

Flash report – SIFS Cohort 6 – CECYP Health Team (Argyll & Bute)

QI Project Team:
**Alice Johnston &
Sarah Simpson**
CECYP Health Team (A&B)

QI Project Aim: **50%** of young people in Dunclutha will report feeling actively listened to, in terms of emotional health by December 2024 line with The Promise Scotland.
(Five Foundations – Voice)

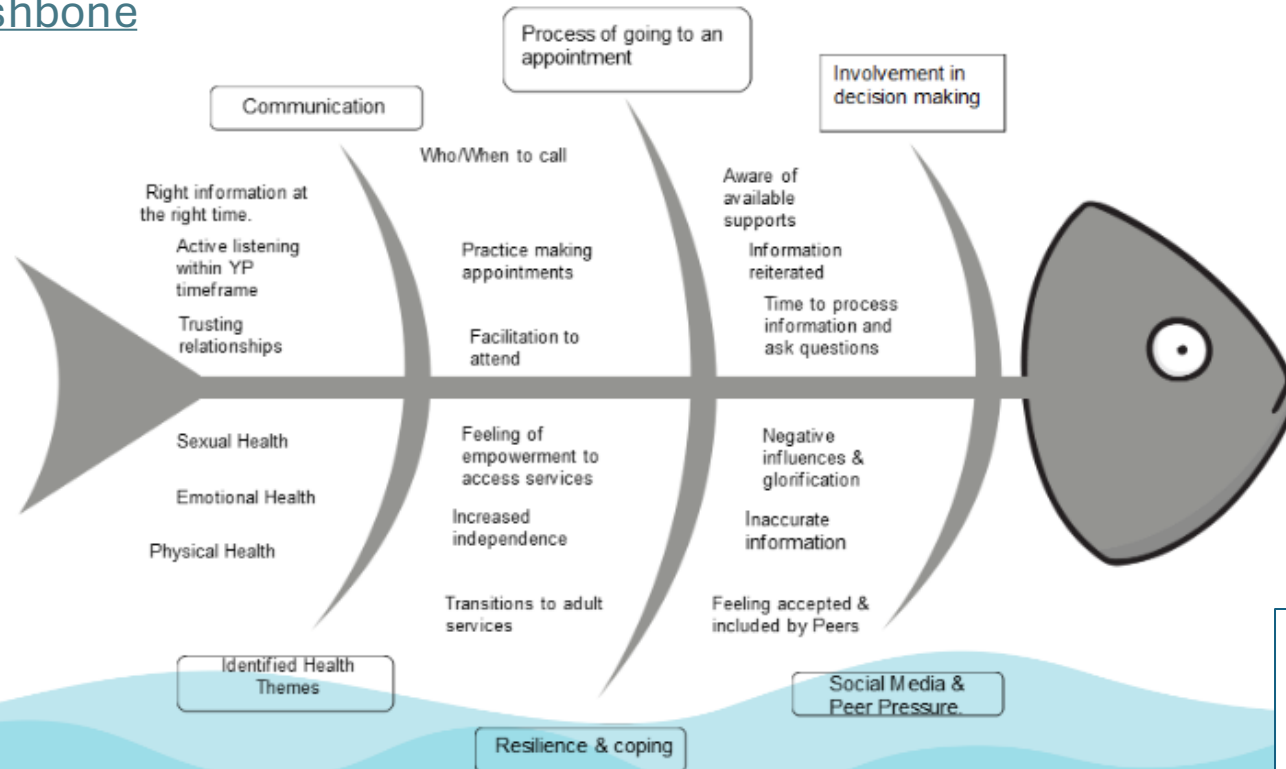
Stage of QI
Journey:
Testing
Changes



Current status:
PDSA Cycle 1 -
Ongoing

CECYP Fishbone

FISHBONE DIAGRAM



Adapt - Ensure monthly key time is carried out along with weekly check-in with a staff member of a young person's choice. Monthly drop-in sessions with CECYP health team to promote joint working and ensure early intervention for a specific health need of young people. Incorporate into PDSA cycle 2 – July 2024.

YP to feel actively listened to and empowered to address their emotional needs by accessing support at a time of need. Possible resistance from staff due to busy shifts/schedules. Increased opportunities for positive connections

Carers were unable to provide all sessions requested due to other tasks/duties/time constraints. They felt this was unachievable to provide immediate response. Carers found that YP were overly demanding of attention due to unstructured check ins. YP felt confident requesting support but unable to have individual time with staff on every request#.

For 1 week allow YP to choose own check in time with staff rather than carer led allocated time. Alice and Sarah to discuss change idea with staff and YP - request feedback on this afterwards.

Challenges - Geographical location of team members.
Small team covering large geographical area and vast inclusion criteria
Resistance to change from staff & time constraints of house staff

Learning & Successes

Our learning - Knowledge and implementation of different QI Tools and use of PDSA Cycles.
Gaining confidence in addressing issues within residential homes and having courageous conversations with staff.
Increased confidence when advocating on a young person's behalf.
Encouraged opportunities for Alice and Sarah to review impact of CE health team to date.

Flash report – SIFS Cohort 6– Christine Campbell

QI Project Team:
Campbeltown
MLU

QI Project Aim:

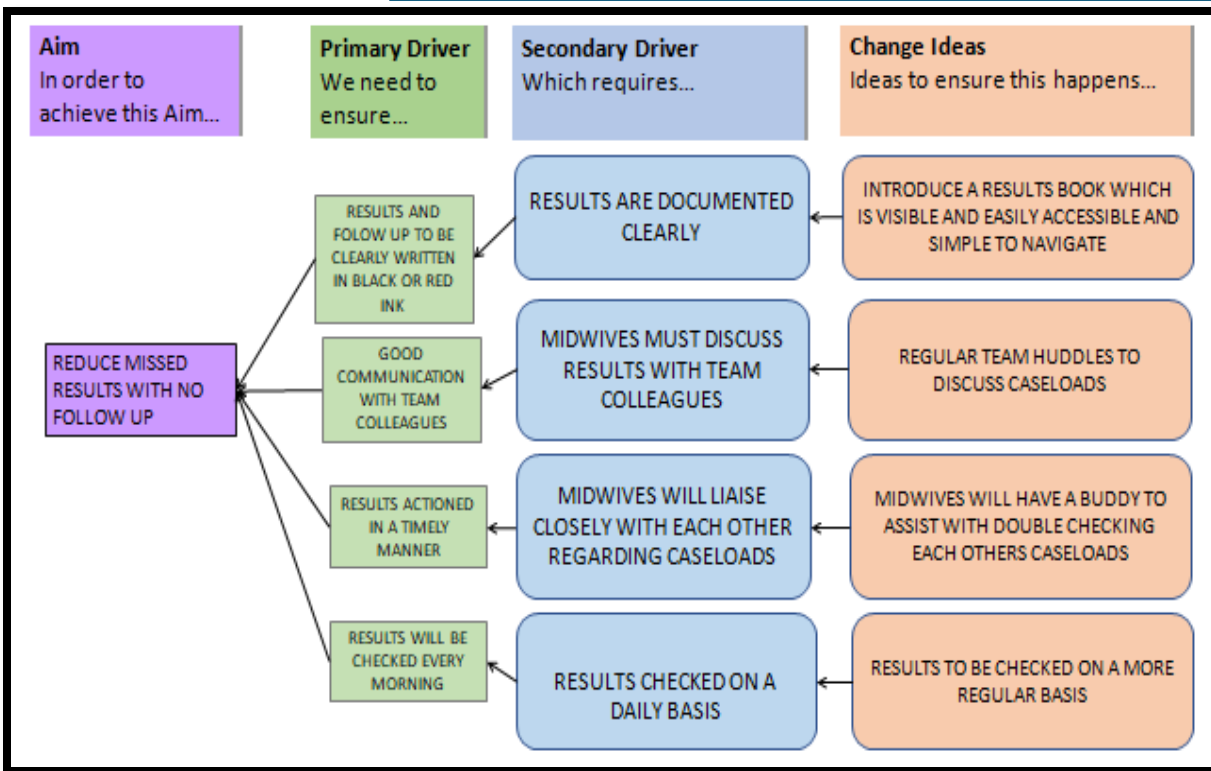
Reduce number of missed results with no follow up for antenatal patients by 75% in order to provide the best and safest patient centred care for maternity services within our MLU by Dec 24 in accordance with Antenatal Care NICE Guidelines (NG201), 19th Aug 2021.

Stage of the QI Journey:

Testing Changes



Current status:
PDSA 1st cycle



Act:

Staff meeting to discuss change ideas. Adapt new changes. Introduce a simple results book that is easy to navigate and complete daily.

Plan:

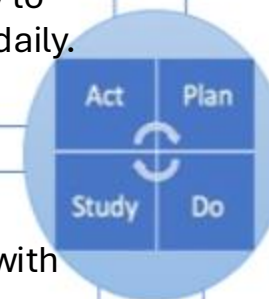
Educate staff to complete regular documentation of all results that require to be actioned. Clear plan to be put in place. Implement small changes

Study:

All team midwives happy with new way of documenting all results. Pleased to have a buddy midwife to share responsibility of following up results needing actioned.

Do:

Ask for feedback from team midwives to discuss compliance. Continue to monitor implemented changes.



Challenges

- 1: All team members having to adapt to new way of recording results.
- 2: Time taken to get used to the new way of working.
- 3: Some results not recorded in book so team colleagues not aware of samples obtained.
- 4: Following up missed results time consuming.
- 5: Due to missed results another book was introduced to monitor Haemoglobin & Ferritin levels and to dispense TTO medication.

Successes

- 1: All team members on board with new results book.
- 2: Missed result numbers have greatly reduced.
- 3: Positive feedback and team members prefer this way of recording results.
- 4: Results book now part of daily tasks.

Flash report – SIFS Cohort 6 – Eilidh MacDonald SCN

QI Project Team:
Combined
Assessment Unit
Belford Hospital

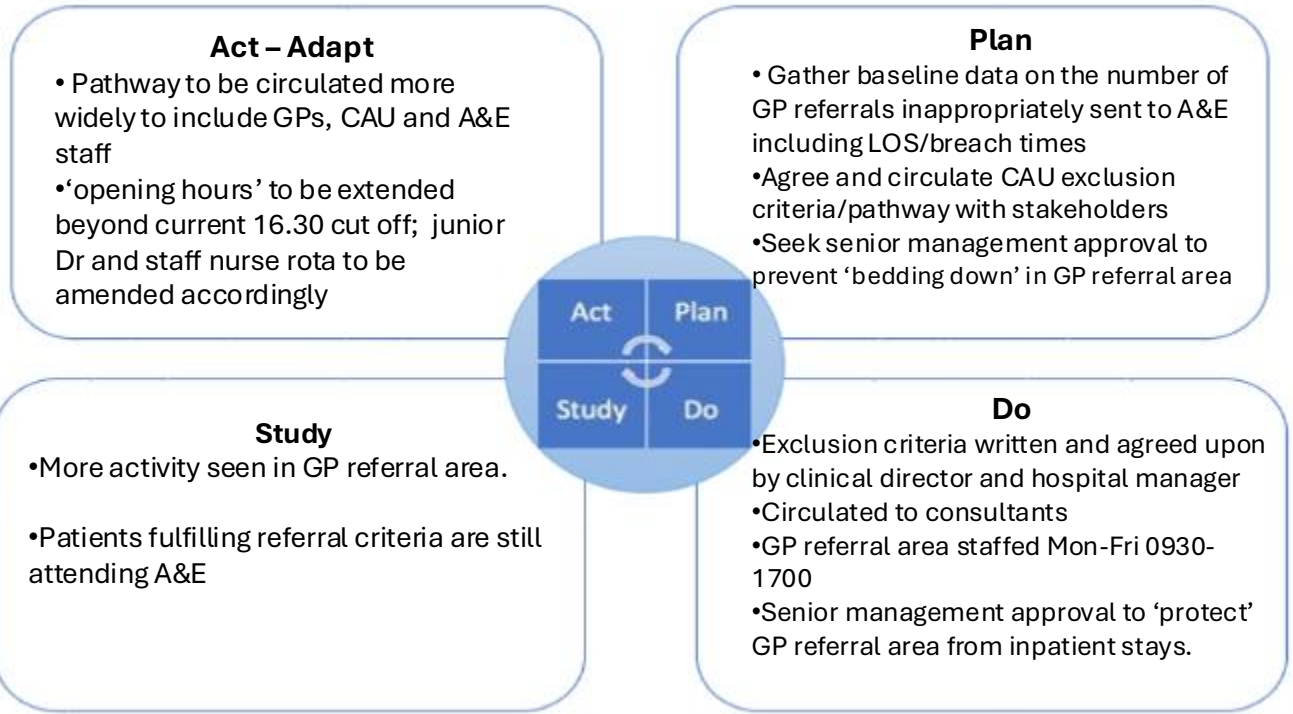
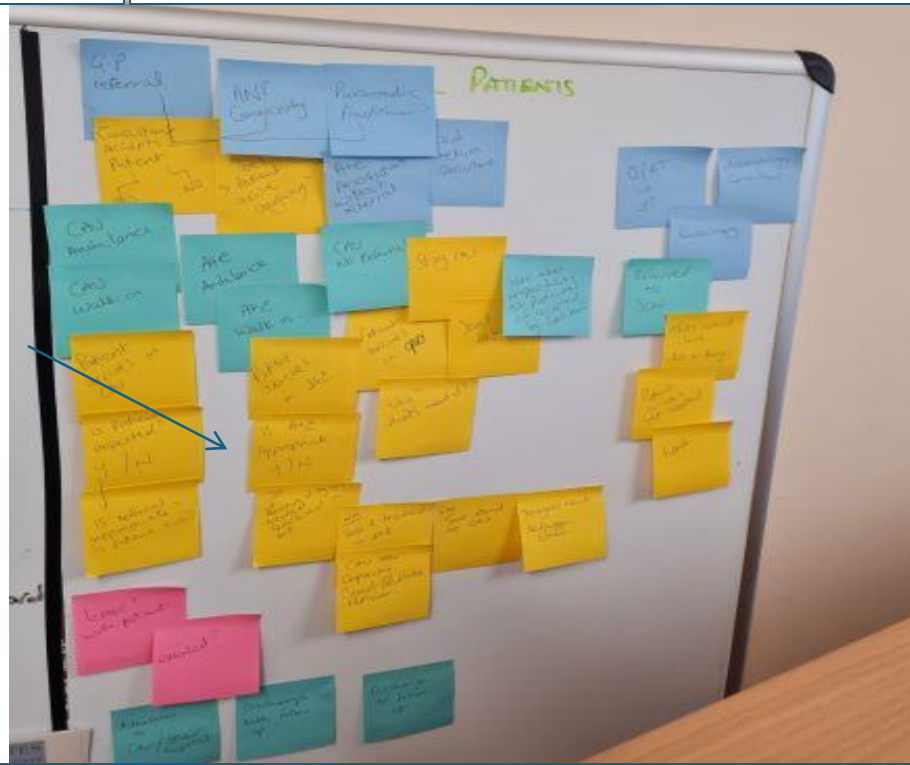
QI Project Aim:
All appropriate GP referrals will be reviewed in CAU GP
referral unit as per locally agreed protocol by October
2024.

**Stage of the
QI Journey:**
Testing changes



Current status:
1st PDSA cycle testing changes by collecting
data to compare to baseline audit to assess if
change has led to an improvement.

**QI Tools
Used
Process
Map**



Area of Learning – Successes – Challenges

Challenges: Communicating the need for change by highlighting that the status quo was leading to crowding within the A&E department, increased breach times and poor flow throughout the hospital. Support from senior management to recognise the value in ring fencing an area for GP referrals vs in patient beds. Consultants agreeing to follow new pathway.

Successes: Agreement and support from senior management. GP referral unit successfully ring fenced from inpatient use.

Going Forward: This project forms part of a wider restructure of services within the hospital. The plan for a new hospital has been shelved, therefore, we are being asked to adapt our working practices within our current infrastructure to improve capacity, flow and patient experience. Having senior management support for this project will continue to be beneficial in driving these changes forward.

Flash report – SIFS Cohort 6 – Gemma Bruce

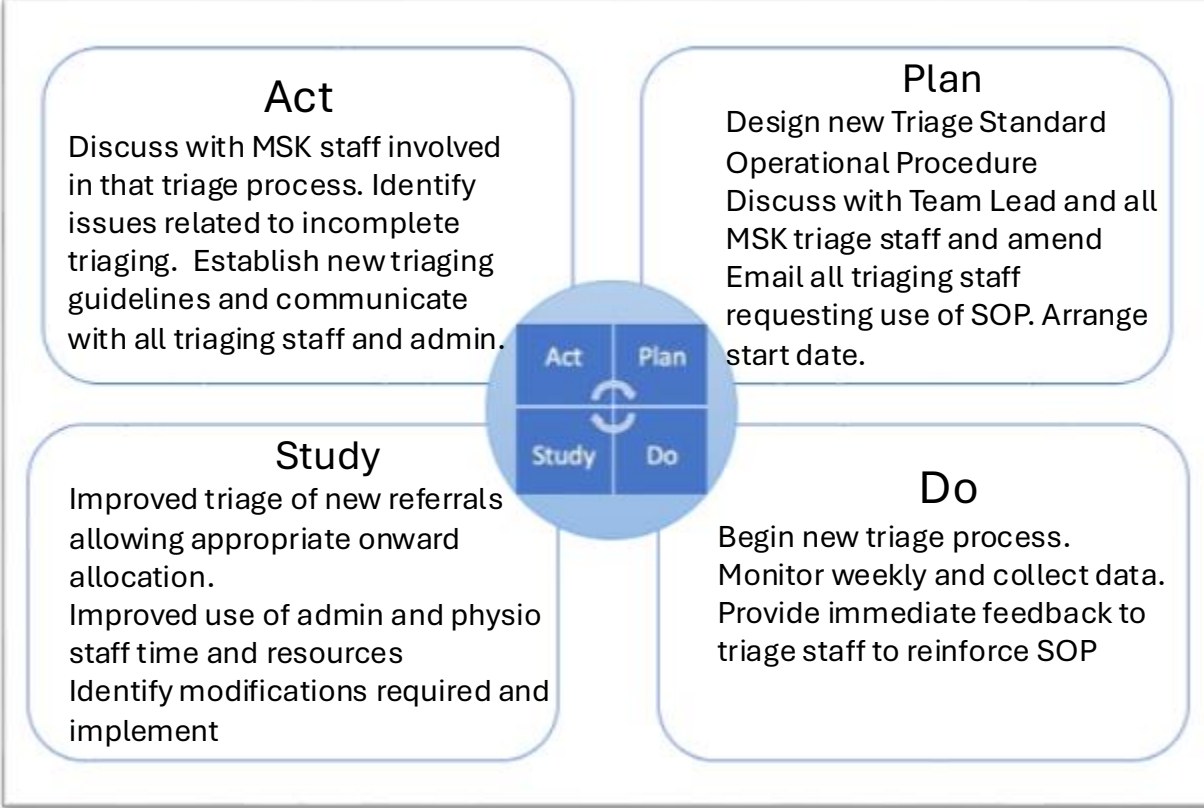
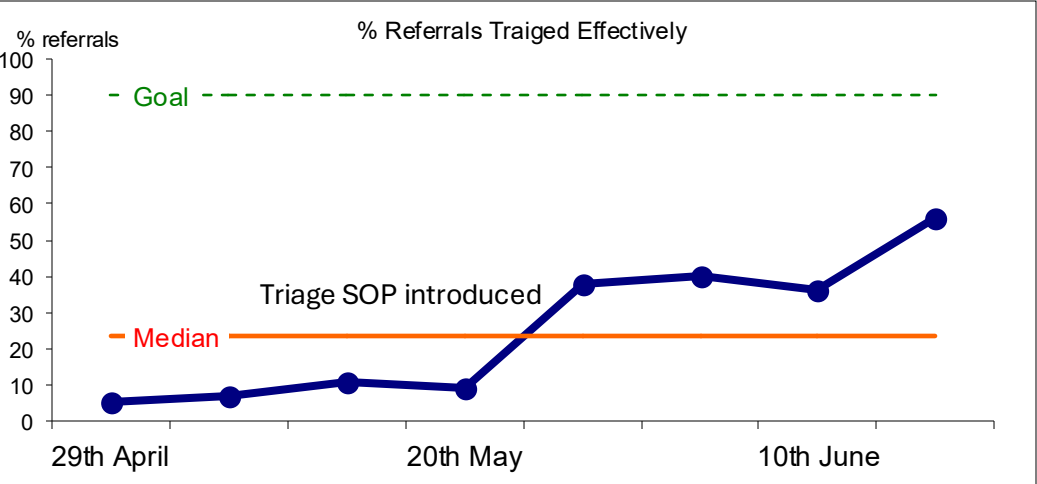
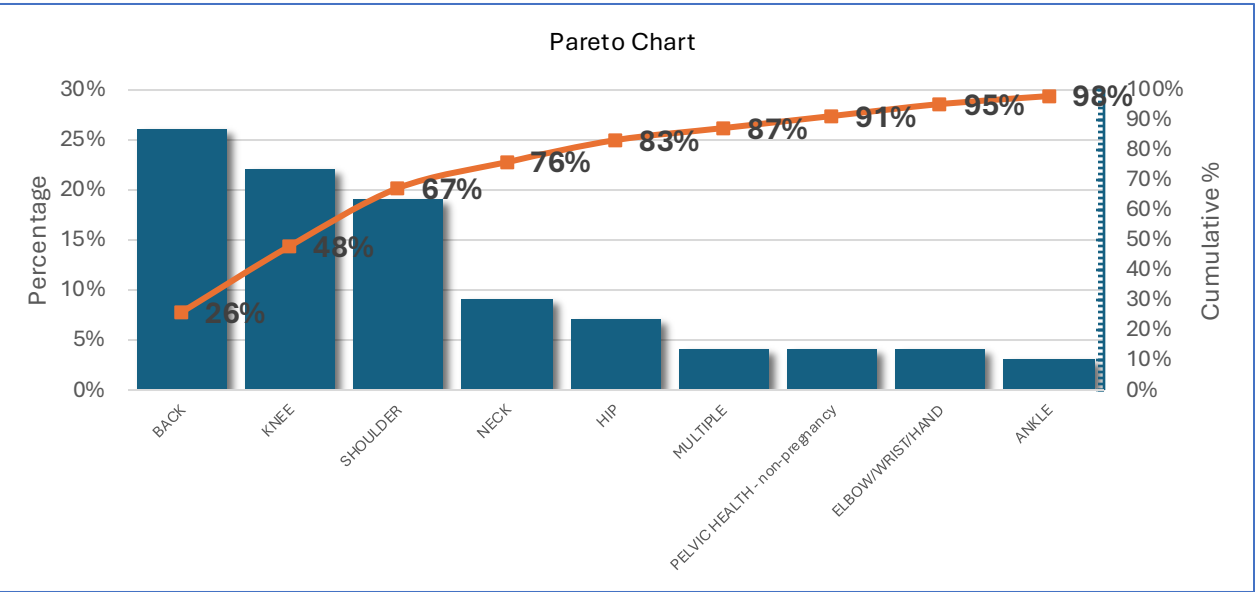
QI Project Team: Gemma Bruce
Advanced Practice Physiotherapist LIH Oban

QI Project Aim: To improve the triaging of new referrals into the physiotherapy MSK service by 50% in order to support compliance with Scottish Government MSK waiting times Guidelines 2014 by June 2024

Stage of the QI Journey:
Testing Changes



Current status:
Reinforcing concept and providing feedback



Challenges

Initial Project was too big to fit within QI course timescale but is ongoing.
Underestimated the time required for the project and no dedicated non-clinical time allocated.

Successes

MSK team keen to get involved – happy to take on ownership of aspects of the wider project.
Improvement in triaging identified by MSK team and Admin staff

Flash report – SIFS Cohort 6 Joanne Hill Cowal Community Hospital

QI Project Team: Joanne Hill Inpatient ward Cowal Community Hospital

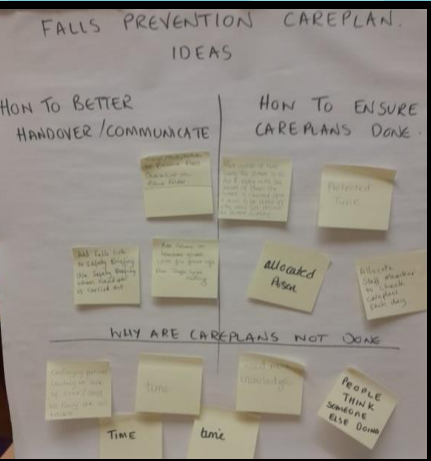
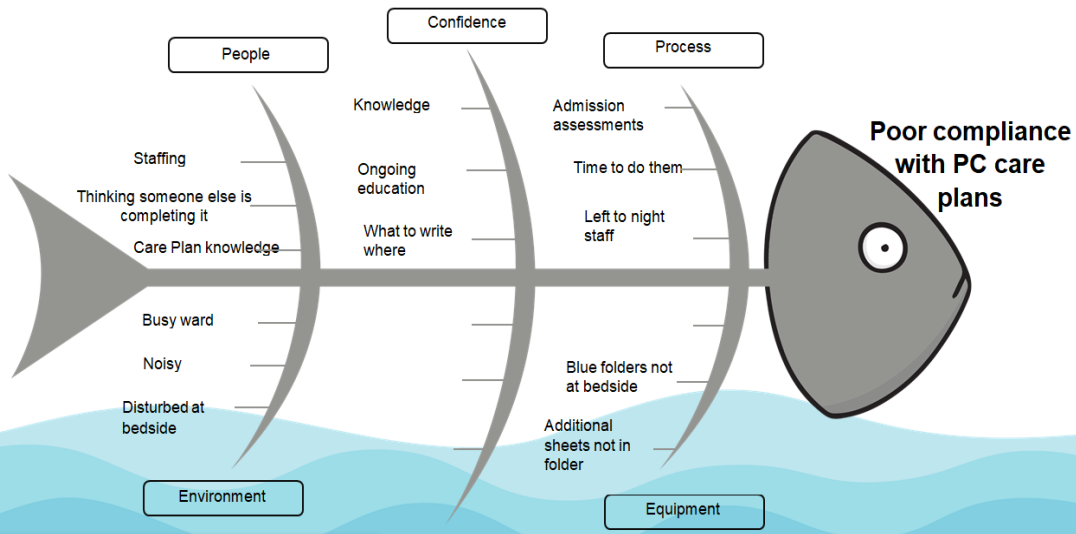
Aim: By 31/08/2024 all patients assessed at risk of falls in our ward will have an effective, person - centred falls care plan completed as per HIS SPSP falls driver diagram & change package.

Stage of the QI Journey:
Testing Changes



Current status:
Adapting PDSA 1 and testing again

FISHBONE DIAGRAM



Area of Learning

Reviewing this process helped me to see where there were gaps in our documentation from admission in care planning. My light bulb moments came at this time.

Challenges

TIME allotting protected time for the project. Keeping the change ideas small

Act

I will adapt this test and try again sharing the feedback with staff. Staff on dayshift/nightshift may have different requirements and for staff I cannot see in person I will create example care plans and share

Plan

Lack of knowledge identified as change idea - so plan to test refresher sessions for staff to improve their knowledge
Prediction: 4 staff will attend the session
Measures: All staff will report this has been helpful

Study

Staff feedback stated that they found the refresher session helpful but still had some questions around what to put in the SCP and KM sections
When I audited after the session I found that compliance with PC care plans was improved but quality could be better

Do

During first refresher session nursing staff were interrupted & I changed my approach to delivering 1-2-1 during the whole shift. I captured all staff on shift this way who were on day shift. All staff were then asked to review their paperwork and I would audit accordingly.

Successes

The project is having a positive impact on team moral as everyone involved and allows time for discussion and reflection on our practice

Flash report – SIFS Cohort 6 – Kinga Cholewa

QI Project Team:
Ward A, Lorn and
Island Hospital, Oban

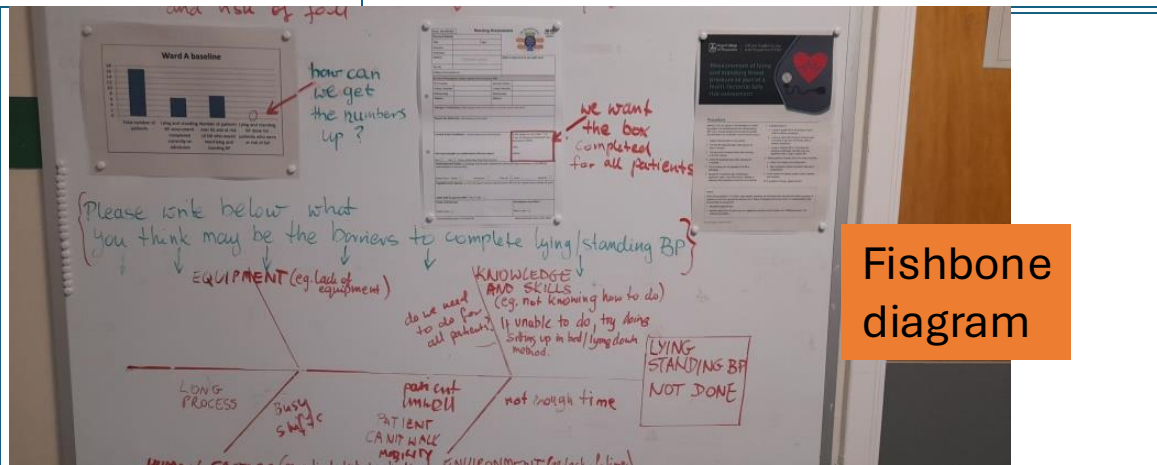
Aim: Ward A Nursing staff will screen all patients and document lying/standing BP on admission for all patients over 65 and at risk of falls by June 2024 in line with the national fall's driver diagram.

**Stage of the
QI Journey:**
Testing Change

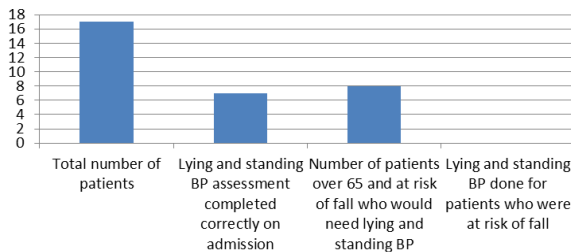


Current status:

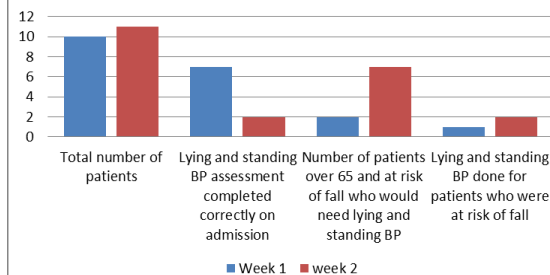
PDSA cycle 1- training completed, small improvement. Ward meeting will be arranged to understand lack of compliance.



**Ward A baseline
13-19.05.2024**



Ward A- post training compliance



Adapt - Ward meeting to be organised to find out why there is reluctance in completing lying/standing BP and what can be done to encourage staff to be compliant.

1. Prepare to carry out the training by gathering as much updated information as possible on the topic.
2. Anticipate possible questions from staff and prepare answers.
3. Review the off duty and organise the sessions on days which would capture most staff.
4. Prepare admission paperwork and blood pressure machine to demonstrate how to complete lying and standing BP on admission.
5. Display information on the board in front of nursing station so everyone can refer to it.

Staff was receptive when doing the training. But they were challenging it and saying that they won't drag patient out of bed, or is too busy or patient refused or patient is too unwell. After training completed, there was huge improvement in completing the assessment box. But lying and standing BP was still not done in all cases even if person completed the assessment and documented it was required

Information displayed on the board near nursing station. Dedicated bitesize session organised between 3-4pm each day on the days when staff members were available.

Area of Learning: I realised that making a change is about taking one step at the time. I had tendency to go with big projects but real change is happening if you are consistent and break down the process to small steps. I learned a lot about Quality Improvement process. Initially, I found it difficult to comprehend what is expected and by the 4th session it all fell into place.

Successes: High improvement in the completing the box, smaller improvement in doing lying/standing BP initially.

Challenges: Staff were a bit reluctant to get engaged in the process once engaged after initial improvement, the compliance dropped again

Flash report – SIFS Cohort 6 – RHONA HAMILTON AND LIZ TAYLOR

QI Project Team:

**RHONA HAMILTON AND
LIZ TAYLOR**
Helensburgh Advanced
Practice Physiotherapists

QI Project Aim:

By June 2024, improve the attendance at the weekly Case review/MSK Support sessions by 50 %, in line with the plan for clinical governance of the Primary Care Improvement Plan and development of the A&B Orthopaedic Triage Service.

Stage of the QI Journey:

Testing Changes

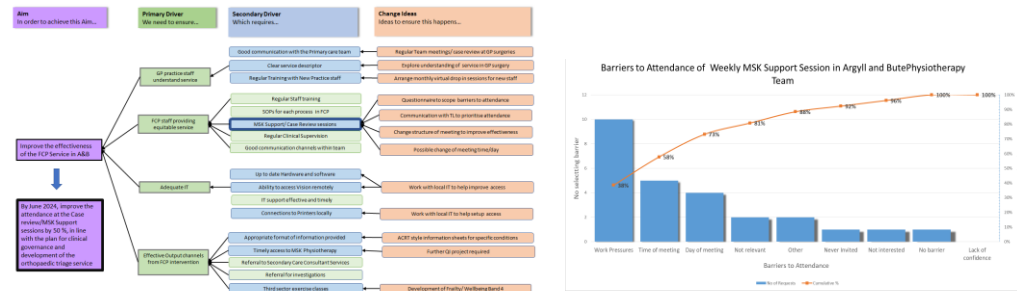
Current status:

Identify further change ideas to support attendance.
Run PDSA Cycles to assess effectiveness.

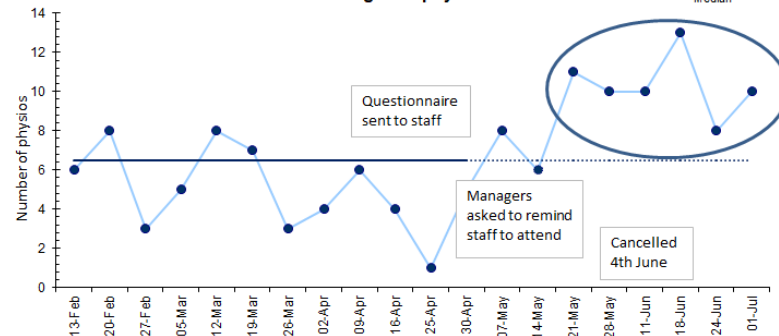
The Quality Improvement journey:



QI Tools Used



Numbers attending MSK physio sessions



Area of Learning – Challenges

1. Time Management - to plan/go over training/ meet with mentor/ rest of APP team.
2. Project too big to start with – changed aim after third module.
3. Understanding the QI jargon – which tools to use
4. Timescales of module dictating project choices.
5. Difficult getting engagement of staff – better to involve team at early stage.

Act

- Emailed APP leads to request feedback from all APP physio staff.
- Ensure new staff are invited to sessions.
- Continue to measure attendance.
- Encourage staff at meeting to ask colleagues to come along.
- Plan next change idea/test

Plan

Questionnaire to scope issues.
Discussion at APP staff meeting to scope change ideas.
Email to Locality Physio Team Leads to encourage attendance with all staff managing an MSK Caseload.

Study

Significant increase in attendance – 100%
6 data points above the baseline median - significant shift.
Positive feedback from staff re the new structure to the meeting.
Identified new staff not on invite list.

Do

Email sent to Team leads to support and encourage attendance.
Ensure all appropriate staff are on the Teams invite for the meeting.

Area of Learning – Successes

1. Understanding develops with each module undertaken
2. Awareness of future QI projects identified during the process.
3. Mix of Teams/ Face to Face training/ meetings and drop in's worked well
4. 100% increase in attendance at meeting - need to ensure maintain this level going forward.

Flash report – SIFS Cohort 6 – Lynn Dalrymple and Susannah Conran

QI Project Team
Lynn Dalrymple
and Susannah Conran.
Podiatry Leads in Helensburgh and Rothesay

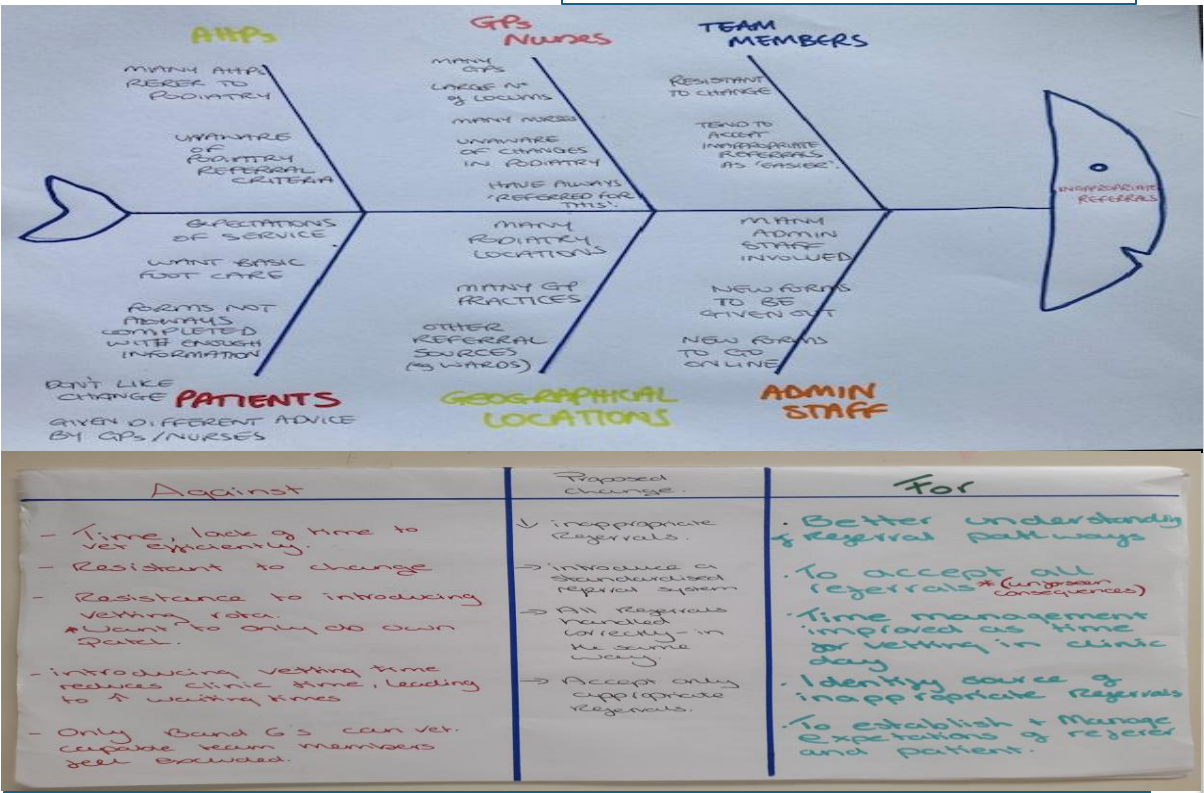
Aim: By 31.12.2024 90%
of podiatry referrals will be in-line
with the NHS Highland priority
codes

Stage of the
QI Journey:

Testing Changes



Current status: The first PDSA cycle has
been started but we have not had significant returns from
this to collect data. Once we have some data from this
cycle we will do a further PDSA cycle using the self-
referral form



Review the number of referrals
after the change to see if the
number of
inappropriate referrals
has decreased.
Next step is to start using
the new self-referrals

The updated information
for the GP practices has been
sent out. So far there has
been no contact from the GPs
or health care staff.

Lack of information about
the NHS Podiatry service has
resulted in inappropriate referrals .
Plans to improve
communication and
information with GPs, nurses, FCPs
and patients

Letter sent to the GP practices advising and
updating them about current NHS
podiatry practice. A copy of the Priority Codes
table was included. We asked them to get in
touch if any questions.
The self referral form has been redesigned to
include information about the podiatry
service and what is included and what is not.
This has not been sent yet.

Successes The project highlighted to us the many areas that need to be thought about and addressed when making a significant change. We learnt that to do a project well, it has to be broken down into the smallest parts of the process and these need to be addressed individually. What we thought would be a simple project turned out to be far more complicated and that by focussing on one area at a time, the project will ultimately be more successful as all variables have been considered.

Challenges Our project started too big and although we reduced the size (number of geographical areas included) it was still too big to get accurate data. However, it has been a good start to an important project and has made us familiar with the process and a taught us a new way of thinking when considering changes. This will be beneficial to the ongoing improvement plan and other further plans.

Time was also a challenge when carrying out this project. This was partly because the PDSA cycle was too big but also because when giving thought to, and working on a project, time is needed. This highlighted to us how little time within our work time we allocate to working on changes that ultimately improve the service and save time.