FLASH REPORT Cohort 10 Highland Hospice - Delirium

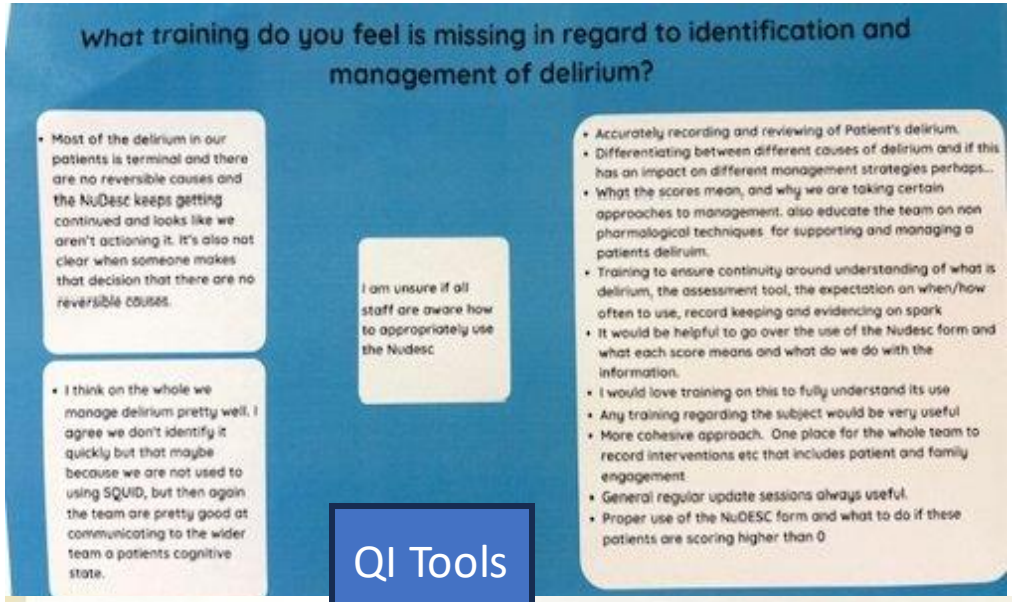
QI Project Team:
Jo Dzialdowski
Tracy Kelman

QI Project Aim:
To Increase compliance to 70% for NuDesc daily monitoring as per SIGN 157 guideline by May 2025

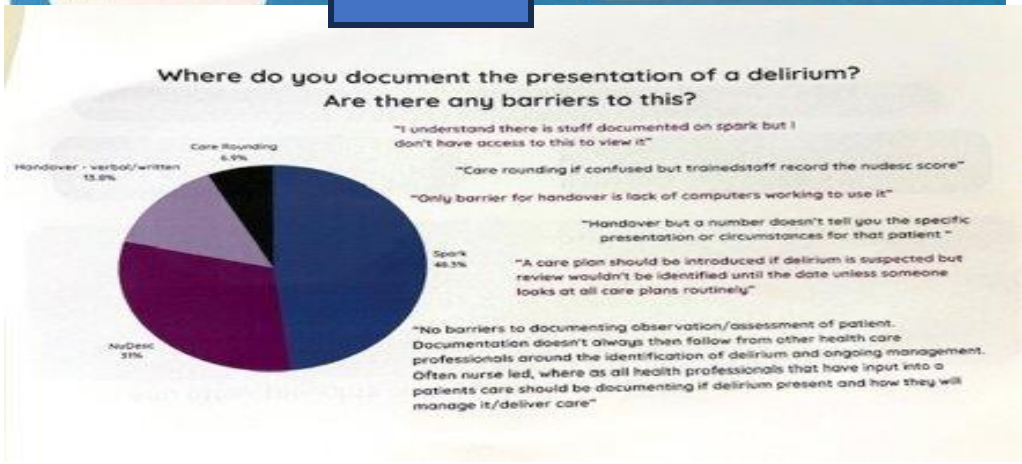
Stage of QI Journey:
Testing changes – First PDSA cycle completed as below

Change Idea I am going to test below:
Provision of education across the clinical team regarding Delirium identification using the NuDesc tool to improve daily compliance – 36.1% compliance when audited

November 2024 (36 patients)



QI Tools



ACT

We will adopt the change and continue to offer training sessions regularly on Delirium

- **Use the Delirium link group to share knowledge and keep the momentum regarding Delirium screening**

PLAN

- **Deliver Delirium training sessions for in patient and rehab clinical team**
- **Delirium training and information on IPU education board**

STUDY

% increase in delirium screening questions following face to face training sessions, use of education board, sharing of audit and survey results with clinical team

DO

Training sessions delivered acknowledging the gaps in knowledge that were highlighted in staff survey (QI tool)

Successes: **A multi professional delirium working group to progress improved Delirium identification. Completion of the QI training gives us an understanding of QI methodology and how we can apply this to future work/projects. Good staff engagement with the survey and the interactive training sessions. Support from our QI and Education Leads.**

Challenges: **Staff "burn out" from the quantity of QI projects at one time – feedback from clinical team. Resources and staffing have impacted on having focused/dedicated time for this project. Unfamiliar with flash reports and how to input the data/information and display our QI tool (survey)**

Next steps: **Consider with the link group additional training resources ie a Learn Pro or Turas module for staff induction and annual training updates. Continue to gather data through audit on the compliance of Delirium screening**

FLASH REPORT Cohort 10 Highland Hospice - Cara & Annabel

QI Project Team:
Cara & Annabel

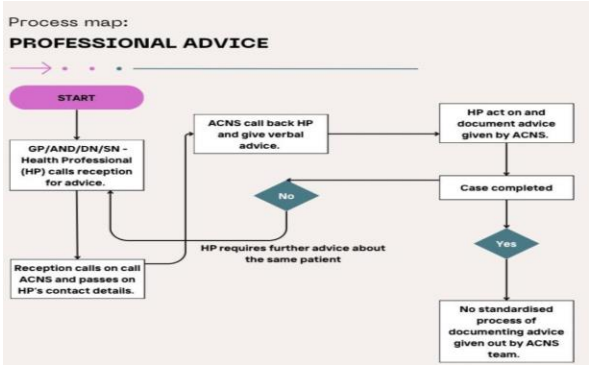
QI Project Aim:
Aim – By May 2025, the ACNS aim to document 100% of advice calls from community and hospital setting. This is in keeping with clinical governance.

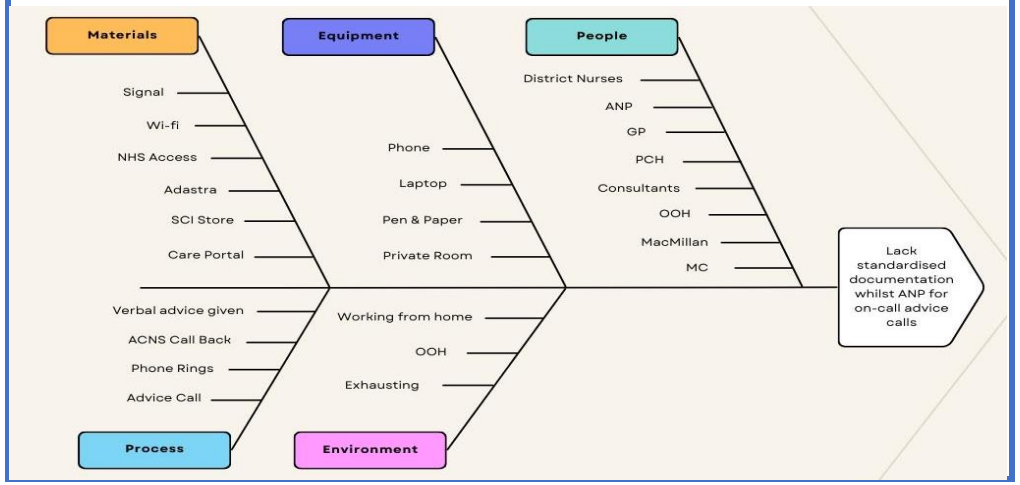
Stage of QI Journey:
Testing changes

Change Idea I am going to test below:
To create a template to record all advice calls consistently and share within the team.

QI Tools Used:

Process Map & Fishbone





ACT
We decided as a team to adopt the template for all advice calls to the ACNS team. Through this process we identified when giving advice on a call at home no access to online version of the template or access to patient records. Our next PDSA cycle would be to have access to NHS laptop this allowing us to access patients electronic records.

PLAN
From March to May all ACNS will use the template to record all advice calls. We will analyse if the template captures all aspects of care and has sufficient space for documentation.

STUDY
ACSN completed templates for all advice calls. Total of 15 sheets completed, unable to quantify if this is 100% of calls as predict. 100% increase in number of completed sheets, thus allowing for better communication within the ACNS team.

DO
One ACNS forgot to take a supply of the template home when they were on call. We all found there was enough space to document and capture relevant clinical information required.

Area of Learning: Good engagement from ACNS team. Successfully used QI tool and develop knowledge of QI process. Identifying the process of calling in for advice and how this is documented.
Successes: 100% increase from previous month number of calls documented. We have adopted the template in everyday practice
Challenges: Unable to capture total call volume as person dependant. Unable to have access to electronic records from home.

FLASH REPORT Cohort 10 Highland Hospice - Gillian McRobie

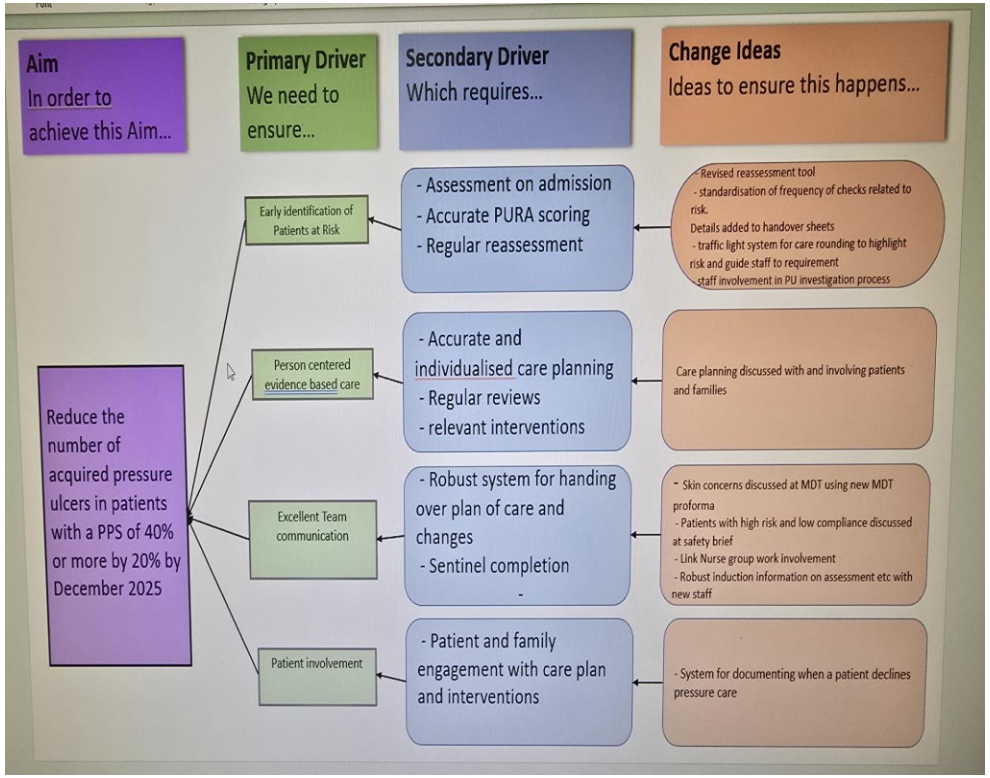
QI Project Team:
Gillian McRobie

QI Project Aim:
Reduce the number of acquired pressure ulcers in patients with a PPS of 40% and above by 20% by December 2025. This aim is in line with the Highland Hospice Key Performance indicator

Stage of QI Journey:
Testing changes

Change Idea I am going to test below:
Introduce a more robust system to handover risk between shifts while also documenting more regular conversations with patients when they decline pressure relief.

QI Tools Used:



ACT

Findings: This change has not been a very successful one. There is a possibility that the problem does not lie only in the documentation of pressure relief or the conversations about the risk, but in our practice.
We lack a robust system for ensuring that pressure relief is carried out systematically and as regularly as is required for patients at high risk or who already have pressure damage.
Plan would be to revisit this when a working group is established. Plan to do another PDSA around Traffic light system for alerting staff to increased need.

PLAN

Inclusion of the following to nurse handover:

- PURA
- RISK
- TURN FREQUENCY
- REASON FOR MOVES
- DATE OF LAST CONVERSATION

DOCUMENT IN PATIENT NOTES

STUDY

Patients notes reviewed. NO evidence of conversations on handover. Only the initial entry by myself. PURA have been updated on some. However, when care rounding frequency does not match the risk there is no evidence of this being documented or any conversations or reason for reduced pressure relief.
The handover sheets have not been updated with any conversations. The patient's records have not been updated. 1 entry found within a care plan review regarding reason for less moves

DO

Add all current patients details to handover sheet as above.
Email out to staff with the reason for change, findings of audit, plan and a how to guide.
Check with a few staff that they understand the instructions

Area of Learning:

Successes: The information on risk and move frequency is more accessible for HCA's who do a large % of care. Better awareness of what might be the problem as opposed to what I thought

Challenges: Narrowing down the change when the work required is large and complex. Staff coping with several changes and Qi projects at the same time
Time challenges with myself related to increased workload.

FLASH REPORT Cohort 10 Highland Hospice Malwina Cieslak and Jen Devlin

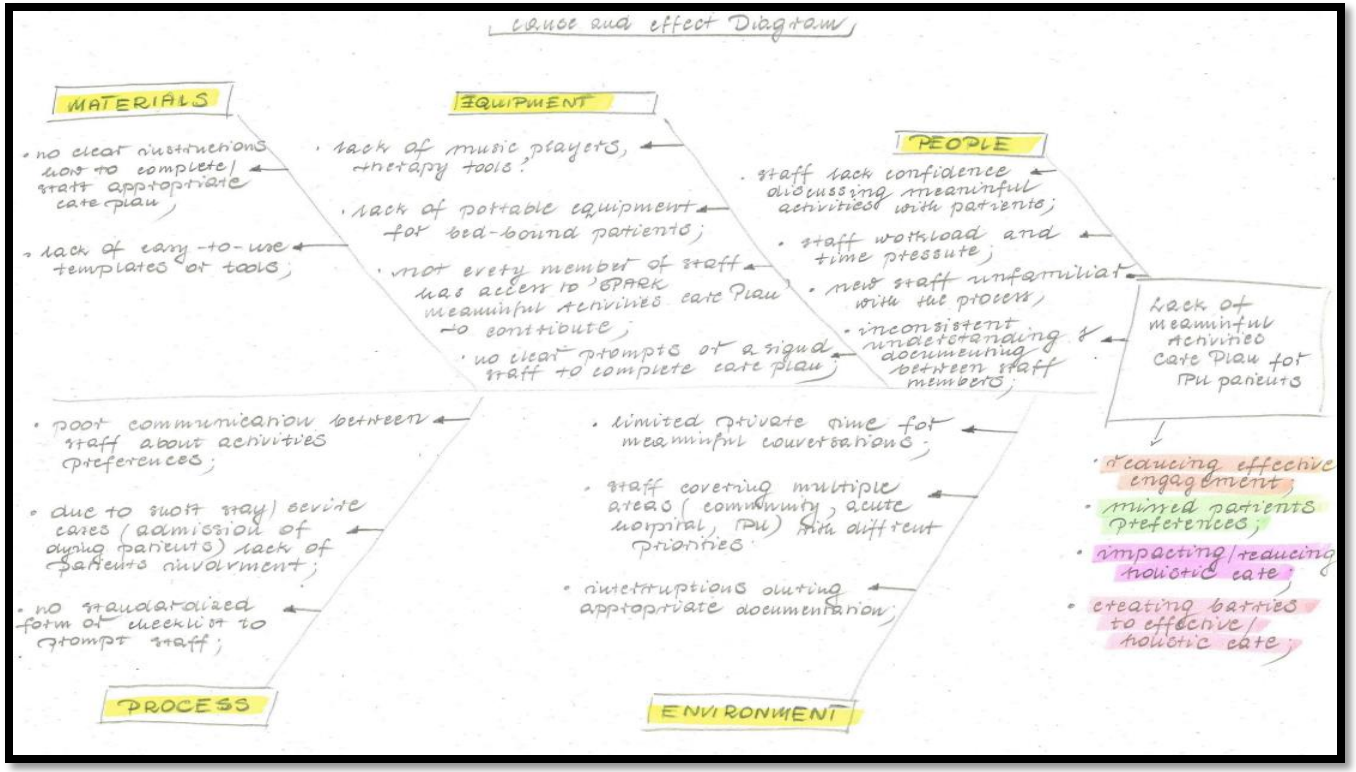
QI Project Team:
Rehab and Wellbeing/IPU, Highland Hospice

QI Project Aim:
By the end of July 2025 90% of IPU patients will have what is meaningful to them identified and recorded within electronic patient records within 7 days of their admission, in line with Highland Hospice Patient Centred Care Policy.

Stage of QI Journey:

Testing Changes

Change Idea I am going to test below:
Introduction of a Meaningful Activity Care Plan into IPU care records to capture activities that support emotional, psychological and physical wellbeing.



ACT

ADAPT

Roll out plans for remaining IPU patients (where clinically appropriate)
Care plans to be set up for all new admissions – discuss possible support for care plan set up with clinical admin colleagues
Consider a target for conversations to be started with patient within 72 hrs of admission.
Share updates with teams more regularly to increase engagement/understand challenges
Repeat seeking feedback from IPU and RAW staff (confidence scale)
Seek feedback/ideas from patients regarding how we undrestand

PLAN

1.Communicate with IPU senior nurses about test
2. Seek baseline through short questionnaire
3. Draft wording for care plan
4. Agree 2 patients to trial care plan use with and set up
5. Communicate with all IPU staff about trial and seek input into testing of care plans
6. Communicate with RAW team about test
7. Review how care plan is being used eg how actively it is being reviewed and who by.
8.Gather weekly data (care plans and GTKMF)

STUDY

Baseline staff confidence score of 7 (scale 1-10)
Data shows an increase in the percentage of patients with what is meaningful captured (GTKMF or care plan) (see run chart)
Mix of MDT staff are completing reviews on care plans
Early feedback from RAW staff included some concerns about using Sparkdata and the care plan format, but agreement was gained to trial as is and gather feedback on this during test phase
Later feedback included that the care plans helped staff 'to see the patient beyond the diagnosis and 'made care feel more personalised

DO

Meaningful Activity Care Plans set up for 2 IPU patients.
Communications were sent to IPU and RAW staff teams seeking their contributions to care planning
Care plans were discussed at RAW training day
RAW staff began adding personalised goals/interventions
IPU and RAW staff began staff adding reviews
Data gathered on number of IPU patients with what is meaningful to them documented in records (either care plan or GTKMF)

Area of Learning: Every patient is different when it comes to meaningful activity, individualising this is key! It's important to engage as early as possible in these conversations with patients as our window of opportunity can be short.

Successes: Care plan was swiftly adopted by some IPU colleagues. First time implementation of a meaningful activity care plan is a win! Positive feedback and support from IPU colleagues was hugely encouraging, MDT are actively reviewing new care plan

Challenges: Engagement in the change idea from some staff members who see duplication in the work was challenging as well as access to systems for all staff who have these conversations with patients.

FLASH REPORT Cohort 10 Susie Donaldson

QI Project Team:
Susie Donaldson, In-patient Unit, Highland Hospice

QI Project Aim: By 1st June 2025, 90% of the team members attending the weekly MDT meeting will express confidence that an agreed plan of care for IPU patients has been reached. This is in line with Healthcare Improvement Scotland 'Quality Assurance Framework' (2.2 Person-centred planning and care; b) Care, supported and/or provided by several staff or organisations, is well planned and co-ordinated so that the person experiences continuity and consistency)

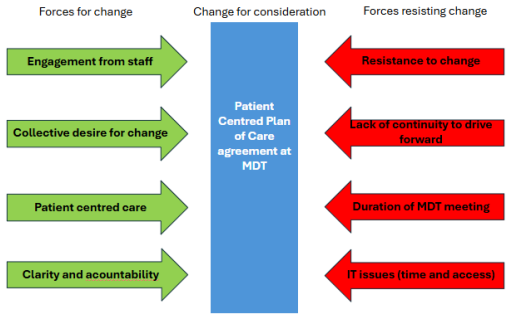
Stage of QI Journey:

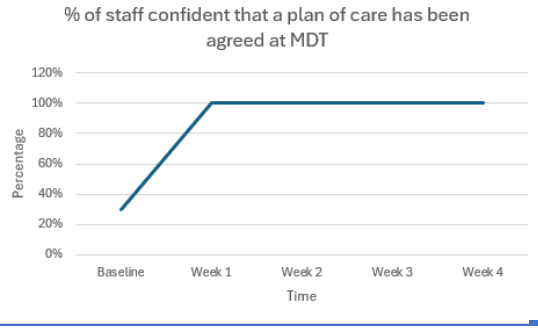
Testing Changes

Change Idea I am going to test below:
Introduction of a structured template to guide the MDT discussion

QI Tools Used:

Force field analysis





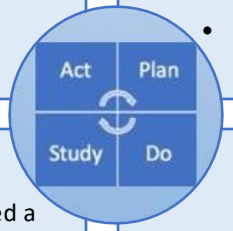
Run Chart

ACT

- Adapt
- Make changes to template to capture additional information and reduce time required to upload to patient record
- Proceed with PDSA cycle 2

PLAN

- Develop a structured template for use at the weekly MDT meeting, to identify if this will facilitate the development of patient centered plans of care for all patients in the IPU.
- Share template with MDT members ahead of meeting
- Identify who will chair meeting and complete documentation



STUDY

- Weekly feedback from MDT members: demonstrated a significant increase in the confidence that agreed plans of care were achieved
- Verbal feedback: indicated that staff found the template beneficial and this positively outweighed the slight increase in meeting length
- Patient care records: 100% of patients had agreed plan of care documented
- Template: Identified changes required to support documenting the discussions at MDT

DO

- Trial first format of template at MDT
- Gather feedback from MDT members at end of meeting

Area of Learning:

Successes: Positive feedback from staff attending MDT, increase in the number of staff confident that a plan of care is agreed. Patients wishes being brought to the meeting for discussion. Positive feedback from nursing staff that they are benefitting from this additional information being available to them which positively impacts on care delivery.

Challenges: Time for staff uploading information to patient care records needs to be factored into their working day