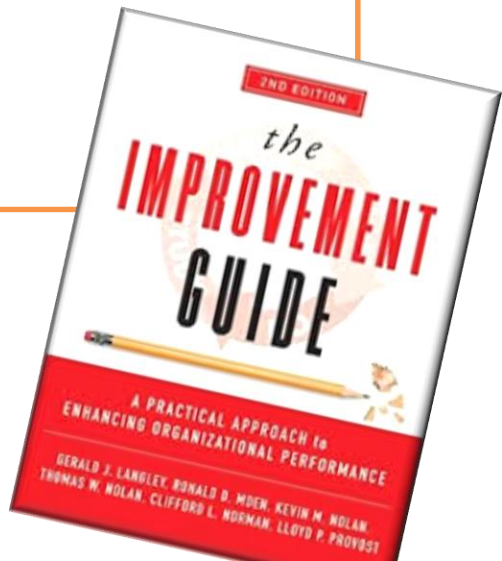
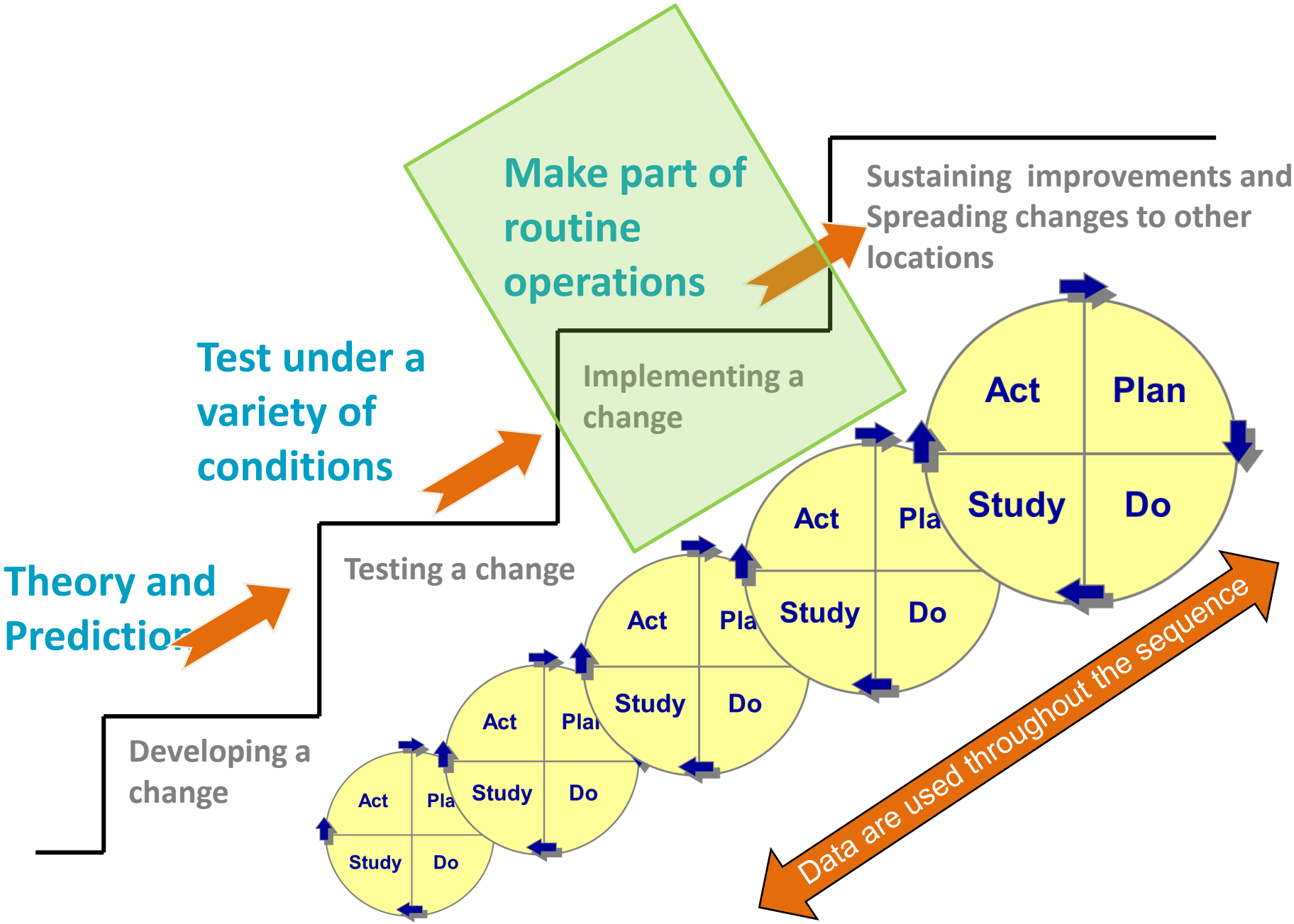
Ensuring we hold the gains of improvement work through effective management of implementation

Improvement Guide Chapter 8 Model and examples from the Tower Hamlets Violence Reduction Collaborative



The Sequence of Improvement



Testing vs. Implementation

- **Testing** – Trying and adapting existing knowledge on small scale. Learning what works in your system.

- **Implementation** – Making this change a part of the day-to-day operation of the system

Key test of how embedded your changes are: How confident are you the change would persist even if you/your leads were away for a month?

How to implement effectively? (Improvement Guide, Ch 8)

1. Standardisation…

Method of establishing specific recognized policies and practices that act as a model or guidelines for a process

2. Documentation… of new procedures, integrated into systems

Including a system for **keeping it fresh and reflective of new knowledge**; active process, assigned roles and responsibilities

3. Having a means of knowing whether level of performance is maintained: **measurement** over time & data shared with teams

4. Staff education/ training / induction / support (supervision, away days, etc) : think current team members and new team members, including whole MDT

5. Effectively manage **resource implications**

6. The social dimension of change; supporting the continued engagement and collective leadership of this work

Standardisation & documentation

Change Idea: Tower Hamlets Centre for Mental Health

Leading Safety Discussions in Ward Community Meetings

The ethos of the Safety Discussion is to emphasise and demonstrate in a v… way that safety involves everyone on the ward and that learning from incidents is a partn… patients (and friends and family of patients too).

In Tower Hamlets we usually use the following format:

1) Start with a general discussion about the ward: morale, atmosphere… differently?

2) Looking at the safety cross (see Change Idea: … Reduction) and summarising any safe… way, e.g. 'On Wednesday the…

3) Inviting …

Change Idea: The Tower Hamlets Safety Cross for Violence Reduction

Safety Crosses (see example Figure 1) are used to record patient safety incidents in m… care such as pressure ulcers, falls, and medication errors. Safety Crosses have a… however in Tower Hamlets, ward teams have found that their core function is to:

- Provide a focus point for staff and the broader ward community, including… and other ward staff, on the shared priority of reducing violence and develo…
- Develop a culture of openness and transparency around violence as an issue, for everyone living, working and visiting the ward (see Change Idea – Leading Safety Discussions in Ward Community Meetings, for another idea which supports this).

Safety Crosses achieve this through providing real time visible incidence data, which can be easily understood by lots of different people. This data is linked to our improvement aim of reducing violence on our wards.

How to do it? – Monthly Safety Cross (for general admissions wards)

- Use the Safety Cross to record all safety incidents which happen on t…
- The basic format for most General Adult Wards is the monthly fo… on a PICU or have higher levels of safety incidents (i.e. … consider the alternative daily option described an… ident, record this as soon as possible on the… you have had an incident of phys… had any other… ession, …

Change Idea: The Brøset Violence Checklist (BVC) ©

- The Brøset Violence Checklist is a validated tool which predicts if someone is going to be violent in the next 24 hours. It takes only 1-2 minutes to administer.
- The BVC links with Safety Huddles (See Change Idea: The Tower Hamlets Safety Huddle) in that it can be an outcome/action of Safety Huddles to do a BVC if the ward team identifies a concern that someone's risk level has increased.
- Staff find using the tool really helpful as it enables a shared experience and understanding of risk.

How to use the tool (from The BVC: "Interpretation and Operationalisation")

- Use the BVC for the first 7 days of an admission (using the about overall), scoring the patient at agreed time on every shift, and if you develop concerns that someone's risk l… has increased.
- Absence of behaviour gives a score of 0. Presence of behaviour gives a score of 1. M… score (SUM) is 8. If behaviour is normal for a well-known client, only an increase in… behaviour scores 1, e.g. if a well know client normally is confused (has been so for… time) this will give a score of 0. If an increase in confusion is observed this gives… if behaviour is normal for a well-known client, only an increase in behaviour sc… will know client normally is confused (has been so for a long time) this will g… if an increase in confusion is observed this gives a score of 1.

Interpretation of scoring:	
Score = 0	The risk of violence is small
Score = 1-2	The risk of violence is moderate. Preventive measures should b…
Score > 2	The risk of violence is very high. Preventive measures should… In addition, a plan should be developed to manage the pa…

Operationalisation of behaviours/items:

Confused	Appears obviously confused and disorientated. May b…
	…ly annoyed or angered. Unable to tolerate the pa…

Change Idea: The Tower Hamlets Safety Huddle

The aim of the safety huddle has historically been to identify and then mitigate risks in patient safety.

The huddle is a form of meeting that focuses the attention of the participants towards the main themes of patient safety in our organisation.

These are:

- Violence and aggression and self-harm and the detection/identification of the early signs/indicators of this
- Physical health and the detection/identification of the early signs of illness or deterioration
- Staffing and staff availability to meet the needs of patients
- Bed availability and any issues related to patient flow in the system (needing transfer to PICU, for example).

The new safety huddle is intended to take this further and to consider prediction in order to prevent safety incidents occurring.

This approach is different in that it requires the participants to think ahead and based on their knowledge of the patients in their care, predict concerns and then develop preventative strategies or strategies to avoid or minimise harm.

How to:

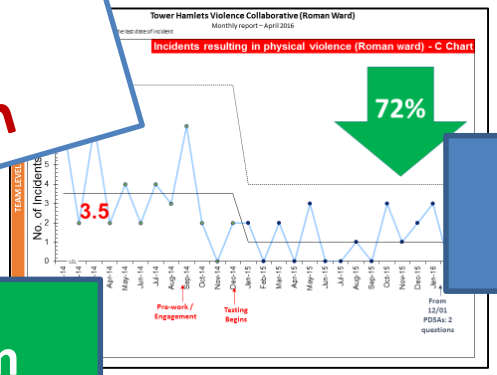
1) As many staff as is practicable attend the huddle
2) The huddle meets for no longer than 15 minutes
3) Everybody stands
4) The facilitator asks only 2 main questions of the allocated nurses/staff (remember ask the question!):
   a) Are you safe? This means: are you concerned about any of the patients that you are looking after? Are there warning signs or is it likely that they will be violent/ill/cause emotional/psychological harm? Do you have any plans or strategies to mitigate or prevent these things occurring? What do you need?
   b) Which of your patients will not be satisfied with their care today? This means: Will someone get bad news, be refused leave, given a diagnosis, change of medicines, no visits etc. do you have plans or strategies to mitigate or work these issues through with them?
5) The discussion is necessarily short. If plans need to be formed this happens outside of the huddle.
6) A team member other than the facilitator notes actions and at the end of the meeting teaches back to the group of staff what they are going to do (very briefly but clearly).
7) Wards find a Safety Huddle diary is helpful to record actions, so these can be reviewed by subsequent shifts.

Remember: The outcome of the huddle is as important as the process – this is not another handover meeting. It is about prioritising work but including everybody.

Change idea summaries developed by Tower Hamlets Violence Reduction Collaborative and saved in ward folders

Roman Ward Away Day Model (04/05/2016)

Engaging the team
+ standardisation
& documentation



Step 1: Share quantitative data with team

Step 2: Give the team a chance to reflect on the change ideas
What things do you do now that you didn't do before you started this work?

Step 3: Getting the team to describe how to do the new change ideas & why they are valuable.
Everyone contributes to all ideas by circulating to all flipcharts.

Slides 7-9 describe an away day session to engage team in work and review change ideas with team and develop ward specific versions

Circulate and add your thoughts!

(3 mins at each flipchart)

Small Group Work

You have a new student nurse on the ward…

1. How would you explain how to do this idea to them in 2 minutes? What are the key steps? What is important?

2. How would you explain the value and impact of this idea on the ward? How has it changed things?

(10 mins)

Roman Ward Away Day (04/05)

Output from this exercise (described on previous slide)

SAFETY HUDDLES

1) HOW TO

- ARE THEY SAFE? (RISKS, SAFETY…)
- ARE THEY HAPPY?
- 4 TIMES / DAY (9am 1pm – 5pm – 10pm) IN A MDT SETTING
- IT IS BRIEF (< 10')
- TO BE RECORDED IN THE HUDDLES BOOK
- IF NOT SAFE / NOT HAPPY → AN ACTION PLAN WILL BE IMMEDIATELY PUT IN PLACE

Theoretically any time a) day – don't think happen!

THE well being of staff included in Safety / Happy huddle

AM + PM – Night

Everyone (staff) comes.

Can be chaired by coordinator, or hand over own pts.

SAFETY HUDDLES

2) VALUE & IMPACT ON ROMAN

- TO BE ABLE TO ANTICIPATE PROBLEMS / ISSUES
- PUTS EVERYBODY (STAFF) ON THE SAME AGENDA
- IT PUTS PATIENTS 'AT THE CENTRE'
- BUILDS TRUST AMONG PATIENTS AND STAFF AND BETWEEN PATIENTS AND STAFF
- VIOLENCE REDUCTION
- Prediction and Plan how to manage the situation (Previous…)

Follow-up: Write these up to document how these ideas work on Roman Ward

Roman Ward Away Day (04/05)

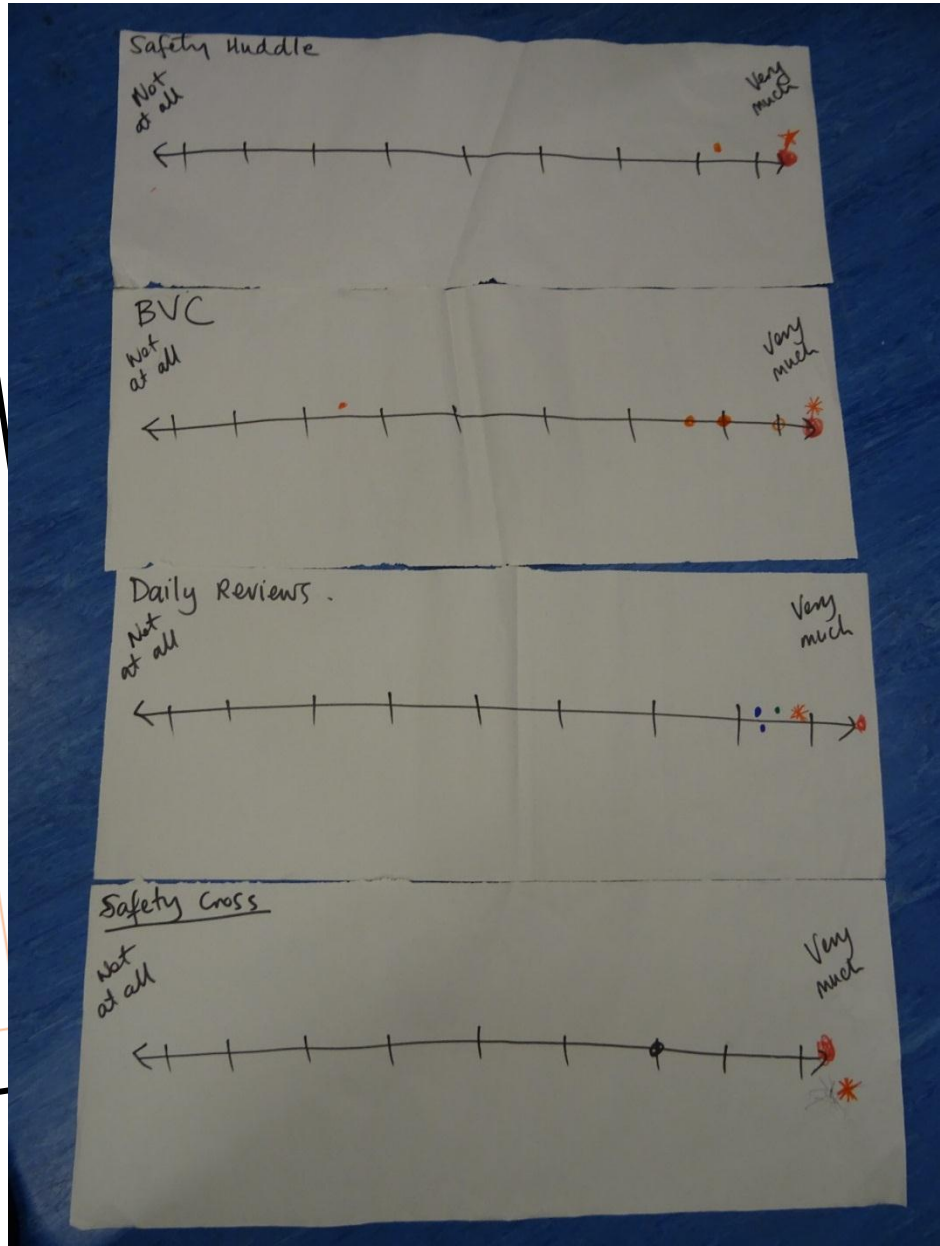
Step 4: Reflecting on extent to which these are fully embedded on the ward – "litmus test" question (below) so people can relate to this & and simple scales on paper (right).

Helps leads to know which ideas might need a bit more energy

Question…

To what extent do you think these ideas are fully embedded on the ward?

Test: If ward leads weren't there for 3 weeks, to what extent are you sure they would continue?



Awards & recognition

From: Walrond Clayton
Sent: 04 May 2016 19:51
To: Wright Timothy
Cc: _TH Lea Ward; Taylor-Watt Jen
Subject: Safety Huddle Champion April 2016

Hi Tim

Congratulations, you have been nominated by your peers as the April 2016 Safety Huddle Champion. Some of the comments on your nominations were 'Tim has really good contributions for the what works', 'Inspiring', 'very proactive in planning and following through'.

Keep up the good work and the excellent role modelling to the rest of the team.

Shabs will decide on your gift when you are next in, perhaps some chicken might do.

Well done.

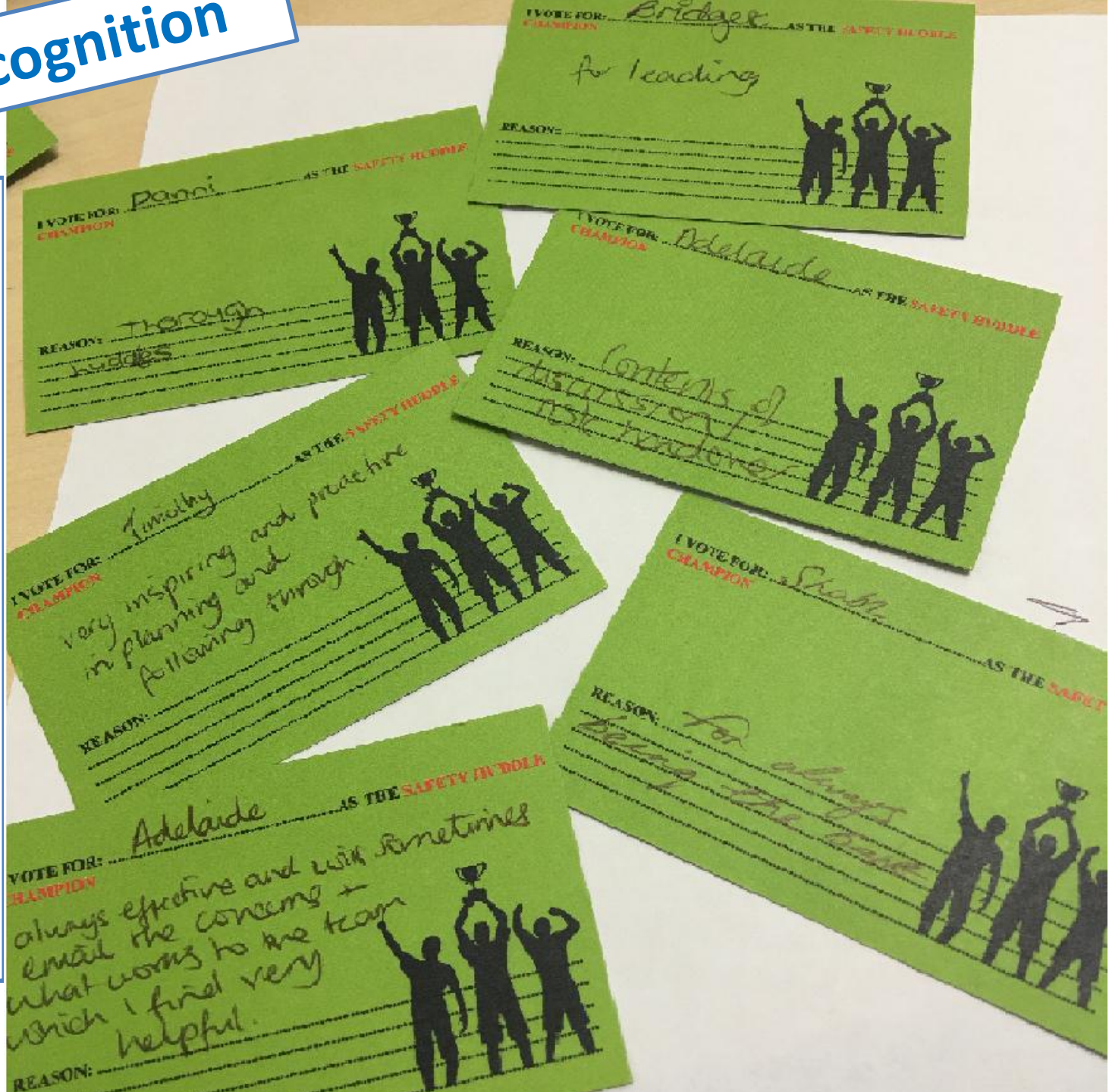
Regards

Clayton Walrond
Modern Matron
Lea Ward|Tower Hamlets Centre for M

Lea Ward's Safety Huddle Champion!

Awards & recognition

All nominations for Safety Huddle Champion are displayed on Lea Ward and Shabz also sends out emails to team with positive feedback



Awards & recognition

Wonderful time with Roman Ward reflecting on their sustained 72% reduction in violence & how we hold gains @ELFT_QI

04/05/2016, 12:01

Anne Weber
@AnneWeberPS

Impressed by your results @ELFT_QI!

> **Jen** @JenTaylorWatt
> 
> Wonderful time with Roman Ward reflecting on their sustained 72...

Tweet

Jen
@JenTaylorWatt

Congrats to Tim Wright, "inspiring", "proactive" nurse and Lea Ward's 1st Safety Huddle Champion nominated by team!

Reply to Jen

Home Notifications Moments Messages Me

In reply to Jen

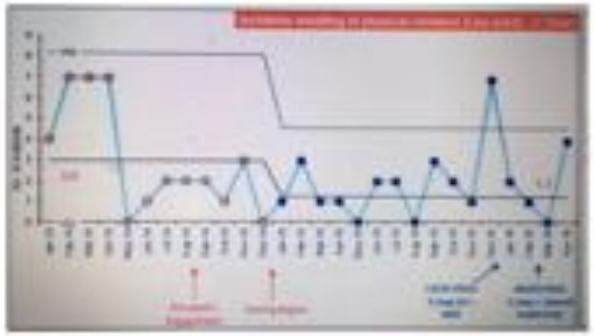
Emma Binley @EJBinley 05/05/2016
@JenTaylorWatt well done Lea ward! Such fantastic work!

3

Tweet

Jen
@JenTaylorWatt

Congrats Adelaide Ademan, Lea's May Safety Huddle Champ! 57% reduction in violence on Lea Ward!



Andy Cruickshank and QI @ ELFT
20/06/2016, 10:08

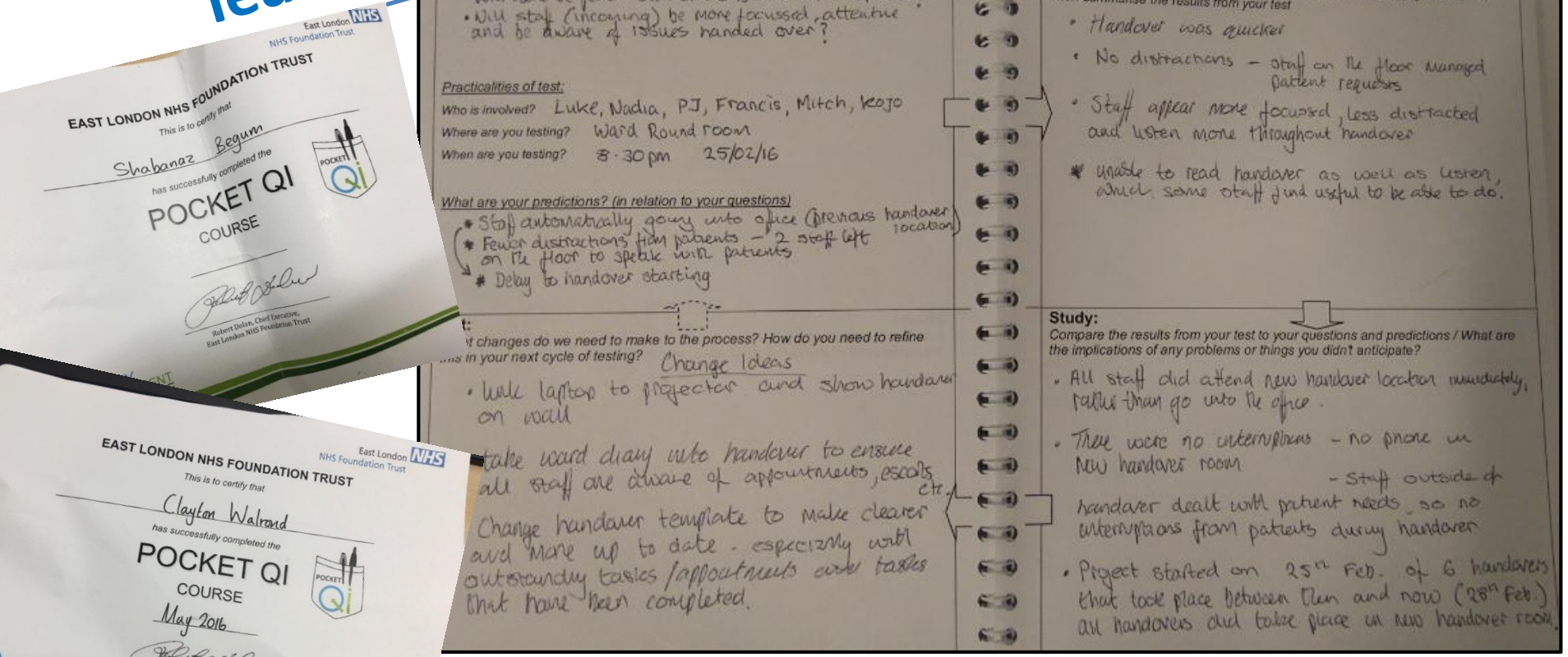
Reply to Jen

Home Notifications Moments Messages Me

Dr Paul Gilluley and **LJ** Retweeted your Tweet

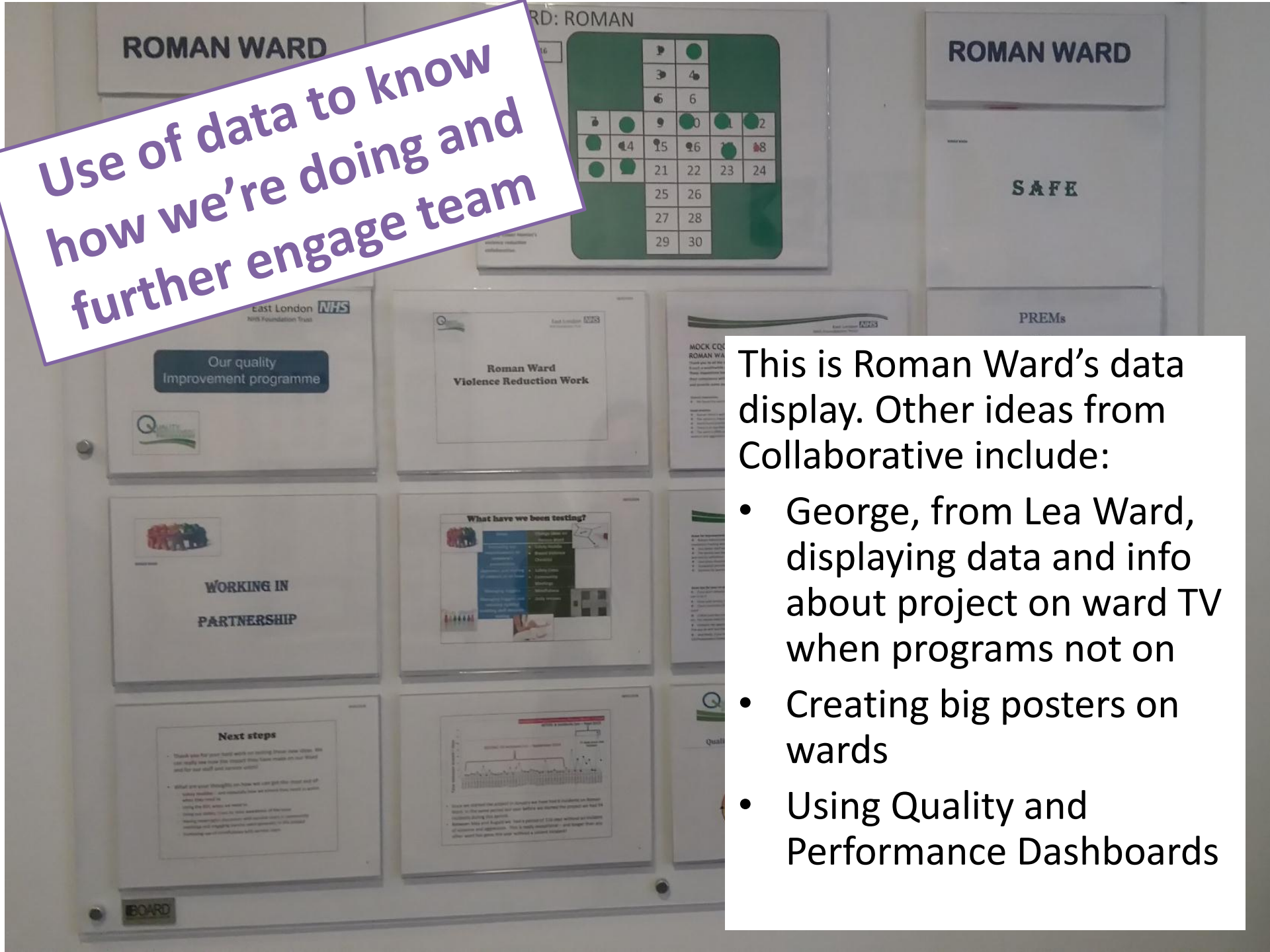
Congrats Adelaide Ademan, Lea's May Safety Huddle Champ! 57% reduction in violence on Lea Ward! pic.twitter.com/LYwTiuSKLa

Encouraging and supporting staff to develop QI skills and leadership



Encouraging staff to develop QI skills by going on Pocket QI and using PDSA to improve things (above: Luke's PDSAs to improve handover on Brick Lane, supported by Hannah

Use of data to know how we're doing and further engage team



This is Roman Ward's data display. Other ideas from Collaborative include:

- George, from Lea Ward, displaying data and info about project on ward TV when programs not on
- Creating big posters on wards
- Using Quality and Performance Dashboards

THRVC Driver Diagram for successful implementation

Ongoing effective implementation of the Tower Hamlets Violence Reduction Collaborative, as evidenced by "holding gains"

Drivers

1 & 2. Standardisation & Documentation: Including a system for **keeping it fresh and reflective of new knowledge**; active process, assigned roles and responsibilities. Team know where to access

3. **Measurement** over time & data shared with teams

4. Staff education/ training / induction / support (supervision, away days, etc) : think current team members and new team members, including whole MDT

5. Manage **resource implications**

6. Supporting the continued engagement and collective leadership of this work

Actions

Actions
All change ideas summaries saved in ward files. Team know where.
Roman Ward Away Day session to define specific versions for ward
Keeping it fresh by discussing at the Tower Hamlets Violence Reduction Collaborative
… and on ward away days
Data from ELFT dashboards
Noticeboards
Roman Ward Away Day session
Standing item in supervision
Part of new team member induction
Approach ACD Andy Cruickshank for any resources needed
Away Day sessions focused on engagement and ownership
Lea Ward Safety Huddle Champion
Supporting whole team to engage in QI (e.g. Hannah supporting with PDSA book)
Posters on wards
Pocket QI to understand QI in general

Implementation Action Plan for Ward/Team: _____

1. Standardisation & Documentation: Method for establishing specific recognized policies and practices that act as a model or guidelines for new processes. Where are the new ways of working, developed through your project, written down?.

-

What is your process for **keeping new ways of working fresh and reflective of new knowledge?**

-

2. **Measurement**: What is your system for knowing whether level of performance is maintained? This may be ongoing measurement over time (e.g. using Quality and Performance Dashboards) or periodic audit

-

3. How do you/will you manage any **resource implications** associated with this project and new ways of working?

-

Developed from the Improvement Guide, Chapter 8

4. How are new ways of working integrated into **staff education/ training / induction / support processes?** (think current team members and new team members, including whole MDT)

-

l dimension of change; what other actions have you taken to support the continued engagement and dership of this work across the whole team