PHT Scale Up project

Sara Blakeley
Nicky Sayer
How we first started

Portsmouth Hospitals NHS Team

- Executive Sponsor
- Resuscitation Manager
- H@N Nurse Consultant
- Critical Care Consultant
- Critical Care Outreach Senior Sister
- ACPs
- Junior Doctor representatives
- ALERT Educator
- Practice Educators
- Resuscitation Officers
- Data analyst/IT

The (Physically) Deteriorating Patient Breakthrough Series Collaborative (2016/17)

Wessex Patient Safety Collaborative used the Institute for Healthcare Improvement’s Breakthrough Series (BTS) methodology to support teams working to improve the care of physically deteriorating patients.

What did the Deteriorating Patient Collaborative look like?

- 160+ “away team” delegates...
- representing many others in “home teams”...
- formed 20 teams from 15 organisations...
- at 4 Learning Events from Sept 2016 to May 2017
Our vision: The ideal model for a deteriorating patient

- Focussed assessment & initial management plan
- Senior review
- On going management plan + escalation plan:
  - Critical Care/high care area
  - Specific intervention (e.g. OR)
  - Ward based therapy
  - APOC
  - DNACPR consideration
  - Communication and documentation of above
When your patient is deteriorating, it’s

**Time To**

**Assessment**

**Contact**

**Treatment**

The deteriorating patient pro forma should be used to **document** the focused clinical assessment, **TREATMENT** plan, senior review and **escalation plan**. It is filed in the medical notes.

**STOP THE RED CLOCKS**

**Appropriate & timely ASSESSMENT** of vital signs

**CONTACT** should be made with the appropriate clinician if the patient deteriorates (elevated NEWS or other cause for concern)
Would we like to be part of Scale up 4 Safety ........

Partners will bring:

- A tested innovation
- Organisational support for scale up
- Agreement to test the template

Wessex PSC will bring:

- The Scale Up template being tested
- Dedicated resource to support the partner scale up team

Wessex Patient Safety Collaborative
Connecting and sharing across Wessex to improve patient safety
Process 1: Organisational Planning
Our first meeting (Oct 2017).....

- Define aim
  - To focus on the roll out of the deteriorating patient pro forma

- Identify target population
  - All adult in-patient ward areas, excluding ICU, modify later for paeds/maternity

- Identify stakeholders
  - Senior nurses, senior medical team, educators

- Identify first scale up unit
  - Respiratory wards

- Identify early adopters/keen individuals, go first where the will is, identify patient champions
Cycle 1A: Division of wards into ward areas and then grouped into first, middle and last
Cycle 1B: Modification of order based on lessons learnt from introduction into first units (senior ward staff availability)
Cycle 1C: Further modification of order based on feedback from other ward areas (‘pull’ from wards)
Cycle 1D: Experience gained from launches on earlier wards enabled ‘catch up’ time to be built in
Process 2: Benefits and Challenges 2nd meeting (Nov 2018)

• Benefits identified
  • Recognition of deterioration, better documentation, improved patient safety
  • Improve staff/patient experience
  • Involve staff and provide positive feedback (revalidation)

• Risks
  • Over escalation of respiratory patients using NEWS 5
  • Form won’t be used

• Enablers
  • Identify ward champions (medical and nursing)

• Blockers
  • High baseline NEWS in resp patients, ‘not another form’, ‘we don’t have time’

• Staff Challenges
  • Turn over of staff
  • Winter pressures/flu
Process 3: Data, intelligence and champions

- Pre data collection
  - Current situation
  - Patient stories
  - Examples of good practice
  - Baseline data

- Post data collection

- Champions
  - Data collectors (junior doctors working on respiratory ward)
  - IT support
Process Change PDSA: Data Collection

**Cycle 1A:** Development of data collection form and identification of junior medical staff to collect data pre and then post introduction of pro forma.

**Cycle 1B:** Data collection form modified after first scale up unit experience.

**Cycle 1C:** Development of electronic survey/database.

**Cycle 1D:** Return to ‘paper’ data collection due to limitations in database and number of different data collectors at different stages of data collection.

**Cycle 1E:** ‘Quality control’ with one operator checking all data and entering electronically.
Process 4: Contact with Unit Leaders and prepare for scale up

- E mail (less effective) and F2F meetings (coffee and a chat – more effective)
- 1st scale up unit meeting with ward managers ended up being one week before the launch!
- Posters, credit cards prompts, pro forma's left to aid dissemination
- Pens requested
- Feedback given regarding space for documenting escalation
- Briefing document with FAQ’s
Process Change PDSA: Scale Up Unit preparation and roll out

Cycle A: Meet Matron, CD, Ward Leaders and email ward staff and Junior Dr’s in 1-2 week period prior to launch

Cycle B: Cycle 1B: Held 1st prep meeting 2-3 week period prior to launch and added in face to face walkabouts for ward staff

Cycle C: Cycle 1C: Added in Ward Clerks and Practice Educators and 1st prep meeting at least 3-4 weeks before launch

Cycle D: Divided project team into Preparation, Roll Out and Sustain Teams
Process 5: Connect with staff and prepare for scale up

- Project team presence daily
- Pens!
- Teaching Boards
- Ward Meetings
- Champions – FY1’s
- Feedback on pro forma….
Cycle 1A: Deteriorating patient pro forma designed and circulated to senior clinicians within the Trust for comments (a number of PDSA cycles)

Cycle 1B: Modifications made based on feedback, pro forma tested by team members in clinical practice

Cycle 1C: Further modifications made and final formatting changes made

Cycle 1D: Final modification made based on launch on first scale up unit
Process 6: Unit level environmental preparation

- Ward Clerks key
- Practice Development Teams
- Uniform storage a challenge but worth persevering
- Project team presence daily
Process 7: Plan for evaluation

- No. You Acted In Time emails
- No. Staff Excellence Reports
Process 8: Communication

- Facebook
- The Link
- Team Meetings
- Team Brief
- Incident panel action plans
- CEO, Chief Nurse and Executive Team
- Senior Management Teams
- Educators
Process 9: Momentum

The Sustain Team……..

• Weekly visits from Critical Care Outreach and ALERT Educator for two weeks then two weekly for one month then…..

• Monthly ward visits from the areas Link Resuscitation Officer

• You ACT’ed in Time emails and staff excellence reports continued to be used to celebrate successes

• Presentation of data to units
Process 10: Continual learning and sharing

• Feedback from staff members

• Able to pick up organisational problems - good engagement with executives

• Have helped unblock some long standing challenges

• Standard Time to ACT slides developed for all teaching sessions

• Feedback reports to ward areas
Process 11: Embed

• Right people involved with ward staff owning the intervention

• Business as usual

• Reinforcement in action plans from incident investigations and Mortality Review Panels

• Ongoing support and visibility from project team needed
Process 12: Repeat the customisation cycle to move to full spread

- Planned to move to different scale up unit every 2 weeks which did change

- Preparation, Roll Out and Sustain process refined and repeated for each unit with modifications for specific scale up unit challenges

- Roll out completed 1st July 2018
Contact details

Tracy Broom
tracy.broom@wessexahsn.net
@tracypsc

Dr Sara Blakeley
sara.blakeley@porthosp.nhs.uk
@sarablakeley

Nicky Sayer
nicola.sayer@porthosp.nhs.uk