

# A Training Programme to Reduce the Frequency, Severity and Impact of Serious Incidents

Project lead: Dr Nick Bass

Project team: Dr Iris Gibson, Dr Helen Bruce, Ms Caroline McBride, Mr Alex Obamwonyi, Mr Paul McLaughlin, Dr Rhodri David

Project sponsor: Dr Kevin Cleary

# Background

Iatrogenic harm is a significant cause of mortality, morbidity and disability in complex and advanced health systems such as the UK

The causes of harm from SIs are generally different from other causes of harm and are theoretically preventable – but usually require more effective attention to Human (behavioural and cognitive) factors and communication rather than to technical skills.

## Project aim

An improvement in the situational awareness of staff working within teams regarding the technical and human factors and communication issues which can lead to SIs

Impact on trends of reported SIs – frequency and severity

Using QI to drive sustainability of the programme

**Aim:**

Post graduate education faculty MDT SUI simulation training project

To Increase number of staff involved in PGME MDT SUI simulation training

**Primary Drivers**

Motivation of staff

Availability of nursing staff as trainers

Availability of nursing staff as delegates

Access to training

Availability of doctors as delegates and as trainers

Resources

**Secondary Drivers**

Appreciation of the importance of SUI training

Awareness of training

Existing demands on time

Existing training / education for nursing staff

Existence of protected time for different bands

Location

Timing

Existing PGME for doctors

Demands on senior doctors' time

Limited time and resources within PGME

**Change Ideas**

**Involve patients and carers in preparing relevant scenarios**

**Advertising of programme**

**Local champions**

**Focus group with cohort of trained nursing staff – to identify barriers to involvement**

**Gather intelligence on existing training for nurses / protected time**

**Locate training at local centres**

**Adjust dates of training**

**Schedule dates well in advance**

**Schedule dates to suit existing PGME programme**

**Recruit SpR to co-ordinate dates for programme, advertising and staffing**

# PDSA cycles

- **Method for addressing SI harm impact**
- • Interprofessional training – frontline staff (doctors in training, nurses/nursing students, Allied Health Professionals)
- • Simulation method – experiential, immersive with facilitated de-briefing
- • Complex and entire scenario rather than selected details
- • Models based on actual and high priority events (identifiable info changed)
- • Staff enact/respond/react in real-time to base-line scenario
- • Background detail given to delegates and observers
- • Actors given full advance briefing on background and how to respond to staff
- • Staff given roles to play with sufficient case background
- • Behaviour is then ‘real’ and only guided by background information and character roles – outcomes are variable and not pre-determined
- • Facilitated de-briefing at least 50% of total training time – covers technical and human factors and also individual and group dynamics

# Data

- Attendance
- Feedback (at time of training)
- Feedback (1 year after training)
- Local line manager feedback on individual/team behaviour 1 year after training
- Any changes in SI rates and impact 1 year after training

# Learning

- Preparation time is significant and requires motivation and commitment from faculty
- Embedding training in Trust programmes requires senior management commitment and possibly cultural change as this is a key organisational commitment
- The benefits may be far more intangible than measurable over the short to medium term
- It remains to be seen whether significant and sustainable direct positive impacts can be made on SI rates but the indirect benefits to staff may positively impact on patient care in less predictable ways.
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# What next?

- Use PDSA approach to increase delegate attendance across Trust
- Continue to improve attendance short term
- Evaluate behaviour change in teams over medium term
- Evaluate SI rate over long term