

Flash report – SIFS Cohort 3 – Lorna Renwick

QI Project

Team: Lorna Renwick & HV team
Inverness West

QI Project Aim: By March 24, the uptake of 27-30m contacts will increase to 95%, in line with the Integrated Childrens Services Performance Management Framework.

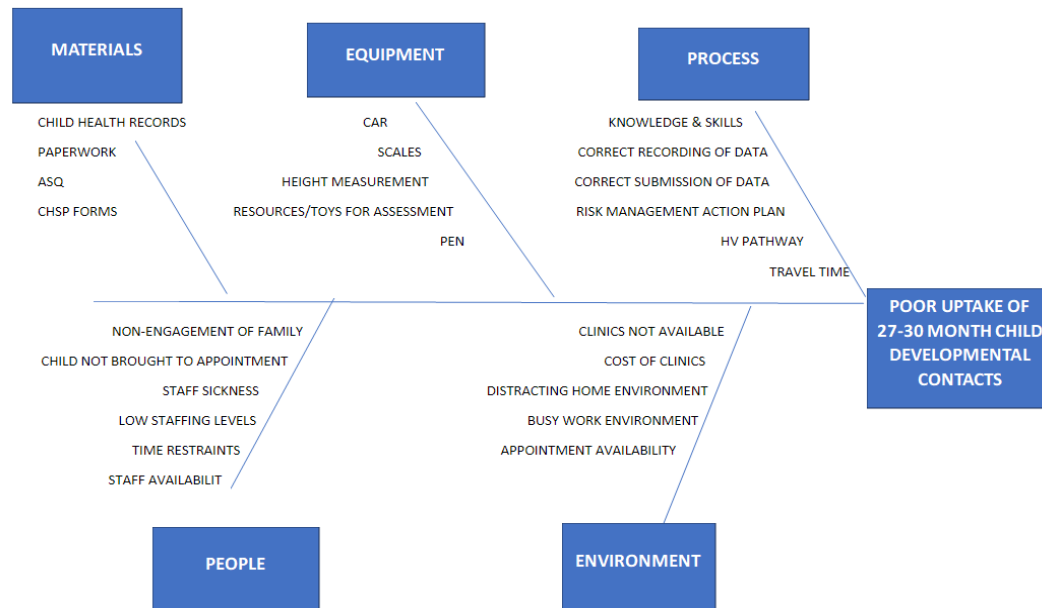
Stage of the QI Journey:

Return to Understanding my System



Current status: second PDSA cycle started 13/11/23- one team selected to implement project. Data reporting training arranged.

QI Tools – Fishbone



Act

- Project too big- next PDSA cycle to focus on one team
- Provide training for correct completion of CHSP forms

Plan:

- Communicate to teams what is required and why
- Update action plans to prioritise 27-30m contact
- Request access to data platform
- Provide clinics and bank staff for teams with lower staffing.

Study

- Minimal improvement in data reports
- Data forms incomplete/incorrect

Do:

- Not all teams able to prioritise contact due to staffing pressures
- Data collection forms not completed correctly and in a timely manner.



Area of Learning – Successes – Challenges

I have learnt that my initial project was too big therefore moving forward, I will concentrate on one team at a time rather than Highland as a whole. The first PDSA cycle demonstrated that child health surveillance forms were incomplete, thus impacting data collection. I have learnt that there is a requirement for training to ensure accurate reporting or data.

Flash report – SIFS Cohort 3 – Tracy Sutherland

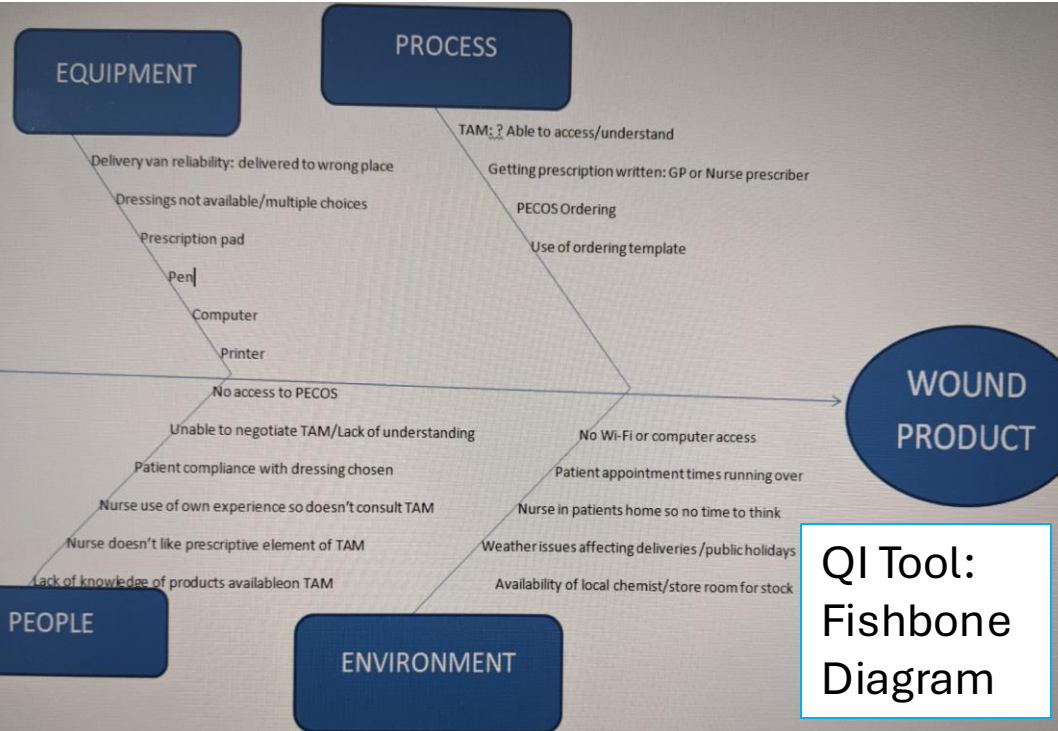
QI Project Team: Tracy Sutherland, Pharmacy Technicians; Dingwall, Dornoch, Munlochy Medical Practices, TV & procurement

QI Project Aim: By December 2023 there will be a reduction of 20% of the off formulary wound care items prescribed in Dingwall Medical practice, Dornoch Medical Practice and Munlochy Medical Practice and as per TAM Wound Care Formulary aligning to HHCSP savings aims for 2023/2024

Stage of the QI Journey:
Testing change



Current status: The project is ongoing. I have sent the booklet to TVLG for ratification and hope once achieved this will be sent out across North Highland. Initial results look promising with a reduction in off formulary spending expecting to be reduced by more than 20% by December 2023



Act

Cycle 1: 25/10/23: Add pathway(TIMERS) to booklet and PECOS codes to make the booklet more user friendly
Cycle 2: 31/10/23 Booklet sent to TVLG for ratification so whole North NHS Highland roll out can begin. Explanation sent out by TV and myself that all emails from myself for training events would be only for formulary products even though sessions being run by product reps

Plan

Cycle 1: 10/10/23: Following data analysis from questionnaire and Fishbone develop a wound care booklet
Cycle 2: 26/10/23: Contact reps and get samples of the different products and their sizes and redevelop booklet and run more product specific education sessions

Study

Cycle 1: 25/10/23: The booklet lacked information that nurses needed although was good for the pharmacists, so nurses still wanted products that weren't always appropriate as lack of understanding how to use the products appropriately
Cycle 2: 31/10/23: Initial reports look good (PRISMS data not yet available). Feedback is positive in booklet being useful/helpful but not all emails being passed to practice nurses for them to be able to attend as lack of understanding that the sessions did only promote formulary products

Do

Cycle 1: 10/10/23: Give out booklet and explain how to use it. Practices liked the booklet and felt it made their prescribing role easier which was what I had predicted
Cycle 2: 26/10/23: Not all practices passing on education events to the nurses. Needed to explain to practice managers about the teaching sessions I was organising as they weren't passing the sessions emails to the practice nurses which was unexpected

Area of Learning – Successes – Challenges

- SUCCESSES:** The nurses and pharmacy technicians liked the booklet and found it useful. Initial reports have shown that other practices are looking at their repeat prescribing and changing to formulary items, so savings are already being made
- CHALLENGES:** Originally it was getting buy-in for my project with other departments who all felt they were too busy to help, this became a success after I produced the original booklet, and they could see the benefit. Getting nurses to realise the benefit of keeping to formulary. Putting the cost benefit in how many nurses the overspend would have created made the amounts involved more "real" to them and got better buy-in for the project. The length of time it is going to take to get the booklet ratified so it can go beyond just the select few teams who are piloting. Getting practices to pass all training events to practice nurses and then getting them to attend. Tissue Viability to make wound training mandatory for nurses so this challenge is being addressed

Flash report – SIFS Cohort 3 – Debbie Fraser, ANP Deputy Lead

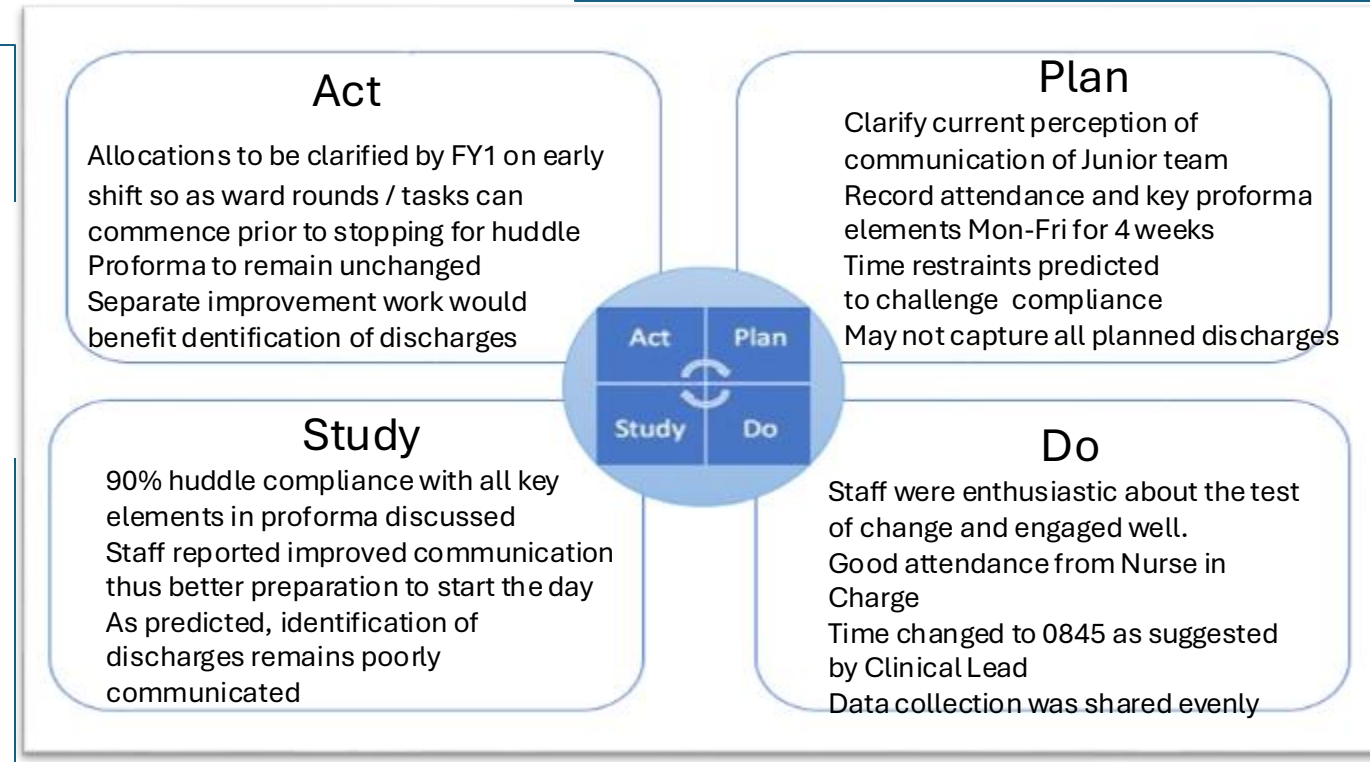
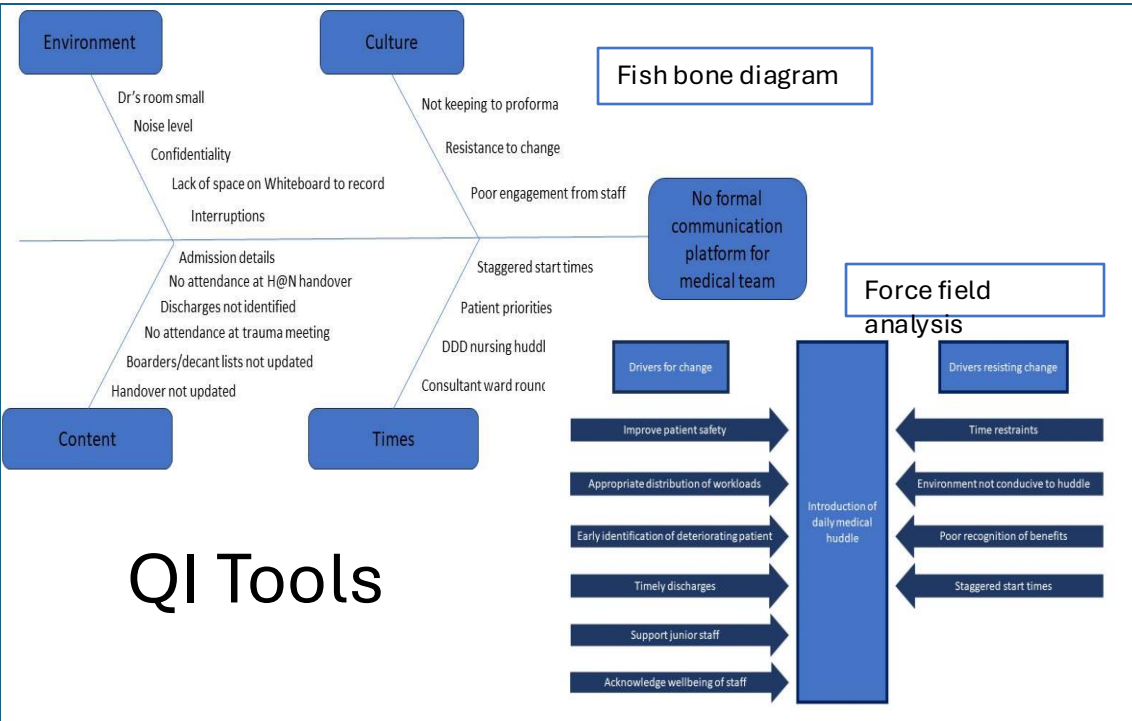
QI Project Team: Ward 3A, Raigmore Hospital

QI Project Aim: Introduction of daily medical huddles on ward 3A to improve communication with compliance rate of 60% by December 2023 in line with recommendations from Healthcare Improvement Scotland 2021

Stage of the QI Journey:
Testing changes



Current status:
PDSA 1 completed > adapt.
PDSA 2 to commence 6/12/23 in line with new Junior Medical team rotation



Area of Learning – Successes – Challenges

Staff reported improved communication and felt better supported.

Deteriorating patients were reviewed more promptly (although this was not formally measured)

Identification of patient discharges remains poorly communicated and would likely benefit from separate improvement work

Flash report – SIFS Cohort 3 - S/N S Frame & SSN Doreen MacDonald

QI Project

Team: Ward 7C
Raigmore Hospital

QI Project Aim:

By the end of Jan 2024 all new medicines prescribed whilst in ward 7c will be administered on the day of prescribing

Stage of the QI

Journey: Testing Changes

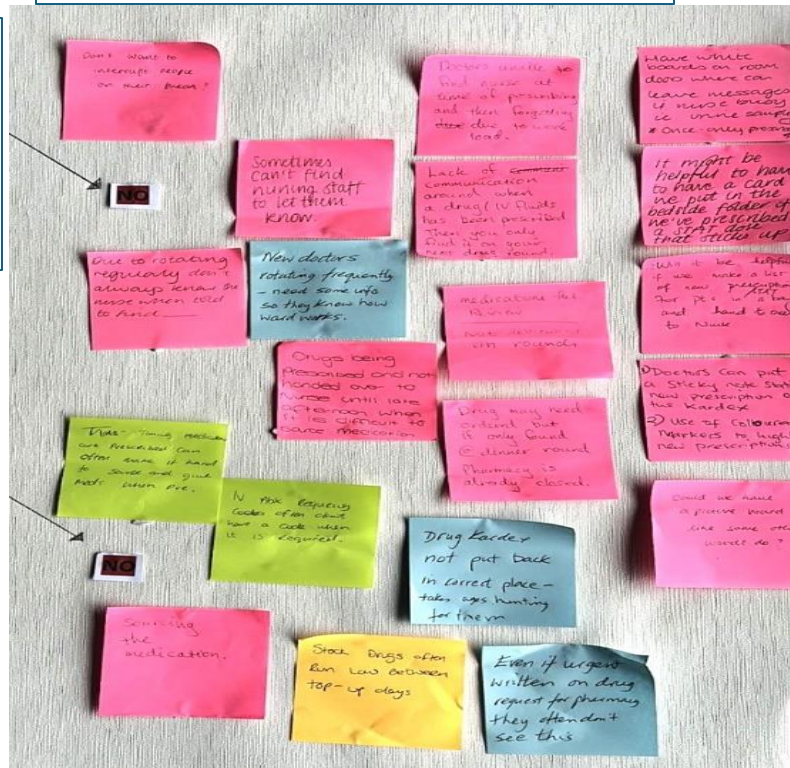


Current status:

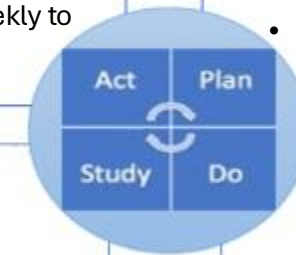
Testing first change

QI Tools Used

Process Mapping



- Pen attached to beside laminates
- Laminates out on Dr's ward round trolley
- Jars and counters outside patient's rooms to help make it easy for staff to collect data
- Notice in Dr's room changed weekly to remind them of laminates



- Dr's/NPs not completing laminate on each occasion. Difficulty finding pens, rushed and laminates not near them on ward rounds
- Difficult getting data collection done when project staff not on shift

- All trained staff informed of upcoming project
- Enlisted help of 2 medics to assist with collecting data /disseminating information
- Baseline data collected Mon to Fri 0900-1630hrs for 2 weeks

- Microsoft online survey issued for staff on the ward to complete
- Wipeclean template made for staff to write on re new medications prescribed- bright orange in colour
- One patient, one room tested using new template for new medication prescribed

Area of Learning – Successes – Challenges

Area of learning/ successes – Making the Microsoft online survey and distributing throughout the team to help staff engagement and convenient access for staff to contribute their ideas/ opinions as ward often so busy. This was also helped involve the team in project decision making as using the new process helped staff feel more a part of the change. Laminates started being used already and staff saying they are helping as they are a good visual prompt. Jars and counters are better for collecting data.

Challenges - Trying to get staff engagement. We also have a high turnover of medical staff so it is hard trying to keep new staff updated and getting them engaged in the process too. Collection of data can be sporadic especially when project staff are not on shift. Ongoing prompting of staff when they forget to use laminates.

Flash report – SIFS Cohort 3 by Abby Chambers, Senior Staff Nurse,

QI Project Team:

Abby Chambers
Ward GA nursing
team

QI Project Aim:

To improve catheter care in ward GA specifically the completion of catheter bundles and the dating of catheter bags to 100% by January 2024, in line with NHS Highland Indwelling catheter insertion and management policy.

Stage of the QI Journey:

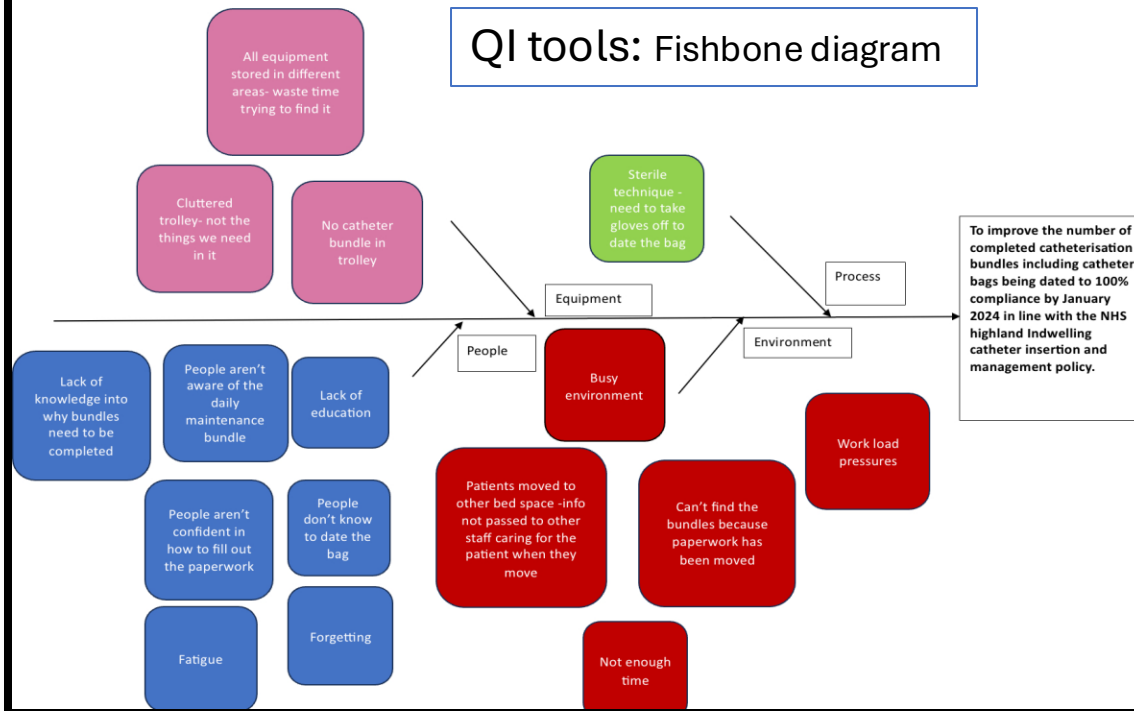
Testing changes



Current status:

1st PDSA cycle completed, “revamp catheter trolley,” adopted and adapted – 2nd PDSA cycle in process currently. Continue measuring by audits catheter care documentation, catheter bags dates and catheter trolley stock.

QI tools: Fishbone diagram



Act

We are going to adopt the trolley in GA and continue to use it but move to our next a PDSA cycle. This will aim to support staff knowledge on how to re-stock the trolley testing a laminated pictograph attached to the trolley to direct staff. We will also trial adding the catheter trolley check to the daily triage checklist so that it is routinely restocked.

Plan

PDSA 1 – Catheter trolley revamp
Test that if the trolley is well organised then staff will follow the correct procedure as per NHS Highland guidelines.

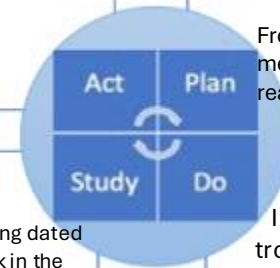
From our fishbone we discovered that the messiness of the trolley was one of the reasons staff felt unable to follow procedure

Study

No improvement in the percentage of documentation being completed or bags being dated as per guidelines. Through auditing the stock in the trolley on a fortnightly basis I have found that the trolley is not being restocked correctly. Band 5 staff have fed back that they like the new trolley but often have found it is not stocked when they need to use it. This has drawn me to the conclusion that a second PDSA is warranted to test some further change ideas.

Do

I reorganised ward GA's catheterisation trolley as per the order of procedure/process as per NHS highland catheterisation policy. Including the catheter care bundles in the final drawer of the trolley to prompt staff to complete. I created I laminated sign above the trolley to highlight its location and also include a reminder about dating the bags and completing the paperwork.



Area of Learning – Successes – Challenges

Successes

Staff Feedback: positive feedback from staff about the creation of the trolley **QI Tools:** Engaging & supporting staff to get involved with ideas for change

Improving staff knowledge & understanding: I found that knowledge around catheter care was lacking when I spent time brainstorming with staff so this allowed me to focus energy on education

Challenges

New processes: I have found that the trolley is being used but is not being restocked which is inconvenient for the next time it is needed, I understand new changes take time to embed.

Data: I have found it very difficult to obtain harm data regarding catheter associated UTIs – this is an ongoing challenge. The Infection Control team do not gather data on CAUTI so I will look at alternative sources.

Communication: Due to the vast size of the GA nursing team I have found communicating change to the team to be a challenge. In my second PDSA cycle I have utilised the GA WhatsApp group to communicate change.

Staff buy in: Maintaining focus on improvement is difficult in a busy receiving area and the comment of, “not more paperwork,” has been mentioned at times. Currently in GA there are a number of QI projects ongoing and this can be overwhelming for the staff when they are already working at peak capacity. Going forward I remain mindful of this but I am confident we will get there.

Flash report – SIFS Cohort 3 – Kirsty McLaughlin

QI Project Team:
Kirsty McLaughlin & Ward 6C Raigmore

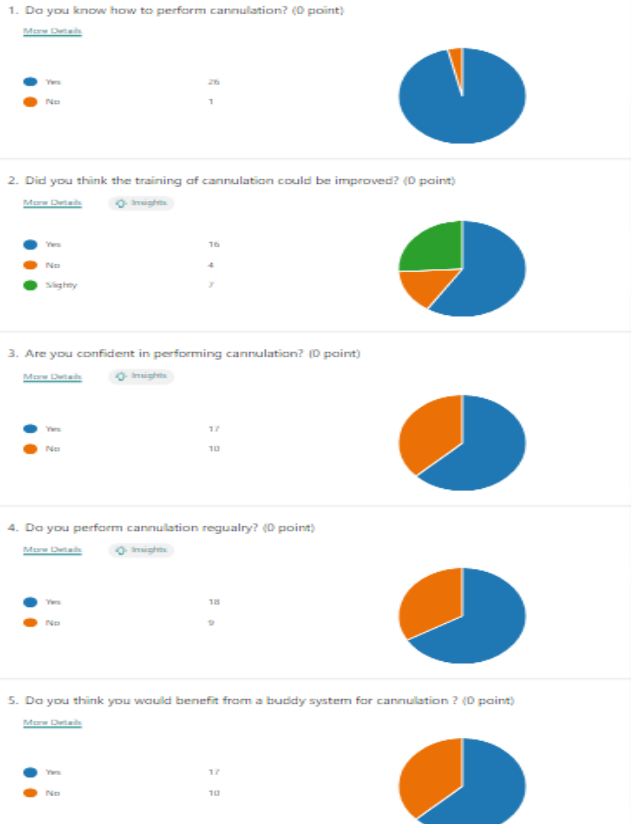
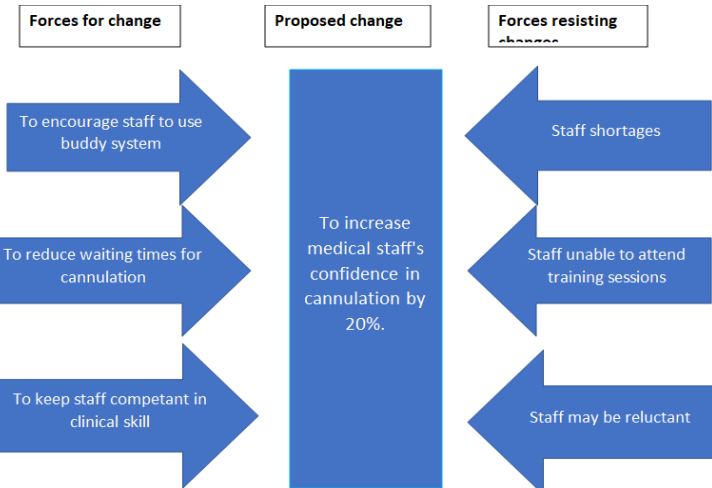
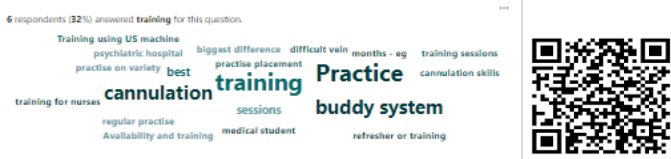
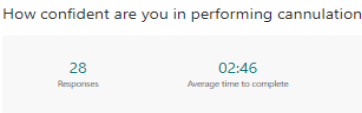
QI Project Aim:
To increase nursing staff confidence by 20% in performing cannulation through a buddy system provided by assistant practitioners by March 2024.

Stage of the QI Journey:
Testing changes



Current status:
Testing if a buddy system with staff improves their confidence in cannulation.

QI Tools – Staff Survey & Forcefield Analysis



Act
I will adapt this test .My next test will be to further widen the staff I teach but also explain my job role. I realised staff are not aware of what my purpose is in discussion with nursing staff who believe it is solely to cannulate & take bloods. I will also create new materials to advertise & help learning.

Study
The 3 staff I spent time with felt they had more confidence to use this skill and would now attempt cannulation themselves before calling me. I felt this was time well spent and will collect data around no. of requests to assess the impact this has.

Plan
Test a buddy system for nursing staff to increase their confidence in cannulation and reduce my day-to-day workload of routine cannulation. Invite 1 nursing staff member to buddy with me from Ward 6C (an area of regular high requests)

Do
When I put out the offer 3 staff came back to me asking to buddy up – I decided to support all 3 nurses and took them through training then supervised practice in cannulation

Successes – Challenges - Learning

Successes - The feedback I received from participant's was positive they felt like they benefited from the buddy system and felt like it was more of a supportive way to learn.

Challenges - It's difficult to get staff members who are willing to participate in the buddy system. Some staff see the issue however are not willing to help make a change.

Learning - In the Next PDSA cycle I will approach this differently by advertising the buddy system better (i.e making posters and putting it in staff rooms). I will also be creating a step-by-step guide on cannulation as I think visually this will help. Also perhaps approaching the newly qualified nurses may be a starting point as they might be more keen to participate.

Flash report – SIFS Cohort 3 – David Hockley, Assistant Practitioner

QI Project Team:
Microbiology dept.
7C Gastro / Renal Team.

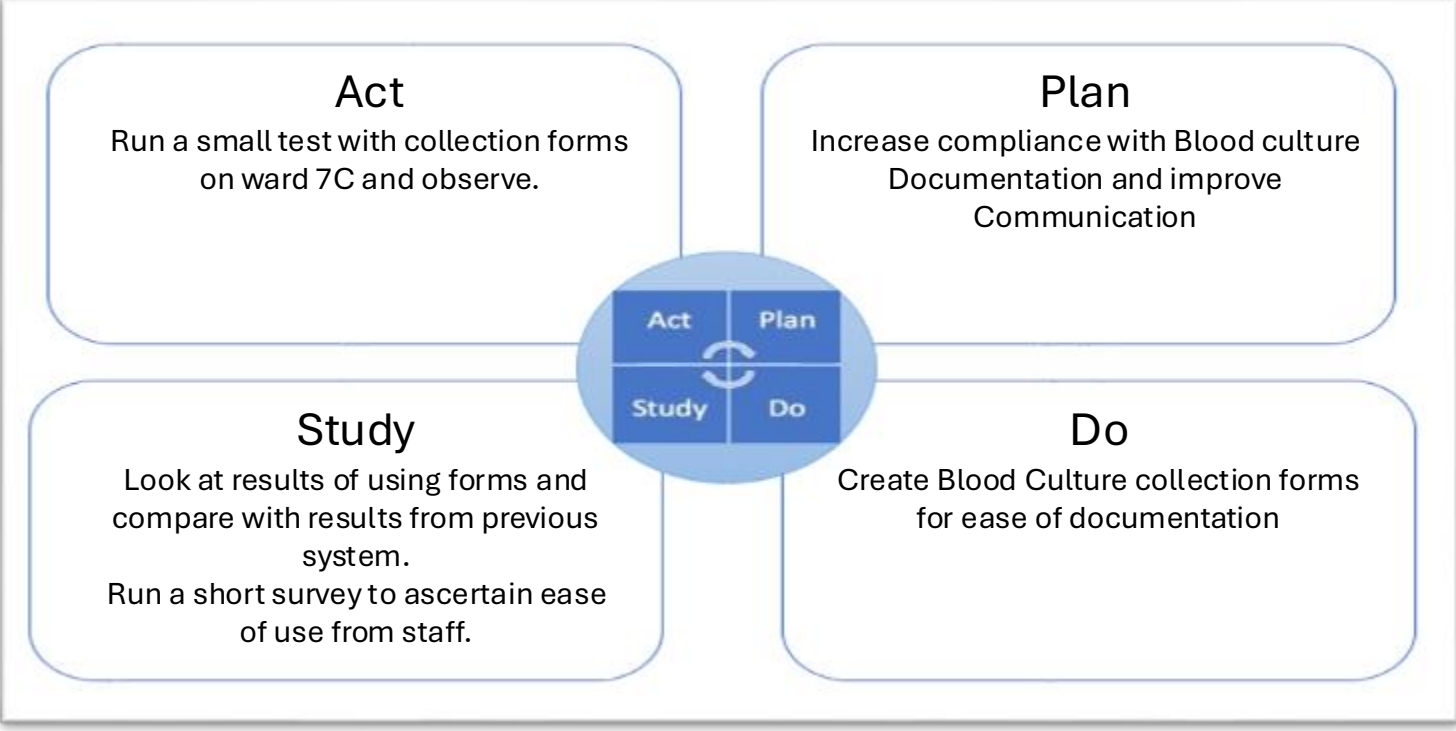
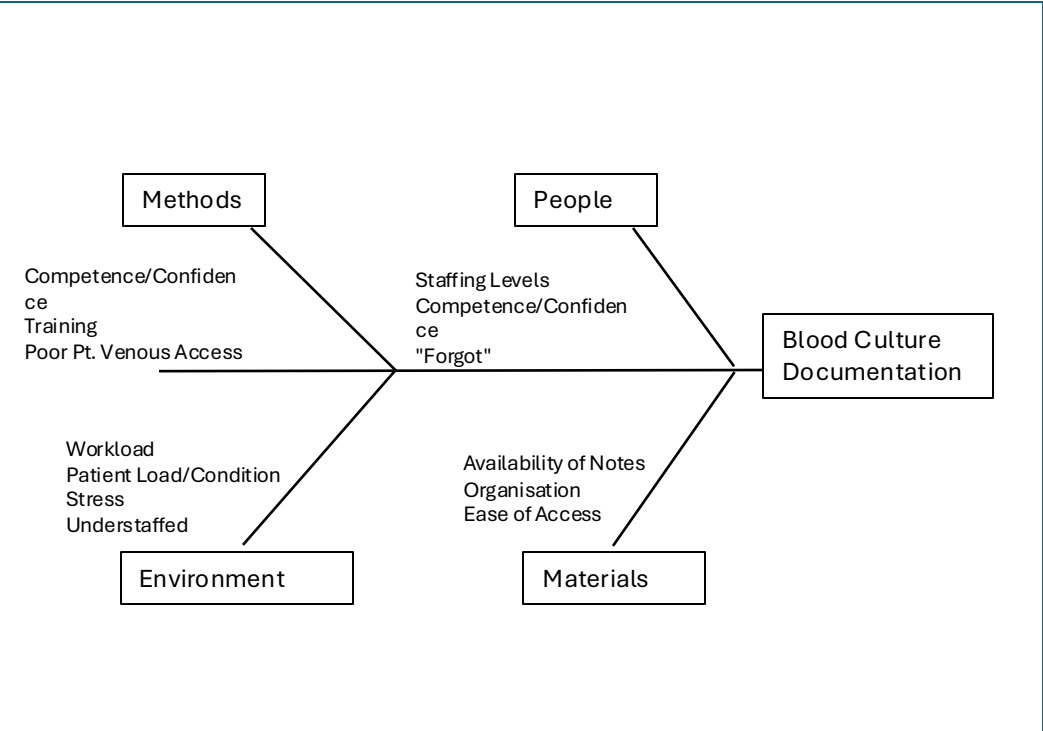
QI Project Aim:
"By March 2024, 100% of patients requiring multiple Blood Culture sampling will have appropriate documentation as per NHS Highland Peripheral Blood Culture Collection Standard Operating Procedure."

Stage of the QI Journey: 4

"Testing Changes"



Current Status:
Small trial underway on 7C, and will reassess and evaluate at the end of the trial period (10/12/23)



Area of Learning – Successes – Challenges

Communicating with the teams has proved challenging due to staffing levels and a constantly busy environment. Ensuring anonymity of the patients and working around it has also been difficult. I have compiled raw data from results reporting and notes held at ward level. While this will give a reasonable indication of correct documentation, there is scope for errors; This is mitigated in part by ensuring both datasets are from the same date range. Culture collection forms created and a short testing period of two weeks to begin soon (27/11/23).