

What is the aim of your project?

Improve patients experience of taking prescribed medication
by 50% by June 2015 through collaborative working with patients in decision making and
discussions about side effects

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Engage patients in assessment of side effects from prescribed medication

- 1. Review GASS scores every month & 2 weeks after significant change in medication
- 2. 1-1s with nurses, SHO and pharmacist to include side effects discussions
- 3. Routine discussions of side effects at ward rounds and , CPA

Routine use of the GASS Scale

- 1. Baseline GASS scores for all patients
- 2. Review GASS scores every month & 2 weeks after significant change in medication
- 3. Team to measure for any improvements in the feedback from patients in terms of how they are being engaged in discussing side effects

Review medication and HDAT monitoring

- 1. Pharmacist, SHO & nurse to routinely monitor HDAT
- 2. Agenda item at the ward round with clear action plans documented
- 3. Patients to be given medication information leaflets

Routine pharmacist engagement

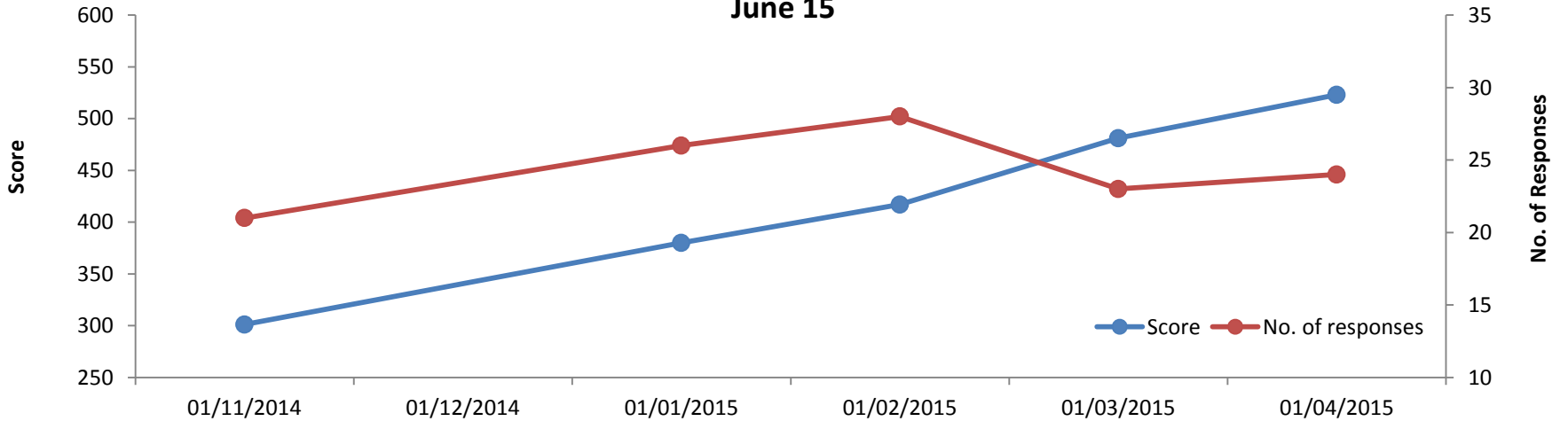
- 1. Pharmacist to run a clinic on the ward to discuss patients concerns and findings from the GASS scale
- 2. Pharmacist to document in patients RIO notes discussions and recommendations

MDT process

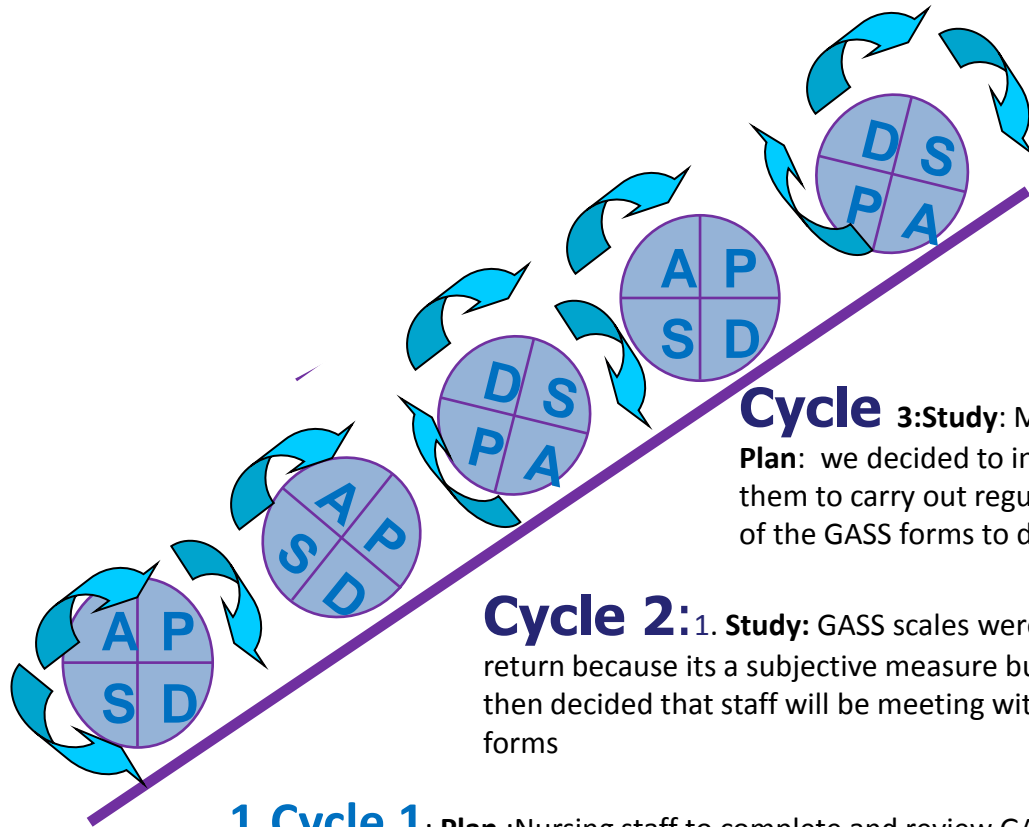
- 1. Improving patient and carer experience
- 2. Address patients concerns regarding compliance about side effects, if unable to alter things a clear rationale to be given and documentation to be made
- 3. Leaflet on potential side effects from medication

What are you currently testing?

Improving patients compliance and experience of taking prescribed medication by 50% by June 15



PDSA's – for GASS



Cycle 5:

Cycle 4: **Study:** Patients reported that they could benefit from having more information, therefore we decided that the SHO and pharmacist should give the information leaflet about medication to the patient is on.

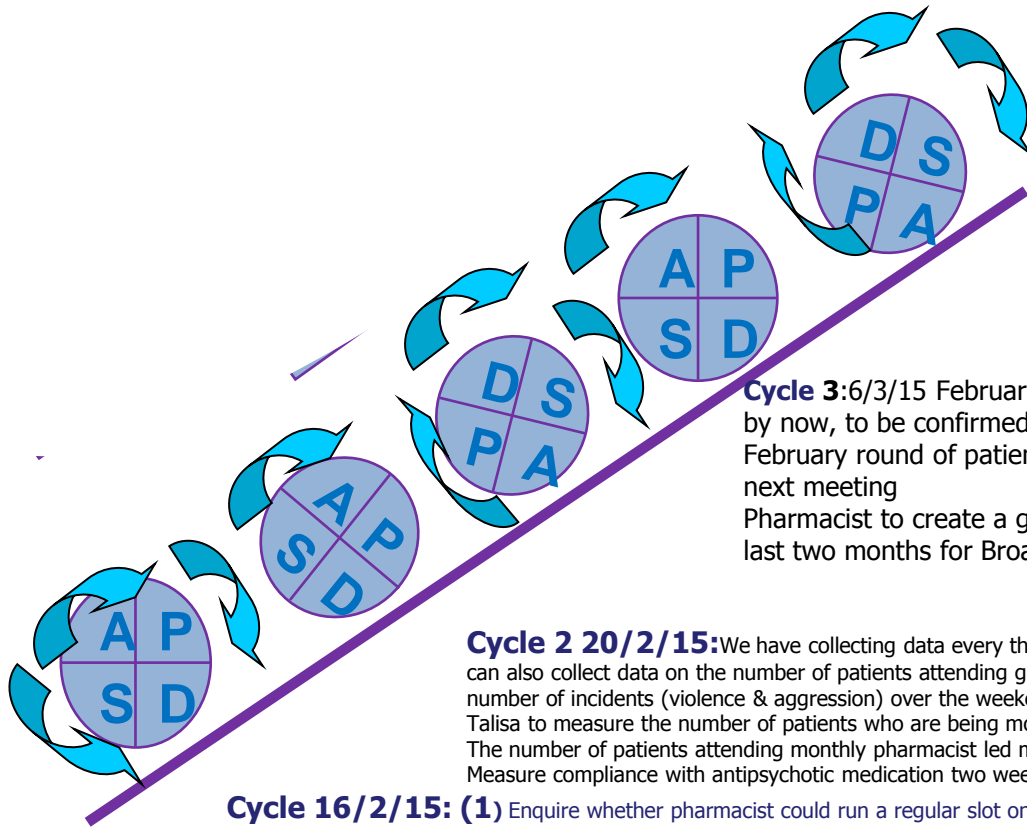
Cycle 3: **Study:** MDT input was minimal therefore
Plan: we decided to involve the SHO and the pharmacist more for them to carry out regular meetings with patients after the completion of the GASS forms to discuss findings

Cycle 2: **Study:** GASS scales were being given to the patients to complete and return because its a subjective measure but most of the patients were losing them. **Plan:** We then decided that staff will be meeting with patients in 1-1 meetings to complete the GASS forms

1. Cycle 1: **Plan:** Nursing staff to complete and review GASS scores every two months & 2 weeks after significant change in medication

2. **What & When:** 1-1s with nurses, SHO and pharmacist to include side effects discussions
3. Routine discussions of side effects at ward rounds and , CPA

GASS



Cycle 5:

Cycle 13/3/15 All monthly GASS reviews to be attached to the INCP
No need to upload GASS reviews on RIO but a summary should be pu
notes
Continue with monthly HDAT monitoring
Feedback questionnaires for February to be submitted latest today 13

Cycle 3:6/3/15 February round of GASS completion should have been done
by now, to be confirmed at the next meeting
February round of patient feedback questionnaires to be completed ready for
next meeting
Pharmacist to create a graph to plot the HDAT monitoring compliance for the
last two months for Broadgate & Ludgate

Cycle 2 20/2/15: We have collecting data every three months but we need to increase the frequency to monthly. We
can also collect data on the number of patients attending groups each weekend and create a run chart on that Measure the
number of incidents (violence & aggression) over the weekend on a weekly basis.
Talisa to measure the number of patients who are being monitored on HDAT on a monthly basis
The number of patients attending monthly pharmacist led medication group
Measure compliance with antipsychotic medication two weekly

Cycle 16/2/15: (1) Enquire whether pharmacist could run a regular slot on the ward to meet with patients and HDAT monitoring
information per ward from the pharmacist / Weekly HDAT therapy monitoring by SHO/pharmacist
(2) Monthly GASS completion form to be on both wards for staff to complete as and when GASS is completed
(3) Measuring to be frequent and data to be analysed. Measurement questionnaires to be completed by the 28th of each month

Data

What is the process measure?

- Patient satisfaction with how staff are engaging them in discussion about side effects measured through feedback questionnaires
- We have also started measuring the number of completed GASS scales – data still to being collected
- We are now collecting feedback data using tablets because they are more user friendly

Who is collecting?

Broadgate and Ludgate QI fellows

How is this fed back?

PDSA weekly meetings

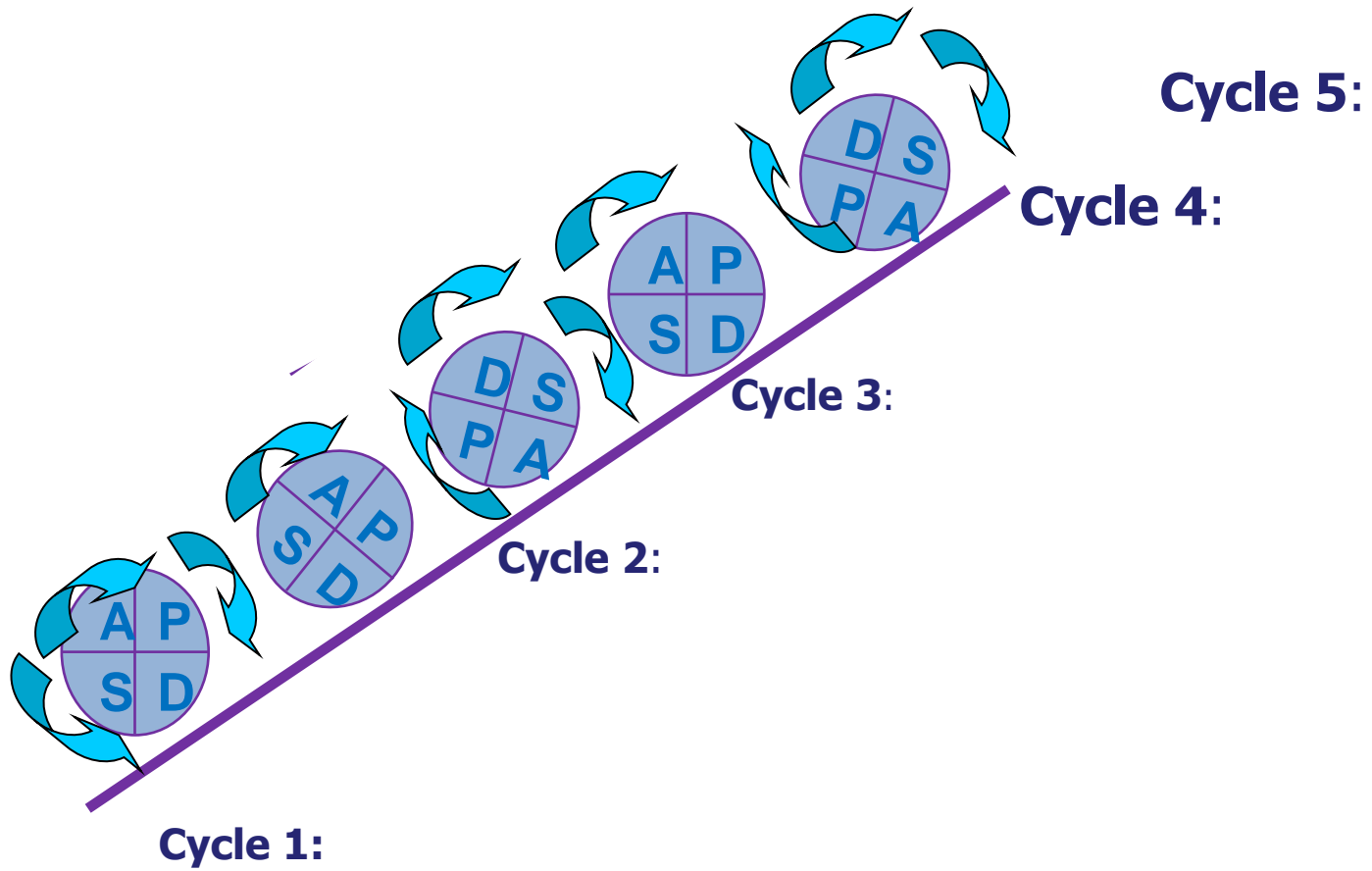
Patients community meetings

Team Away Days

Monthly forensic QI forum

What is working well in the project?

- Better stakeholder engagement i.e. patients and MDT
- Regular weekly PDSA meetings taking place
- Measurement has started, other areas of measurement coming up e.g. HDAT monitoring compliance (two months data so far produced) this data being shared with in community meetings
- Documentation of interventions improved to evidence what we are doing (e.g. side effects leaflets)
- Other measurement trends started e.g. number of GASS forms being completed per month
- Areas on improvement being highlighted
- Feedback Questionnaires demonstrating a rise in satisfaction levels but a run chart will demonstrate this once we have more data points



What challenges are you facing?

Project not probably progressing at the rate expected by other stakeholders