From submarines to social care
Human Factors Bands 1 – 4 in the Community

Ann Remmers
Patient Safety Programme Director
West of England Academic Health Science Network
# hello my name is...
West of England
Academic Health Science Network
Patient Safety Collaborative: plan on a page 2016/17
Each year in the West of England...

On average 22% of patients with diabetes on insulin experienced one or more insulin prescription or management errors during their inpatient stay; we are working with our hospitals to reduce this.

Using the National Early Warning Score (NEWS) as a common language across the system will improve care for the 350,000 patients transported by ambulance to our hospitals each year.

ED Safety Checklist will be used in 200,000 major cases.

1,100 patients have an emergency laparotomy, with 85% survival rate.

Around 3,600 people develop sepsis, with only 65% survival rate.

Human Factors target 2,500 staff trained in six organisations including staff working in patient’s homes, care homes and prisons in next 12 months, plus a faculty of 45 facilitators.

Our community forum links together six community providers to share learning on safety incidents.

WE COLLABORATE FOR SAFER PATIENT CARE

www.weahsn.net
contactus@weahsn.net

Find out more...

@WEAHSN

Secondary

Home & Community

Mental Health

Emergency laparotomy collaborative implementing care bundle approach

27 GP practices in our Primary Care Collaborative

3,500 reported incidents of violence and aggression. Our two mental health trusts are collaborating with others across the South of England to reduce these as well as reducing self-harm.
Have you heard of human factors?
“Human factors are all the things that make us different from logical, completely predictable machines. In simple terms they are all those things that enhance or reduce human performance in the workplace.”

Denis Wilkins
<table>
<thead>
<tr>
<th>S</th>
<th>Situation: patient’s / client’s details - identify reason for this communication, describe your concern</th>
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<tbody>
<tr>
<td>B</td>
<td>Background: relating to the patient / client, significant history - this may include medications, investigations, treatments</td>
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<td>A</td>
<td>Assessment: your assessment of the patient / client or situation - this can include clinical impression, concerns, vital signs, early warning score</td>
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<td>R</td>
<td>Recommendations: be specific - explain what you need, make suggestions, clarify expectations, confirm actions to be taken</td>
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From submarines to social care
Building capacity to support a human factors approach to improve patient safety in the community setting
Stephen’s Story

https://youtu.be/wO4bLRljOtQ
Building capacity to support human factors in patient safety
Step by step guide to implementing SBAR

Form your team
- Ensure patient and carer involvement
- Find time to meet
- Agree roles and responsibilities

Agree your aim
- Complete project charter
- Consider target audience
- Complete training capacity plan

Agree your measures
- How will we know that a change is an improvement?
- How will we gather this data?
- What baseline data do we need?

Agree your actions
- Carry out small-scale PDSA tests of change
- Publicise sessions
- Keep track of attendees for monitoring
- Test out using supporting tools like posters, cards and stickers

Evaluate and embed
- Review and share learning from PDSA cycles
- Complete evaluation report
- Celebrate and communicate success
- Embed into working practices
### Project action plan

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<tr>
<th>Step</th>
<th>Who</th>
<th>What</th>
<th>By when</th>
<th>Completed?</th>
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<tbody>
<tr>
<td>1. Set goals</td>
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<td>Review the contents of the toolkit and supporting resources.</td>
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<td>Ensure senior management are supportive</td>
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<td>Make list of potential team members who have an interest or expertise in this area.</td>
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<td>- Project manager</td>
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<td>- Chief executive</td>
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<td>- Operations</td>
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<td>- Implementation support</td>
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<td>- Public contributors</td>
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<td>Ensure executive support is in place</td>
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<td>Contact project team members and ask them to be members of the team.</td>
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<td>Arrange first meeting with all team members to explain the aims of the project and the approach.</td>
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<td>Agree roles and responsibilities at first meeting.</td>
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<td>Arrange ongoing meetings as required to maintain momentum (e.g. once a fortnight) and around once every 4 weeks.</td>
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<td>Send schedule of meeting dates to [email protected]</td>
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<td>Agree the standard team meeting agenda.</td>
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<td>Set up shared file location on [email protected] or shared drive so that all project members have access to relevant documents</td>
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<td>Identify who will attend the Human Factors Steering Group meetings with other providers, send correct details to [email protected]</td>
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<td>Identify any training needs for implementation team in quality improvement or Human Factors – support available via [email protected]</td>
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<td>Consider target audience for training</td>
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### 2. Agree your aims

- Complete project charter
- Complete training capacity plans
- Complete project team terms of reference (if required)
- Identify facilitators for training (Barriers – A, Emp. Build, Barriers map)
- Book facilitators onto train the trainer (sessions 14 and 18 February, 24 March)
- https://weathers.org.uk/ [access code provided by instructor]
- Start skills and issue logs; review at each team meeting
- Start team action log, update at the end of each team meeting
- Send out agenda action notes before and after each meeting
- Submit training capacity plan and [email protected] by end of March 2016

### 3. Agree your measures

- Start measurement plan; identify any HIMA tests to be carried out in regards to measurement
- Agree who will submit monthly monitoring reports to [email protected]; these need to be submitted by the last working day of each month.
- Identify any baseline data to be collected
- Name of project lead

Record the team details and meeting/communication schedule. Should be weekly or fortnightly, for 30-60 minutes, with all team members present.
Case study 2 – Bert Smith

Bert Smith is a 66 year old gentleman who lives in a supported living complex. He lives alone and maintains his independence with the help of support workers who visit three times a day.

Bert is usually very chatty when the support worker visits, however during the last two visits she has noticed he is a little confused when she talks to him.

Bert walks with a wheeled Zimmer frame and when the support worker helps him to mobile from the bedroom to the sitting area his movement is not as good as usual and he is shuffling rather than walking. She also notes a cut on his leg which he says he knocked on the coffee table. The area around the cut is hot to touch. The blood has dried but the wound looks inflamed and painful.

Bert says he does not want any breakfast prepared for him as he is not hungry and the support worker notices that yesterday’s tea time sandwich and cup of tea are where she left them. When chatting to Bert the support worker suggests a cup of tea and Bert says he only wants a small cup as he has to keep going to the toilet and cannot always get there in time.

Using SEAR:

S. What would you report about Bert’s condition?

B. What will you communicate about Bert’s history?

A. What observations will you report, including clinical vital signs?

R. What will you communicate in your suggestions and recommendations?
Guide to Quality Improvement
435 staff trained in pilot 2015
42 facilitators trained February – April 2017
2,500 staff (Bands 1 – 4) to be trained by April 2017
251 staff trained to date (May 2016)
communication

patients
daily
clearer
zones
protection
emotions
verbal
information
helped
data
behavior
situations
contact
learned
skills
correctly
professionals
body-language
children

confidentiality
language
handover
effectively
comfort
people
receiving
emotions
personal
respond
role-model
faces
tone
show
levels
voice

SBAR
human
importance
staff
mistakes
mindful
obsessive
influence
confidence
think
clients
everything
recording
always
methods
positive
non-verbal
aspects
different
factors

SBAR
language (health/ social care/ community)
collecting baseline data and demonstrating impact
embedding into existing structures
Thank you – questions welcome…
Connect with

Toolkit at www.weahsn.net under Patient Safety

@weahsn

LinkedIn