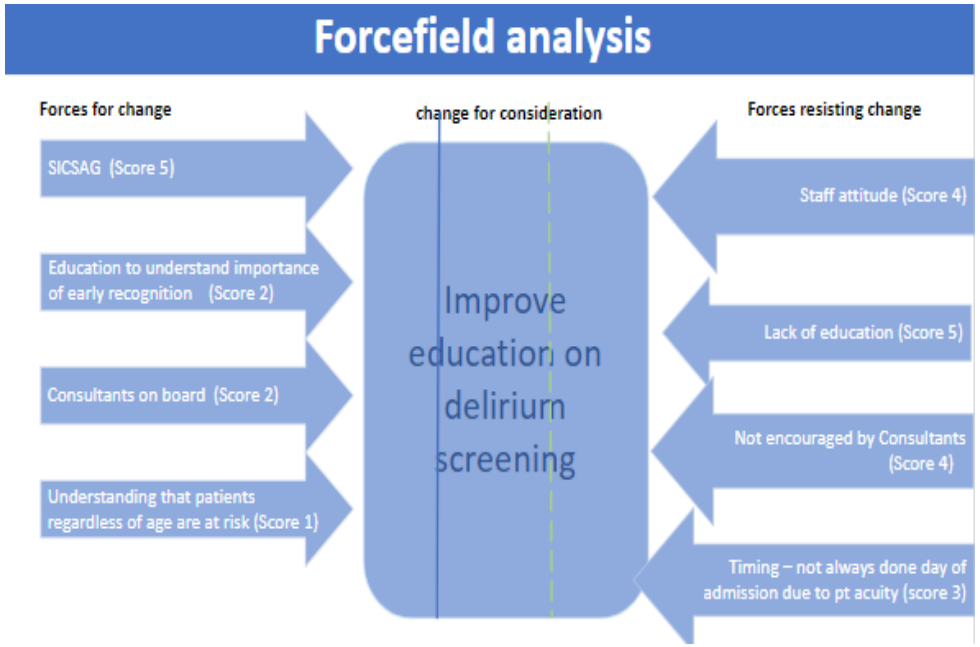
QI Project Aim: By December 2025 rates of delirium will decrease by 25% as identified as a quality indicator by SICSAG (Scottish Intensive Care Society Audit Group)

Stage of QI Journey:

Developing aims

Change Idea I am going to test below:
Delirium screening is carried out so that delirium can be identified and possible causes addressed in a timely manner.

Area to insert pictures of QI Tools Used:



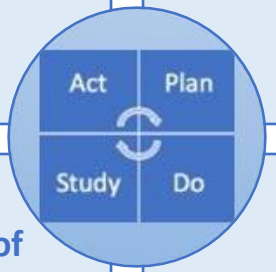
ACT

Adapt-

Speak to individual staff about their continued understanding of the importance of delirium screening and how they can address causes.

PLAN

Training in form of in-person sessions within the workplace. Opportunity for staff to ask questions.



STUDY

Review audit results, look at accuracy of completion to gauge understanding of assessment, for screening that is completed. There has been a small improvement in the number of patients being screened and weaning of sedation being addressed earlier.

DO

Audit how many CAM-ICU screens are done within a 24 hour period every week for three patients.

Area of Learning: Small steps, keep numbers being reviewed small.
Successes: There has been an improvement in the number of patients being screened. Weaning of sedation being addressed earlier (a risk factor for delirium in ICU).
Challenges: To maintain improvement.

FLASH REPORT Cohort 7 Kirsteen Nicolson

QI Project Team:
Department of Critical Care SHDU
Raigmore Hospital

QI Project Aim: To increase compliance with MUST scoring in SHDU from 15% to 50% by Feb 25. This is in alignment with Healthcare Improvement Scotland Food Fluid and Nutritional Care Standards Standard 2.

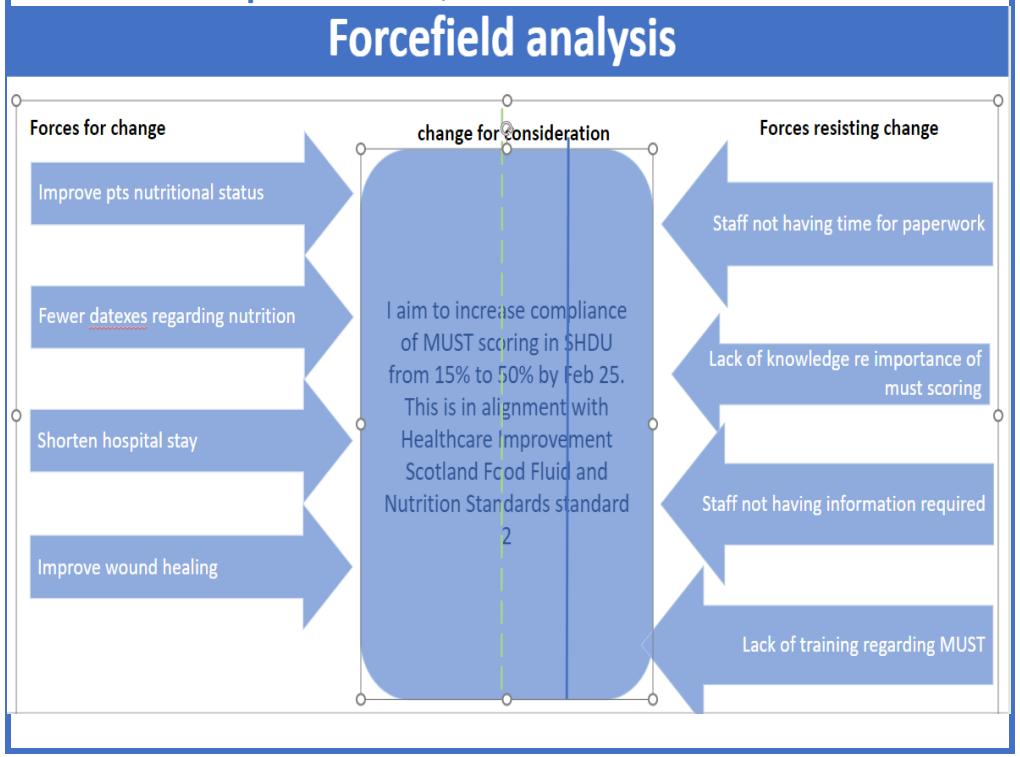
Stage of QI Journey:

Testing Changes

Change Idea I am going to test below:

Highlighting MUST scoring

Area to insert pictures of QI Tools Used:



ACT

Adopt: I will continue with MUST being on handover sheet.
Start a new PDSA cycle with data from ward watcher. Organise education sessions from dietitian.

PLAN

Highlight on safety brief and on handover sheet re MUST scoring. I think that this will improve compliance but that it will be on a temporary basis. I will ask Jo our ward support officer to audit the patients on the day we start the promotion and then weekly thereafter.

STUDY

Data reviewed weekly.
First week showed an improvement, second week back to pre intervention levels with the third week being up to 83% compliance.

DO

Highlight on safety brief for 2 weeks and put back on to handover sheet. Audited by Jo our ward support officer each week.

Area of learning-successes-challenges

Trying to find the time when the department is busy. Encouraging staff and getting them involved. I identified a couple of people that are early adapters and got them on board.
Keeping the momentum up when there are other projects on the go. My next pdsa cycle will involve providing education to the staff and I plan to have a QI project board on display. We have gone from 15% to 83% which surpasses my expectations but I am suspicious that it will drop once my advertising is finished.

FLASH REPORT Cohort 7 Lesley-Ann Whiteford

QI Project Team:
Community Dietitian,
Nursing staff on Sutor ward,
County Community Hospital Invergordon.

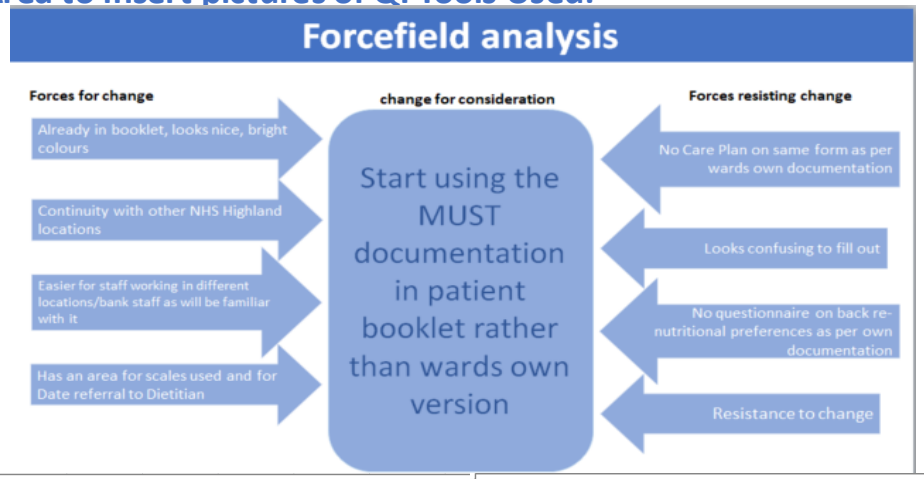
QI Project Aim: By March 2025, we aim to trial the mandatory use of the Malnutrition Universal Screening Tool (MUST) documentation with 4 nurses on Sutor Ward. Our goal is to enhance the confidence levels from 60% to 90% of nursing staff in utilising this tool effectively.

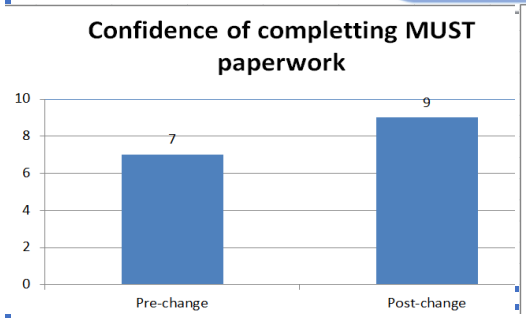
Stage of QI Journey:

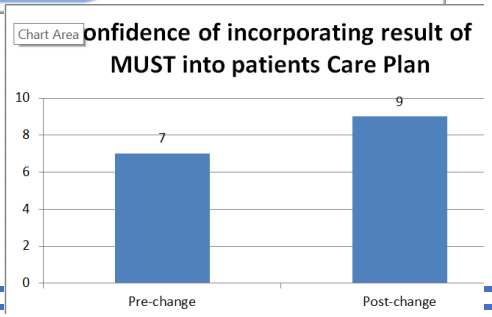
Testing Changes

Change Idea I am going to test below:
To start using MUST documentation in admission booklets
Implement MUST flowcharts to educate nurses in how to effectively use the tool.

Area to insert pictures of QI Tools Used:





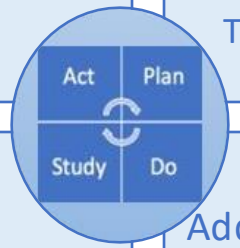


ACT

I plan to arrange another meeting with the nursing staff to discuss this test and how the additional paperwork can be fully utilised, perhaps with a MUST folder for reference.
Repeat this test with the other 3 nurses.
MUST training to be offered.

PLAN

Start using MUST documentation in admission booklet rather than wards own version.
Identify main forces against change with nursing staff.
Trial using it with just 1 nurse and 1 new patient.



STUDY

Having the additional paperwork helped improve confidence. Additional comments were initially apprehensive and uncertain but once explained it was fairly straight forward

DO

Add in additional MUST documentation of Flowcharts and Care Plans to patient's bed end folders for reference to help with implementing appropriate Care plans

Area of Learning: QI was very new to me so learning about the process and tools which can be used has been the main area of learning.
Successes: The ward staff have been very engaging and open to change. It's a small start, but it's a start to bringing the ward MUST documentation in line with other NHS wards. This is something I have wanted to do for a year now. The additional flowcharts in printed form/easily accessible worked well.
Challenges: Deciding what project to do and how to focus on a small part of it while ensuring it was actually QI, then forming an Aims statement. Also lack of Data was a concern. Finding time to dedicate to QI is a challenge.

FLASH REPORT Cohort 7 - Amanda Hume

QI Project Team:
Raigmore Emergency Department

QI Project Aim:
Within Raigmore Emergency Department to increase Flow Group 2 Performance from 65% to 75% in line with the Scottish Government 4-hour target by March 2025.

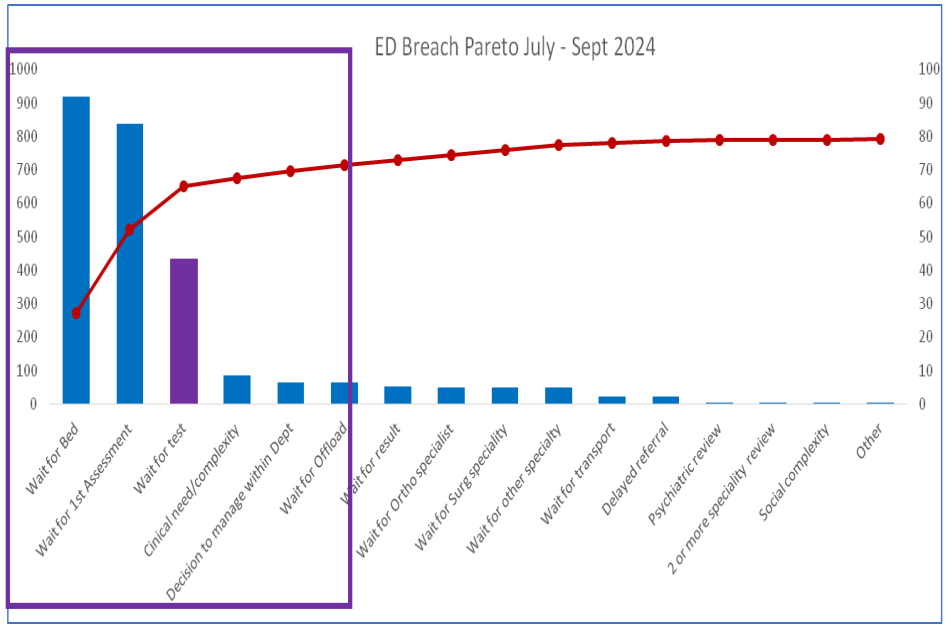
Stage of QI Journey:

Testing Changes

Change Idea I am going to test below:

To design and test a process for patients to improve referral process to the Surgical Team

Area to insert pictures of QI Tools Used:



ACT

- ADAPT
- Will Test again with other Medical and Other Teams to standardise process of referrals from ED Team

PLAN

- Identify / set up meeting to address ongoing problems with communication / referral process within Surgical Team
- Measurement of time for how long it took for Surgical Team to answer bleep / take referral

Prediction

- Reduction of time of referral for the ED Improvement communication between Surgical and ED Teams

STUDY

- Changing over to UHF Bleeps addressed the black spot issue.
- Having the same speed dial as bleep for the mobile phone reduced confusion of what numbers to call.
- Escalation Protocol was established if no response within 10 minutes, therefore reduction in time to referral.

DO

- Meetings identified black spots for wi-fi calling and bleeps and need to standardise process for escalation if no answer from Surgical Team within agreed time frame
- Change bleeps over to UHF bleeps
- Mobile phone identified and set up with speed dial with same number as bleep

Area of Learning: Taking time to learn what everyone's understanding of the current referral process to the Surgical Team as a baseline.
Successes: Better communication / response times from the Surgical Team and less frustration from the ED Team of not being able to refer patient.
Challenges: Manage expectations of everyone involved, potential ideas and what was achievable as some areas such as wi-fi upgrade out with our control.

FLASH REPORT Cohort 7 Laura Morrison

QI Project Team:
Telford centre manager, Principal officer, Social care workers

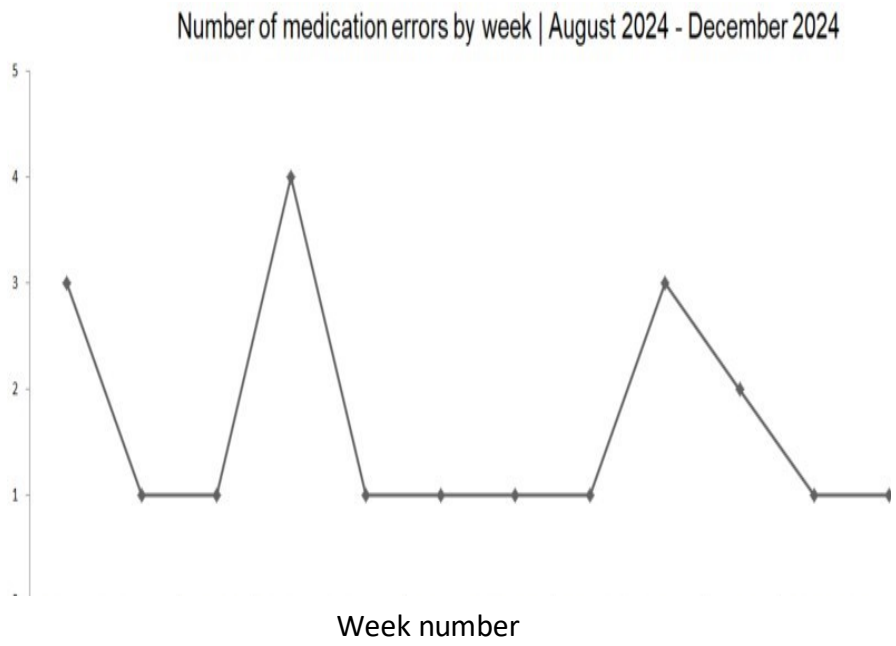
QI Project Aim: To reduce the number of medication errors in the Telford Centre by 50% between by Jan 2025 in line with the NHS Highland medication policy.

Stage of QI Journey:

Testing Changes

Change Idea I am going to test below:
Band 4 social care workers will wear a red tabard when administering medication. The Tabard signifies to the team that the worker should not be disturbed unless an urgent matter arises

Area to insert pictures of QI Tools Used:
Service user feedback – Questionnaire.

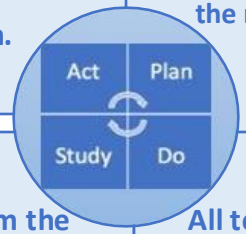


ACT

Overall, the use of the red tabard when dispensing medication allowed the staff member to focus on getting the right medication to the right person. There was a reduction in medication errors when the tabard was being used overall so the team agreed they would adopt the red tabard into everyday use when administering medication.

PLAN

Datix data showed the Telford Centre were experiencing a high volume of drug errors during medication rounds. Questionnaire were submitted to all Band 4 and disruptions while doing the drug round was the main attribute to mistakes. Meeting will senior team allowed free discussion and problem-solving. Team agreed they would introduce wearing the red tabard when doing the medication round and all team members agreed to minimise disruptions during this time



STUDY

By engaging the main people in the team from the beginning of the project and being on-site with them supported the success of the project. The manager and deputy manager were committed to the use of the tabard. There was a reduction in errors during the beginning of the project and following a review visit to the home.

DO;

All team members agreed they would wear the red Tabard when doing the drugs round and the remaining team members agreed to minimise disruptions during this time and when they saw their colleague wearing the red tabard. Phone lines would also be diverted to answer phone during the medication round. Agreed to commence August 24

Area of Learning: This was my first introduction into the use of QI tool's and I learnt a lot during the online and in-person sessions. I could see the benefit of all the tools depending on the identified problem. Using the questionnaire was helpful to gain views of the staff members independently.
Successes: Bring team together to problem solve and seeing improvements when the tabard was introduced.
Challenges: Weekends saw less compliance and some team members were resistant to change. Due to staffing challenges at the home and pressures in the system it was challenging to prioritise the QI project.