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Blackpool Teaching Hospitals
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Quality improvement in the ED

C Roberts & S Guest

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Introduction

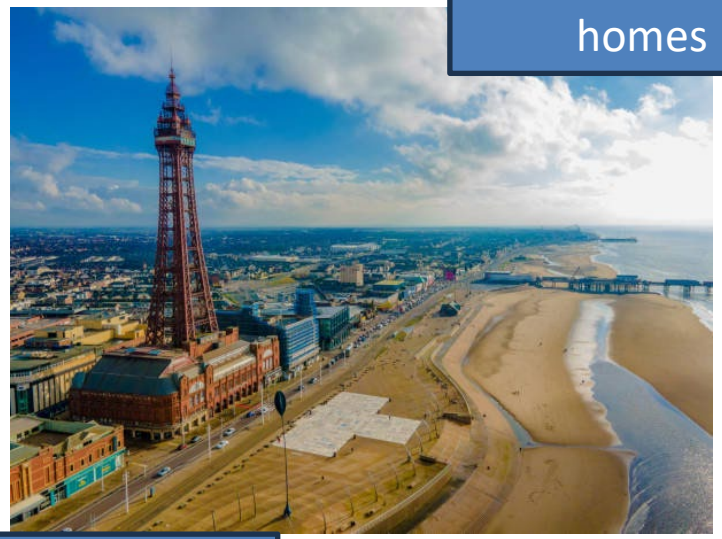
Charlotte Roberts
Emergency Department
Senior Sister and ED QI lead

Sam Guest
Deputy HoD Emergency Department & ED QI Lead

Katharine Goldthorpe
Associate Director for Quality Improvement

About Blackpool, Fylde and Wyre

Over 160 care and residential homes



Home to over 300 thousand people

18.8 million visitors per year

767 acute hospital beds

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

Clinical Quality Academy

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

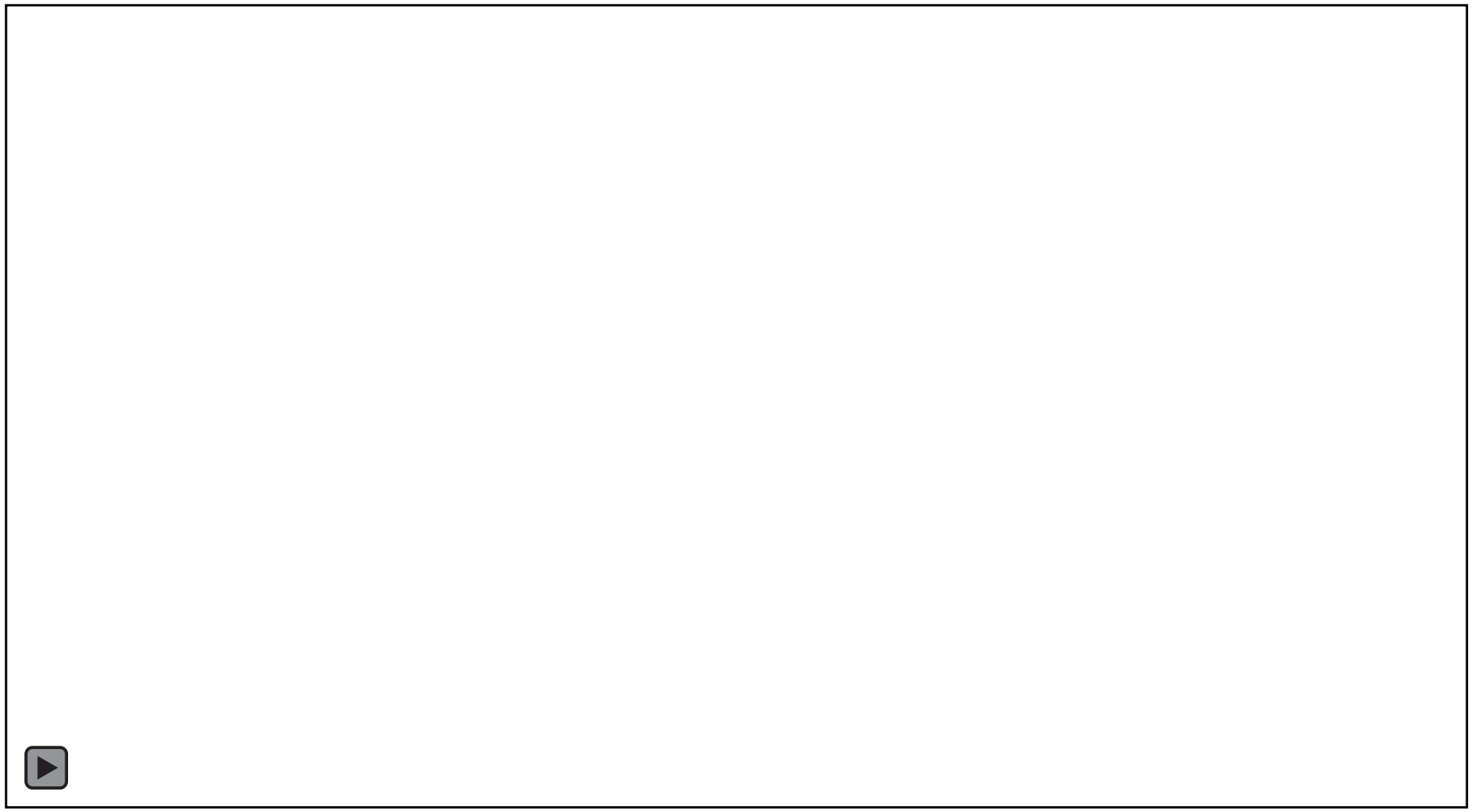
Maureen Bisognano, President Emerita, former CEO and Senior Fellow, Institute for Healthcare Improvement, USA

Professor Charles Vincent, A Framework for Measurement and Monitoring Safety

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

Penny Pereira, Q Managing Director, The Health Foundation

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



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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 paeditatric wrist and forearm closed fractures

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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

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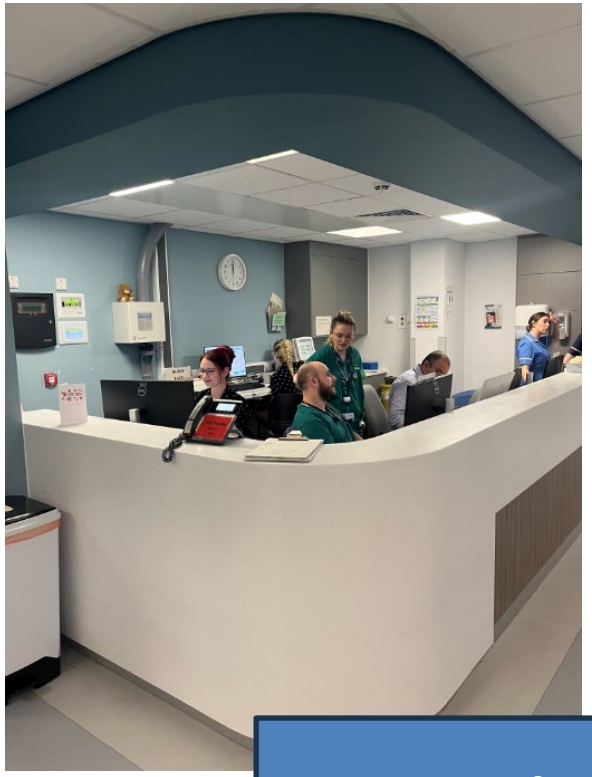
In 2022 we were given quality improvement hours in our job plans so we could continue doing QI work in the Department.

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



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

Listening to feedback from staff

Learning from incidents

Ordering ideas

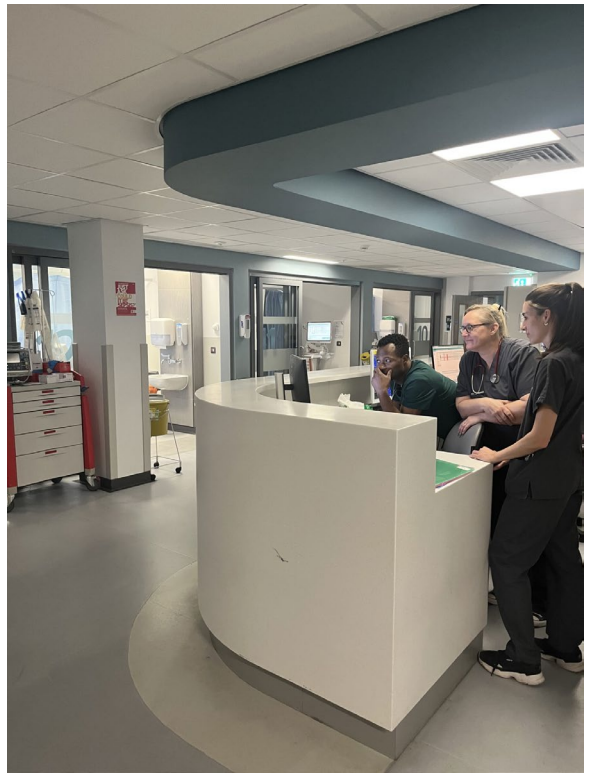
Breakdown into 3 categories:

- Quick
- Medium
- Long-term/open ended

People Centred
Positive
Excellence
Compassion

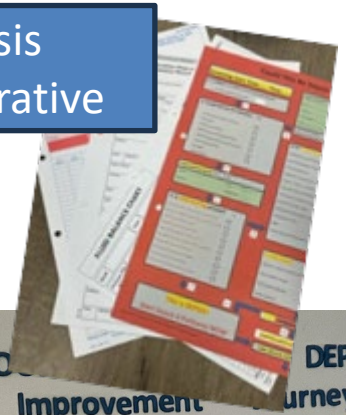
QI strategy:

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

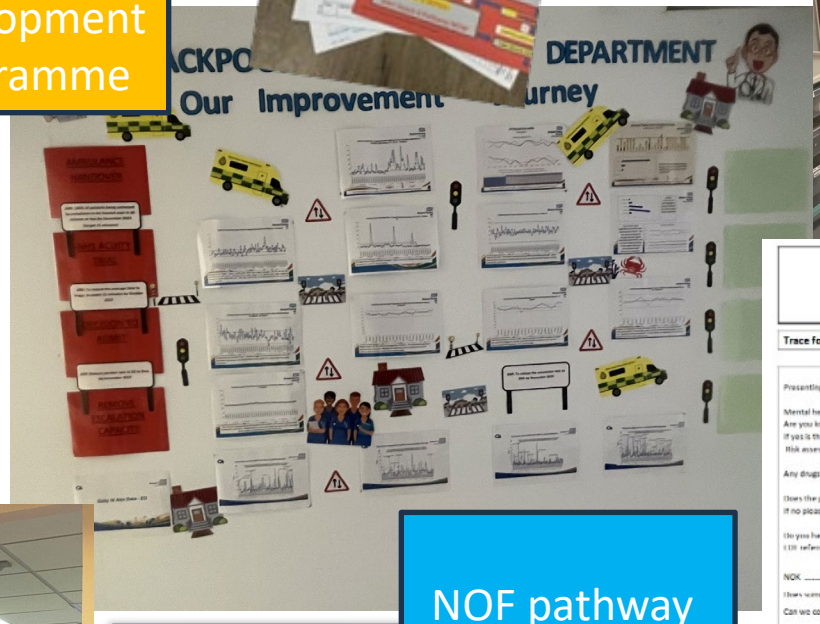


Projects

Sepsis Collaborative

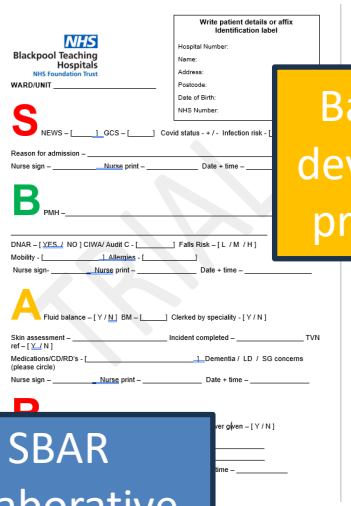


Band 3 & 5 development programme



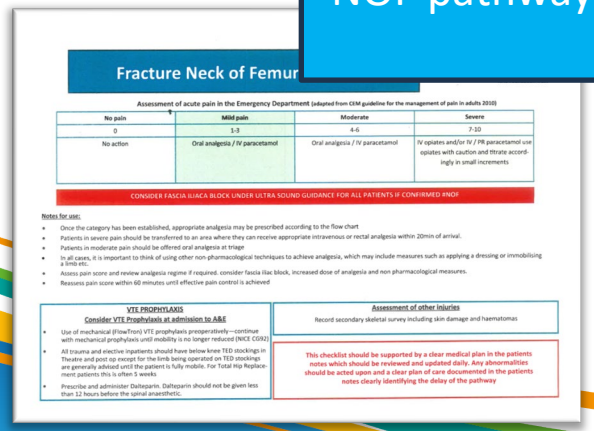
RAT process

SBAR collaborative



Ambulance Handover Collaborative

NOF pathway



Trace form

Blood transfusion sampling

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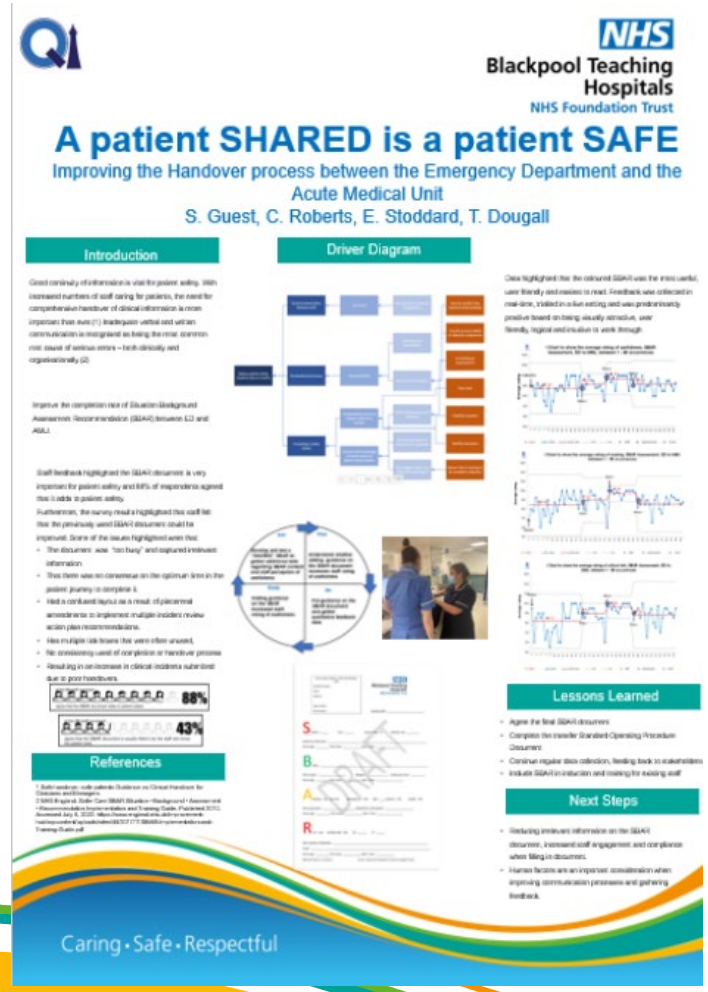
SBAR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A patient SHARED is a patient SAFE
Improving the Handover process between the Emergency Department and the Acute Medical Unit
S. Guest, C. Roberts, E. Stoddard, T. Dougall
Introduction
Driver Diagram
Lessons Learned
Next Steps
References
88%
43%
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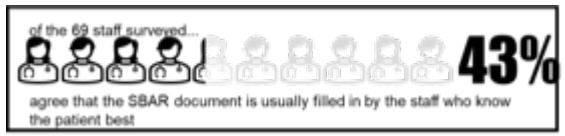
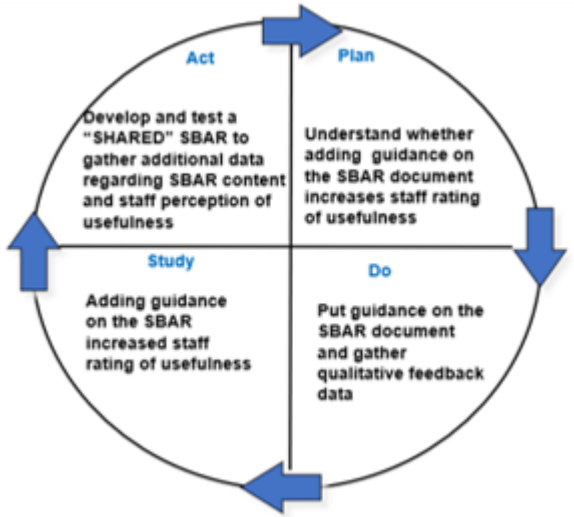
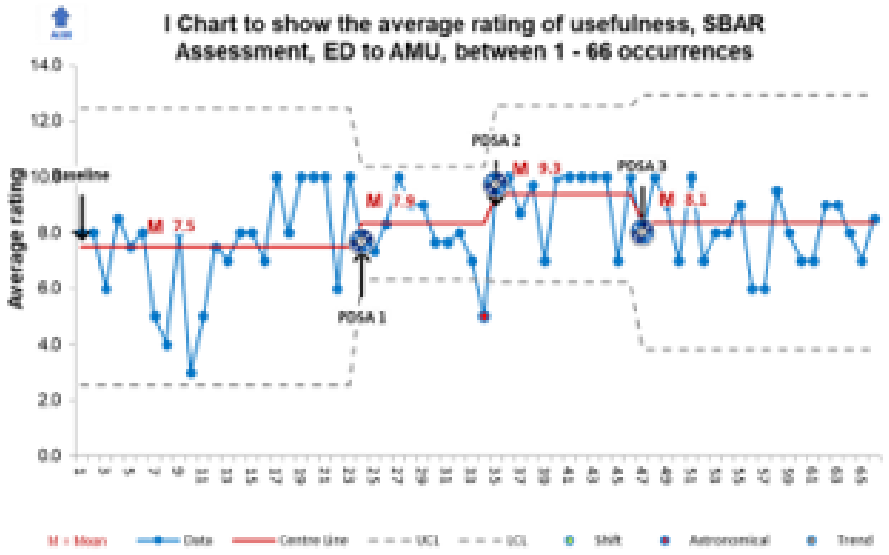

of the 69 staff surveyed...
43%
agree that the SBAR document is usually filled in by the staff who know the patient best


of the 69 staff surveyed...
88%
agree that the SBAR document adds to patient safety


Act
Develop and test a "SHARED" SBAR to gather additional data regarding SBAR content and staff perception of usefulness
Plan
Understand whether adding guidance on the SBAR document increases staff rating of usefulness
Study
Adding guidance on the SBAR increased staff rating of usefulness
Do
Put guidance on the SBAR document and gather qualitative feedback data

SBAR



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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. Dowell/C. Roberts/E. Stoddard/ S. Guest

Blood transfusion Sampling

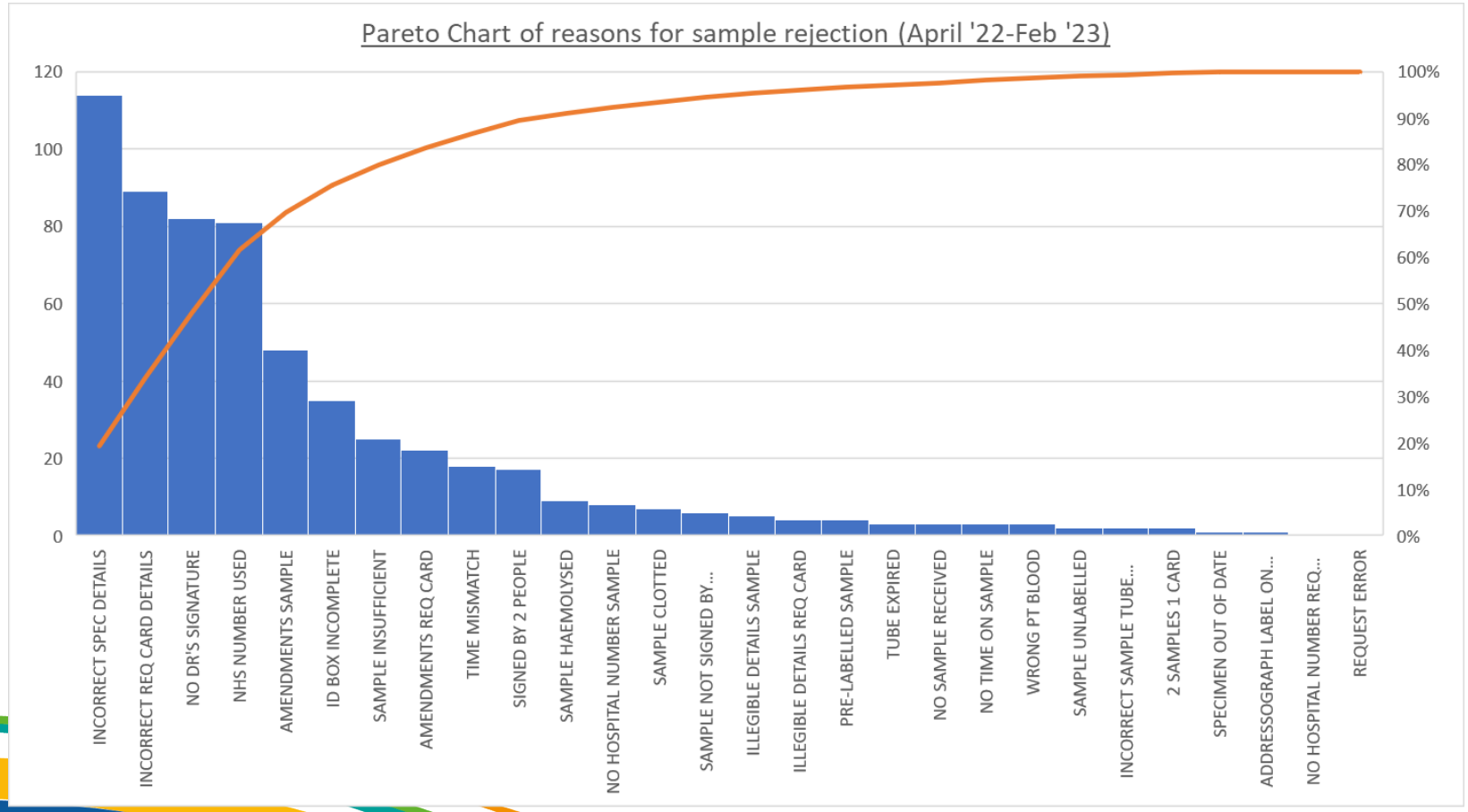
To reduce the rejected transfusion samples rate to the Trust average by October 2023

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

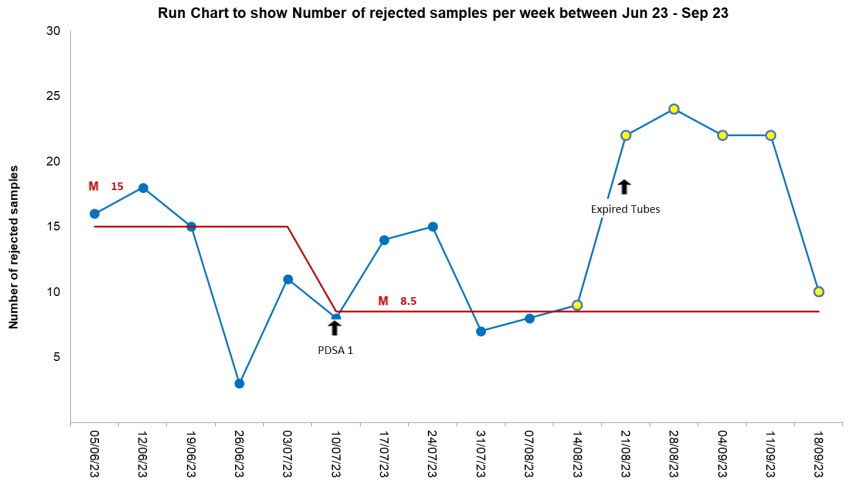
Clarify a single process
- Reduce natural variability

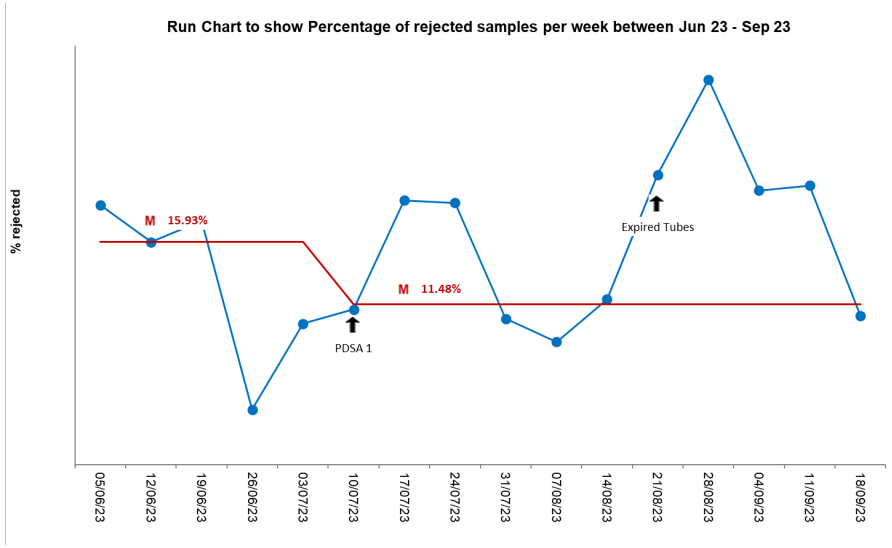
Get historic data

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

6 NEWS Tuesday, March 10, 2020

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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 hectic winter, ambulances were arriving at Blackpool's A&E faster than almost anywhere else in the North West.

But despite being in the second busiest emergency department in the region in January, staff at Blackpool Victoria Hospital were praised for having one of the quickest turnaround times.

It meant patients were seen faster and - crucially - that much-needed ambulances were able to get back on the road quicker.

Bosses hailed changes to the triage system for consistently 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 28 minutes on average in January. The North West average was 34 minutes.

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

"Ambulance handovers 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 split the ambulance triage and walk in triage into two separate areas, each with its own streaming nurse, with the Triage teams consisting of an ED consultant, senior ED nurse, a triage nurse and a Healthcare Assistant.

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

"Through this new system, we are managing surges better and are consistently faster despite spikes in attendances.

"This a great start ahead of the upgraded and extended Emergency Village Development that is being planned by the trust."

The Emergency Village will see a new build-ing 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 14 other emergency departments has also been highlighted as one of the reasons for the improved performances at the Vic. The hospital had the third largest reduction in handover times, which bosses say helps to reduce patient waiting times and significantly cut the delays experienced by patients brought in by ambulance.

NWAS deflection rates - where patients are treated in the community instead of going to hospital - meant that 10.3 per cent (1,103) patients were treated somewhere other than the emergency department in January.

Figures for the first three weeks in 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 NWAS deflection rate for the catchment area was greater than the national average.

28 average handover time in minutes

Ambulances are getting back on the road quicker after dropping patients off at the Vic

Ian Baines, a hospital ambulance liaison officer based in Blackpool, said: "The collaborative has really made a difference to the turnaround time which makes the whole system safer and more comfortable for the patients.

"It also helps that the ED (emergency department) team here are brilliant - so friendly and happy - and that makes all the difference."

The results are so impressive that a number of other trusts have visited to see the new processes working.

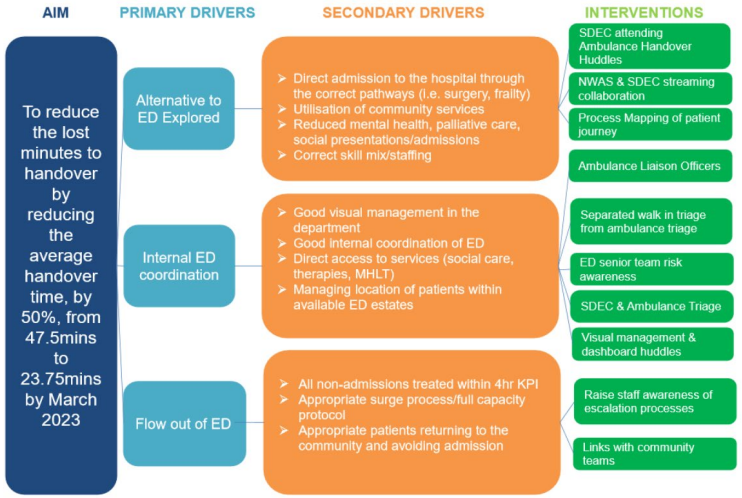
The trust's assistant director manager in emergency and acute medicine, Tracey Dougall, said: "Our directorate manager, Helen Aspinall, and I are really pleased with the results from this collaborative work.

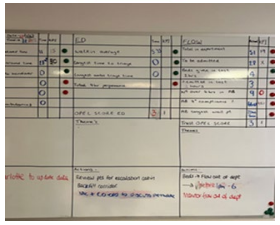
"It really has enhanced the patient experience in the Emergency Department and we are really proud of the team."

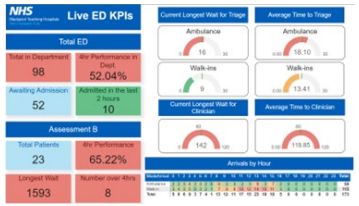
Aim: To reduce the lost minutes to handover by reducing the average handover time, by 50%, from 47.5minutes to 23.75minutes by March 2023

Our Challenges

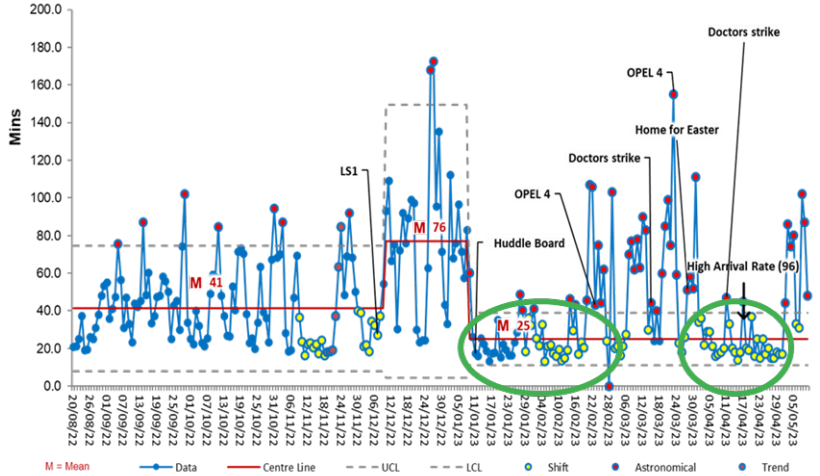
- Demographic, coastal town, high deprivation index, elderly population, high proportion of drug and alcohol misuse and child poverty
- Current Emergency Department (ED) layout, (New Emergency Village construction, completion due December 2023)
- Patient flow, winter pressures, high acuity, high levels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







I 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

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Improve constantly and forever.....

SCAN ME

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