

Quality improvement in the ED

C Roberts & S Guest

Caring • Safe • Respectful



Introduction



Charlotte Roberts
Emergency Department
Senior Sister and ED QI lead



Sam Guest
Deputy HoD Emergency
Department & ED QI
Lead



Katharine Goldthorpe
Associate Director for Quality
Improvement

About Blackpool, Fylde and Wyre

Home to over 300 thousand people



Over 160 care and residential homes



18.8 million visitors per year



767 acute hospital beds

Caring • Safe • Respectful

Clinical Quality Academy

We needed to
do something
very different



In 2021, the Trust launched its first ever Clinical Quality Academy to support medically led teams to make quality improvements, teaching the very latest thinking in the Science of Improvement

Caring • Safe • Respectful

Clinical Quality Academy



Brandon Bennett, Senior Fellow, Institute for Healthcare Improvement, USA



Prof Mohammed A Mohammed is Professor of Healthcare, Quality & Effectiveness in the School of Health Studies at the University of Bradford

Thursday, October 21, 2022
blackpoolgazette.co.uk | facebook.com/blackpoolgazette | @The_Gazette



Global leader prepares to inspire Fylde workers

Maureen Bisognano, President Emerita, former CEO and Senior Fellow, Institute for Healthcare Improvement, USA



Professor Charles Vincent, A Framework for Measurement and Monitoring Safety



Penny Pereira, Q Managing Director, The Health Foundation



James Mountford, Director of National Improvement Strategy for NHS England and NHS Improvement

Caring • Safe • Respectful



**Blackpool Teaching
Hospitals**
NHS Foundation Trust



Caring • Safe • Respectful

Clinical Quality Academy

The teams...

- The Misuse of Drug Service
- Improving handover process between ED and AMU
- Bringing early attention to heart failure
- Improving same day emergency care capacity
- One stop prostate cancer clinic
- Improving the aortic stenosis referral pathway
- Cystic fibrosis – improving availability of patient observations through remote monitoring
- Implementation of a virtual fracture clinic
- Improving flow on care of the older person's ward
- Improving the process for paediatric wrist and forearm closed fractures



Clinical Quality Academy

The teams...cohort 2

- Turning breach babies in clinic to avoid c section
- Improving access to digital clinics
- Improve survival of inpatients with heart failure
- Reduce number of cardiothoracic non clinical cancellations in theatres
- Improve efficiency in cardiac labs
- Reduce catheter related emergency presentation in ED
- Improve implementation of Wells score for suspected VTE
- Improved abdominal pain pathway
- Increase patient feedback from non-English speaking patients
- Improve uptakes of Baby Steps antenatal education

Department Ethos



NHS
Blackpool Teaching Hospitals
NHS Foundation Trust

In 2022 we were given quality improvement hours in our job plans so we could continue doing QI work in the Department.



All staff are given the opportunity to have their own quality improvement project we over see them setting completion targets

Caring • Safe • Respectful



Listening to feedback from staff

Our aim was to reduce harm to patients by implementing processes, having good leadership, training when required, good communication with our team and running PDSA's until we got it right



Learning from incidents

Ordering ideas

Breakdown into 3 categories:

- Quick
- Medium
- Long-term/open ended

People Centred
Positive
Excellence
Compassion

QI strategy:

- Reduce preventable deaths
- Reduce avoidable harm
- Improve the last 1000 days of life



Caring • Safe • Respectful

Projects

Sepsis Collaborative

Band 3 & 5 development programme

SBAR collaborative

Ambulance Handover Collaborative

NOF pathway

RAT process

Trace form

Blood transfusion sampling

Caring • Safe • Respectful

NHS
Blackpool Teaching Hospitals
NHS Foundation Trust

WARD/UNIT _____

S NEWS - [] GCS - [] Covid status - +/- Infection risk - []

Reason for admission - _____ Nurse sign - _____ Date + time - _____

B PMH - _____

DNAR - [] YES / [] NO [] CIVA/Aspirin - [] Falls Risk - [] L / M / H []

Mobility - [] Lability - []

Nurse sign - _____ Nurse print - _____ Date + time - _____

A Fluid balance - [] Y / N [] EM - [] Clerked by specialty - [] Y / N []

Site assessment - _____ Incident completed - _____ TVN ref - [] Y / N []

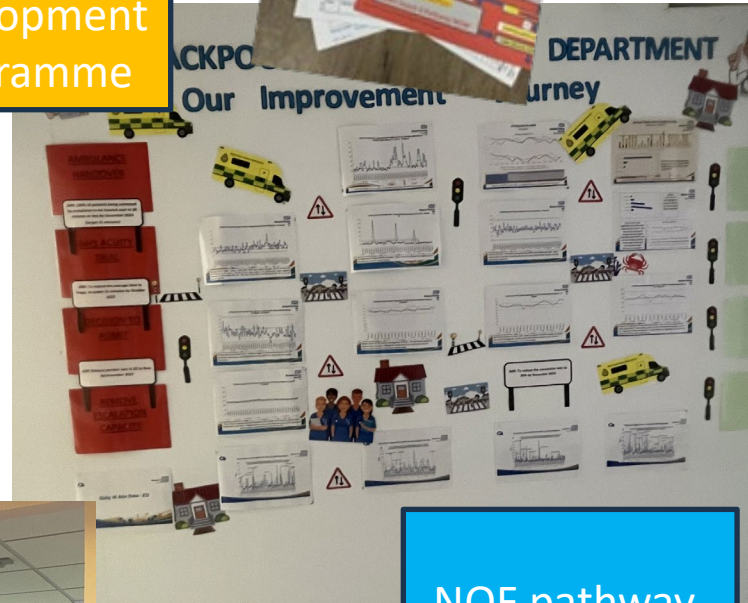
Medications/CDRs - [] Dementia / LD / SG concerns (please write) _____

Nurse sign - _____ Nurse print - _____ Date + time - _____

P _____

_____ given - [] Y / N []

_____ time - _____



Fracture Neck of Femur

Assessment of acute pain in the Emergency Department (adapted from RCGP guideline for the management of pain in adults 2015)

No pain	Mild pain	Moderate	Severe
0	3-5	4-6	7-10
No action	Oral analgesia / IV paracetamol	Oral analgesia / IV paracetamol	IV opiates and/or IV / IM paracetamol use opiates with caution and titrate accordingly in small increments

- Notes for use:
- Once the category has been established, appropriate analgesia may be prescribed according to the flow chart
 - Patients in severe pain should be transferred to an area where they can receive appropriate intravenous or rectal analgesia within 20mins of arrival.
 - Patients in moderate pain should be offered oral analgesia at triage
 - In all cases, it is important to think of using other non-pharmacological techniques to achieve analgesia, which may include measures such as applying a dressing or immobilising a limb.
 - Assess pain score and review analgesia regime if required. consider fascia block, increased dose of analgesia and non-pharmacological measures.
 - Reassess pain score within 60 minutes until effective pain control is achieved

Consider VTE prophylaxis at admission to A&E	Assessment of other injuries
<ul style="list-style-type: none"> Use of mechanical (lowTren) VTE prophylaxis progressively - continue with mechanical prophylaxis until mobility is no longer reduced (NICE CG55) All trauma and elective inpatients should have below knee TED stockings in theatre and post op until the limb being operated on TED stockings are generally advised until the patient is fully mobile. For Total Hip Replacements most patients this is often 2 weeks Prescribe and administer Dalteparin. Dalteparin should not be given less than 12 hours before the spinal anaesthetic. 	<p>Record secondary skeletal survey including skin damage and haematomas</p> <p>This checklist should be supported by a clear medical plan in the patients notes which should be reviewed and updated daily. Any abnormalities should be acted upon and a clear plan of care documented in the patients notes clearly identifying the delay of the pathway</p>

Patient
SHEER

Trace form

Presenting complaint _____

Mental health yes/no _____

Are you known to services? Yes/no _____

If yes is the patient suicidal? Yes/no _____

Risk assessment completed on reason Yes/no _____

Any drugs or alcohol? Yes/no _____

Does the patient have capacity? Yes/no _____

If no please complete the capacity assessment on reasons _____

Do you have and dependents under the age of 18? _____

111 referral needed yes/no _____

NOK _____ Contact Number _____

Does someone know you are here yes/no _____

Can we contact someone yes/no _____

Brief description

Hair colour / style _____

Clothing _____


Footwear _____ Distinguishing marks / tattoos _____

Patient Wounded YES / NO _____

Referral made from Triage YES / NO _____

Has the patient given consent for referral yes/no _____

SBAR

**Blackpool Teaching Hospitals**
NHS Foundation Trust

A patient SHARED is a patient SAFE

Improving the Handover process between the Emergency Department and the Acute Medical Unit

S. Guest, C. Roberts, E. Stoddard, T. Dougall

Introduction

Good continuity of information is vital for patient safety. With increased numbers of staff caring for patients, the need for comprehensive handover of clinical information is more important than ever. It is a key part of patient safety and an essential part of being a good clinician. It is also a key part of being a good clinician. It is also a key part of being a good clinician.

Staff feedback highlighted the SBAR document is very important for patient safety and 88% of respondents agreed that it adds to patient safety.


Furthermore, the survey result highlighted that staff felt that the previously used SBAR document could be improved. Some of the issues highlighted were that:

- The document was "too busy" and required excessive information.
- There were some concerns over the layout and the patient journey to complete it.
- Had a confused layout as a result of placement of information to implement multiple incidents make action plan recommendations.
- How multiple incidents they were often present.
- The unnecessary use of our phone or text message.
- Resulting in an increase in clinical incidents submitted due to poor handovers.

88%

43%

Driver Diagram



Lessons Learned

- Agree the final SBAR document.
- Complete the transfer Standard Operating Procedure Document.
- Continue regular data collection, feeding back to stakeholders.
- Include SBAR in induction and training for existing staff.

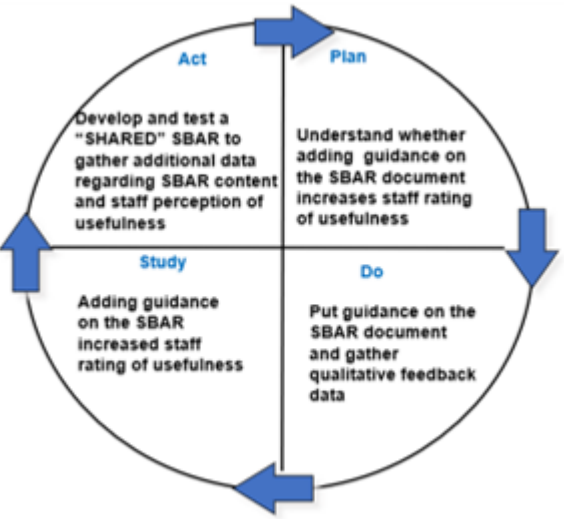
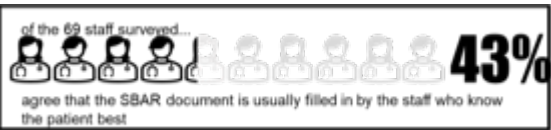
Next Steps

- Collecting previous information on the SBAR document, increased staff engagement and compliance when filling in document.
- Human factors are an important consideration when improving communication processes and gathering feedback.

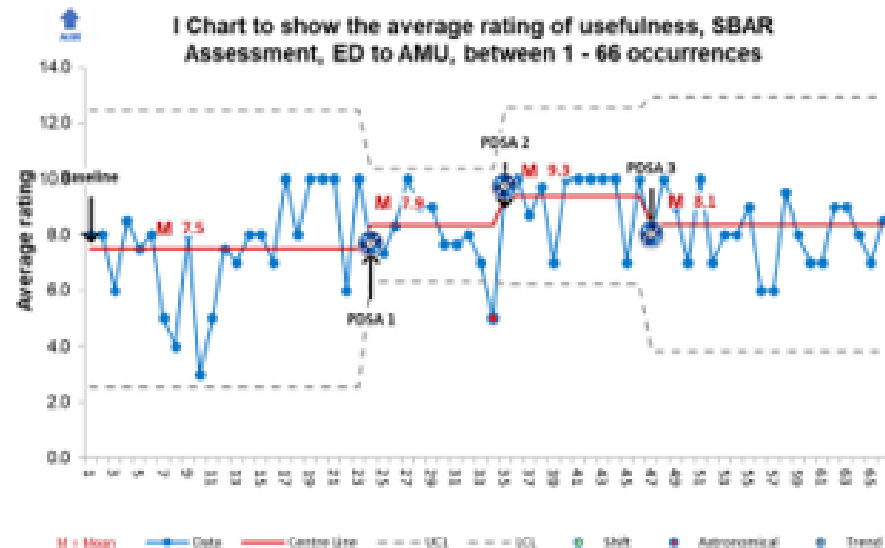
References

1. Bateson, J. (2010). The SBAR document: A key to patient safety. *Blackpool Teaching Hospitals NHS Foundation Trust*.
2. Bateson, J. (2010). The SBAR document: A key to patient safety. *Blackpool Teaching Hospitals NHS Foundation Trust*.
3. Bateson, J. (2010). The SBAR document: A key to patient safety. *Blackpool Teaching Hospitals NHS Foundation Trust*.

Caring • Safe • Respectful



SBAR



NHS
Blackpool Teaching
Hospitals
NHS Foundation Trust

WARD/UNIT _____

Write patient details or affix identification label

Hospital Number: _____
Name: _____
Address: _____
Postcode: _____
Date of Birth: _____
NHS Number: _____

S NEWS - [] GCS - [] Covid status - + / - Infection risk - []

Reason for admission - _____

Nurse sign - _____ Nurse print - _____ Date + time - _____

B PMH - _____

DNAR - [YES / NO] CIWA/ Audit C - [] Falls Risk - [L / M / H]

Mobility - [] Allergies - []

Nurse sign - _____ Nurse print - _____ Date + time - _____

A Fluid balance - [Y / N] BM - [] Clerked by speciality - [Y / N]

Skin assessment - _____ Incident completed - _____ TVN ref - [Y / N]

Medications/CD/RD's - [] Dementia / LD / SG concerns (please circle)

Nurse sign - _____ Nurse print - _____ Date + time - _____

R IVF - [Y / N] IV/ORAL ABX - [Y / N] Verbal handover given - [Y / N]

ANY CLINICAL CONCERNS - _____

PLAN - _____

Nurse sign - _____ Nurse print - _____ Date + time - _____

Coloured SBAR, Version 1.4 15/8/22 T. Roberts/E. Stoddard/S. Guest

Blood transfusion Sampling

To reduce the rejected transfusion samples rate to the Trust average by October 2023

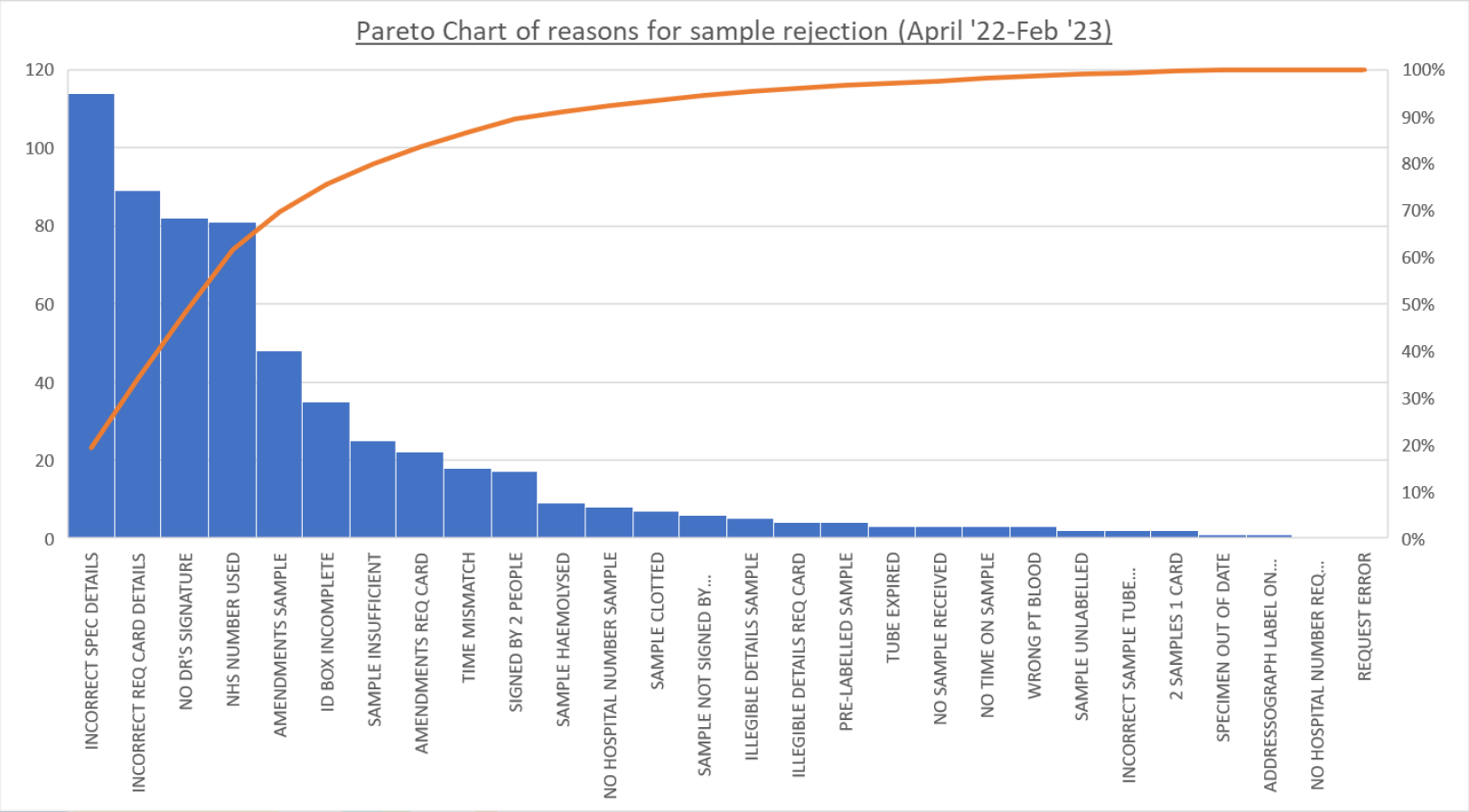
Multiple processes
Frequent turnover of staff
Crowded department
High volume of requests (not all needed)

Clarify a single process

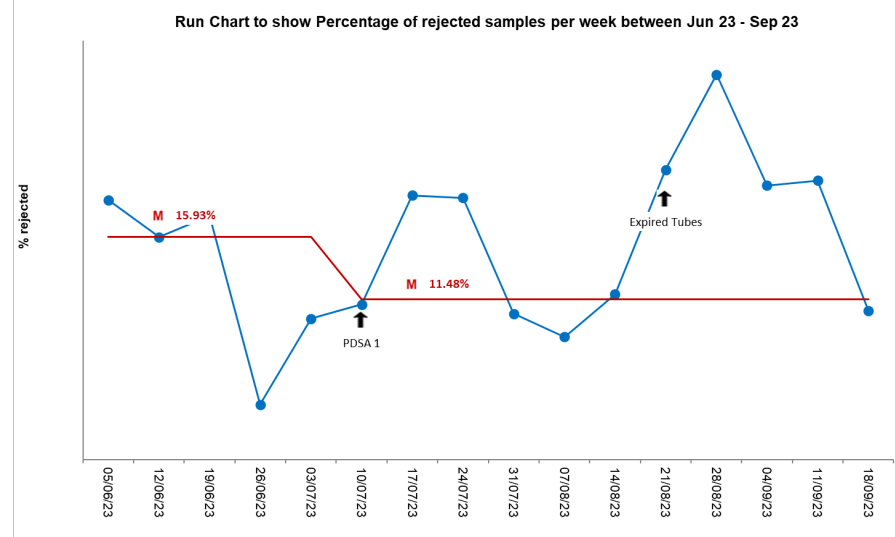
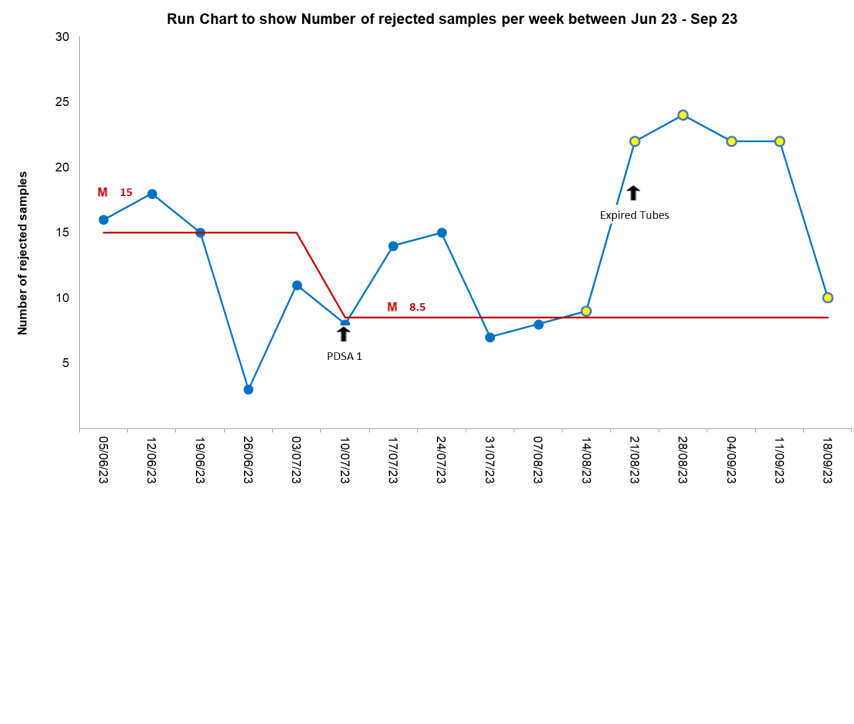
- Reduce natural variability

Get historic data

Blood transfusion Sampling



Blood transfusion Sampling



Every Minute Matters

(not so) Super 6

First real experience of QI

- For the ED
- For me

Nationally recognised

- Scottish Ambulance service
- LAS
- NHS England

Caring • Safe • Respectful

6 NEWS Tuesday, March 10, 2020
blackpoolgazette.co.uk | facebook.com/blackpoolgazette | @The_Gazette

Why patients are seen faster now at A&E

Changes at the Vic mean ambulances are spending less time waiting outside the hospital and getting back out on the road quicker. **Paul Berentzen** reports on how that is helping patients in and out of hospital.

Amid a winter when ambulances were arriving at Blackpool's A&E faster than almost anywhere else in the North West, the second busiest emergency department in the region in January, staff at Blackpool Victoria Hospital were pleased for having one of the quickest turnaround times. It meant patients were seen faster and – crucially – that multi-wounded ambulances were able to get back on the road quicker.

Rosie halted changes to the triage system for emergency patients performing above average in recent weeks despite the high level of demand at the Vic this winter.

A dedicated nurse now triages patients arriving by ambulance and, as a result, the vehicles were back on the road in 10 minutes on average in January. The North West average was 34 minutes.

Blackpool Victoria's hospital emergency department consultant Dr Sam Gault said: "We have changed our processes here at the front end of the department by working better together."

Such new headwinds are the time it takes to 'triage' a patient where ambulance staff provide critical patient information to hospital staff and the physical transfer of the patient to hospital equipment.

"We have 100 ambulances triage and work in triage into two separate areas, each with its own streaming nurse, with the triage nurse consisting of an ED consultant, senior ED nurse, a triage nurse and a Healthcare Assistant."

The ambulance crew now have a completed form about the patient on arrival, which saves time.

"Through the new system, we are managing things better and are consistently faster despite system in place."

"This great start ahead of the upgraded and revised Emergency Village development that is being planned by the Trust."

The Emergency Village will see a new building created to house existing services that will relocate to allow for upgrades to the emergency department.

A new project, working with the North West Ambulance Service and a third emergency department has also been highlighted as one of the reasons for the improved performance at the Vic.

The hospital had the third largest reduction in handover times, which helps to reduce patient waiting times and significantly cut the delays experienced by patients brought in by ambulance.

WVA's deflection rates – where patients are treated in the community instead of going to hospital – meant that 93 per cent of large patients were treated somewhere other than the emergency department in January.

Figures for the first three weeks of February show that Blackpool was the second, third and fourth busiest department of the 15 involved in the scheme but managed to achieve the first, second and third fastest turnaround times.

In all three weeks the WVA's deflection rate for the catchment area was greater than the national average.

Paul Berentzen, a hospital ambulance officer based in Blackpool, said: "The collaboration has really made a difference to the turnaround times which makes the system safer and more comfortable for the patients."

"It also helps that the ED resources are consistent."

Paul Berentzen, a hospital ambulance officer based in Blackpool, said: "The collaboration has really made a difference to the turnaround times which makes the system safer and more comfortable for the patients."

"It also helps that the ED resources are consistent."

Therese Cheppel, said: "Our directorate manager, Rhona Haywood, and I are really pleased with the results from this collaborative work."

"It really has enhanced the patient experience in the Emergency Department and we are really proud of the team."



Aim: To reduce the lost minutes to handover by reducing the average handover time, by 50%, from 47.5minutes to 23.75minutes by March 2023

Our Challenges

- Demographic, coastal town, high deprivation index, elderly population, high proportion of drug and alcohol misuse and child poverty
- Current Emergency Department (ED) layout, (New Emergency Village construction, completion due December 2023)
- Patient flow, winter pressures, high acuity, high levels of staff sickness, COVID-19 impact & recovery, recruitment and retention

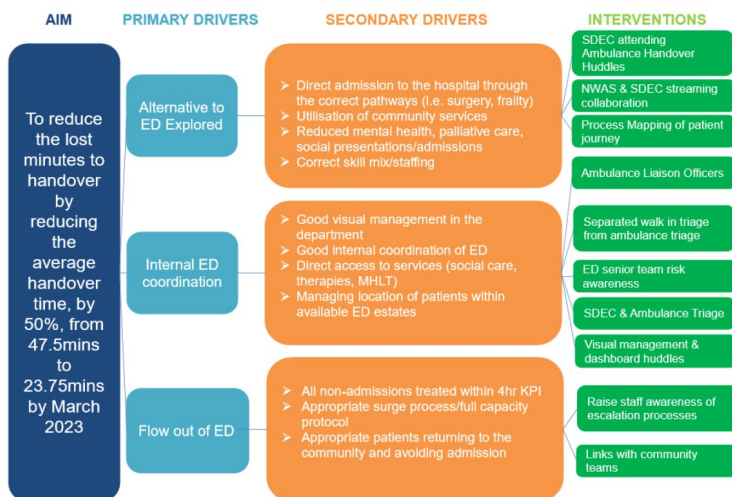
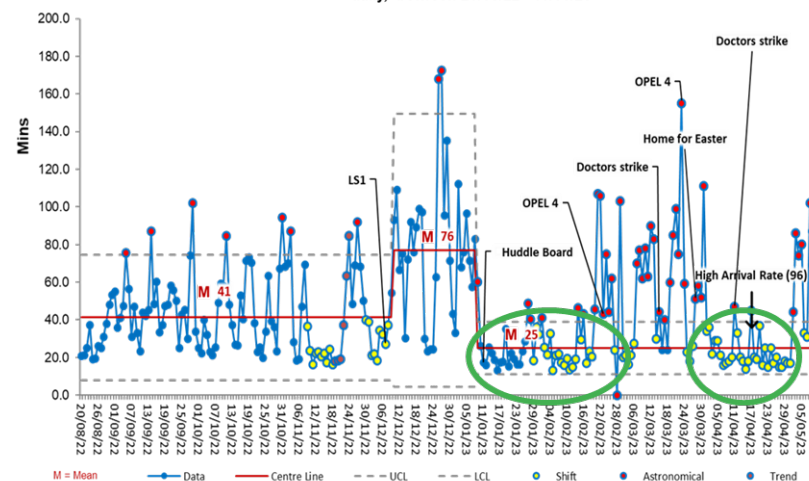



Chart to show the average time from NWAS arrival to handover at BTH ED, in minutes, daily, between 20/08/22 - 10/05/23



Benefits of the collaborative

- Whole team focussed on **working together** to achieve aim and undertaking multiple **PDSA cycles**
- Achieved and **celebrated improvements** (25 min), and planning to **sustain** and focus on **reliability**
- Team using the **data** to drive improvements
- Increased team **communication**

Next phase

- Implementation of a live **digital** ED KPI board for ambulance handover huddles
- Continued **partnership** working
- The Emergency Village Project
- ED Capacity + Flow = Target Hospital Handover**



Improve constantly and
forever.....



Caring • Safe • Respectful