Involving patients and carers in the testing and implementation of improvement work

Chair – Gordon Johnston
<table>
<thead>
<tr>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome, introduction and aims</td>
<td>Gordon Johnston, HIS Public Partner</td>
</tr>
<tr>
<td>Escalation Treatment Plans</td>
<td>Donna MacDonald, NHS Western Isles</td>
</tr>
<tr>
<td>Pharmacy in Primary Care</td>
<td>Louise Black, NHS Grampian</td>
</tr>
<tr>
<td>Triangle of Care and Carers</td>
<td>Karen Martin, Carers Trust Scotland</td>
</tr>
<tr>
<td>Session Discussion – how can we better involve patients and carers in improvement work</td>
<td>All speakers</td>
</tr>
<tr>
<td>Closing remarks</td>
<td>Gordon Johnston</td>
</tr>
<tr>
<td></td>
<td><strong>Shona Robison MSP – Cabinet Secretary Address</strong></td>
</tr>
</tbody>
</table>
Join the conversation on Twitter, follow #SPSPConf16 and remember to include it in your tweets.

Free Wi-Fi available
Wi-Fi network: delegate
Password: haymarket
# Lunchtime Sessions

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>13.15</td>
<td>Optional lunchtime sessions, numbers limited to 50 per room, catering provided in the room</td>
<td></td>
</tr>
<tr>
<td>13.15</td>
<td>QI</td>
<td>Harris Level 1</td>
</tr>
<tr>
<td></td>
<td>Service Users and Carers</td>
<td>Ochil Level 1</td>
</tr>
<tr>
<td></td>
<td>U-Lab</td>
<td>Carrick Level 1</td>
</tr>
<tr>
<td></td>
<td>National Mortality Case Record Review</td>
<td>Tinto Level 0</td>
</tr>
</tbody>
</table>
INvolving Patients/CARERS
TREATMENT ESCALATION PLANS
What are Treatment Escalation Plans?

Treatment Escalation Plans are a simple and effective means of including patients/carers in decision making.
What do we mean by shared decision making?

- For people whose condition is likely to/predicted to deteriorate
- Where clinicians and patients look at the situation together
- Consider options together
- Agree preferences/course of action
- Ensures patient preferences and autonomy
It avoids prolonging life at all costs
It helps focus on quality of life
It avoids treatments that people may not survive or which are not in their best interests, and
Recognises that not all treatments are appropriate for every patient.
When’s the right time to write a Treatment Escalation Plan?

1. A ”No” answer to the question – Would I be surprised if the patient were to die in the next 12 months?
2. Two or more unplanned hospital admissions in the past 6 months.
3. Poor or deteriorating performance status.
4. Persistent symptoms despite optimal therapy.
5. Secondary organ failure arising from an underlying condition.
Western Isles Hospital Criteria for Treatment Escalation Plan Completion

- NEWS score $\geq 5$ (recommended by Royal College of Physicians)
- HDU admissions
- DNACPR
### Western Isles Hospital Treatment Escalation Plan

**Warning** - Uncontrolled When Printed, the Current Version is Held in The Document Management System

#### CHI Number:

#### Patient Name:

#### Location:

#### Consultant:

**FOR RESUSCITATION**

**DO NOT ATTEMPT RESUSCITATION (DNACPR)**

#### ESCALATION LEVEL

- Emergency Medical Retrieval Service
- High Dependency Ward
- Palliative / End of Life

#### APPROPRIATE INTERVENTIONS

- Non-Invasive Ventilation/CPAP
- Renal Dialysis
- Enteral Feeding
- Intravenous Antibiotics
- Oral Antibiotics
- Intravenous Fluids
- Subcutaneous Fluids
- Physiological Observations

**Acceptable Physiological Parameters:**

*Should not replace clinical judgement and should be reviewed regularly*

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP</td>
<td></td>
</tr>
<tr>
<td>Pulse</td>
<td></td>
</tr>
<tr>
<td>Temp</td>
<td></td>
</tr>
<tr>
<td>SpO₂</td>
<td></td>
</tr>
<tr>
<td>Resps</td>
<td></td>
</tr>
<tr>
<td>AVPU</td>
<td></td>
</tr>
</tbody>
</table>

**Rationale for decision:**

**Other interventions not listed:**

**DISCUSSED WITH:**

- Medical & Nursing Staff
- Patient
- Family

**Summary of communication with patient and/or relatives/welfare attorney (continue on reverse):**

**Junior Doctor / Clinical Support Nurse Signature:**

Print full name: __________________________ Date: __________

**Responsible Senior Clinician’s Signature:**

Print full name: __________________________ Date: __________ Review Date: __________
Scottish Patient Safety Programme
Pharmacy in Primary Care

Louise Black, Quality Improvement Facilitator, NHS Grampian

November 2016
Big journeys begin with small steps.
Safety Door

Always open for improvement

Safer Use of Medicines

TEAM

Together
Everyone
Achieves
More

Marginal Gain for November

Foldback clips to fix the scripts
Oral Anticoagulant Therapy
Important information for patients

NHS National Patient Safety Agency

WARFARIN

Patient Details
Name:
Address:

ALWAYS
Keep all medicines out of reach of children
Take only in accordance with doctor’s directions
Return unused medicines to your pharmacist for disposal

NEVER
Take medicines from unlabelled containers
Share prescribed medicines with others
Transfer medicines from one container to another

MEDICINES WITH CARE
Patient Safety & Quality Improvement
Do all our METFORMIN patients have a “sick day rule” card
Safety Door

Always open for improvement

Safer Use of Medicines

Warfarin
May: No data collection.
Keep reminding patient to return a card.

Medicines Reconciliation
May 2-11. Both needed a fix.
SPSP PPC NHS Grampian cumulative data for Warfarin patients  n = 314
Warfarin Bundle: Overall Compliance on presentation

NHS Grampian

Percent attainment

- Much better compliance with OAT booklet completion
- OAT Booklet compliance poor but slowly starting to improve
- Fewer patients through pharmacies this month - poor compliance with OAT booklet and Alert card. Patients reminded about carrying booklet
Is there a record that the GP10 prescription has been reconciled with a minimum of two sources?

Have identified differences been discussed with the prescriber?

Have the changes been explained to the patient/carer?

Has the patient/carer been counselled on their medicines?
NHS Grampian

- Engagement with further local pharmacy teams through current local teams “best” friends
- Encourage further patient engagement and participation
- Continue to support SPSP national rollout to Community Pharmacy for Safety Climate Survey
- Test consolidated “bundle” for NSAID’s
- Prepare local resource pack for all our pharmacies
- Investigating changes to Pharmacy contract locally
Thank You

mark.easton2@nhs.net
louise.black@nhs.net
Triangle of Care and Carers

Karen Martin, Mental Health Development Coordinator
**Communication**

Traditional way of communicating

![Diagram](diagram.png)

Triangle of Care way
Triangle of Care

- 6 Standards
- Best Practice
- Communication

© Carers Trust
Triangle of Care – Safety Net for Carers

• Identify

• Respect Confidentiality, BUT

• Share Information

• Signpost
Dumfries & Galloway

- Population: Around 148,000
- Geography: 2,400 square miles
- In-patient service, Midpark Hospital
- Began Triangle of Care process in 2016
- Two Staff Nurses given protected time to start process
Implementing Triangle of Care in Midpark Hospital

• Carer Links identified in each ward
• Paperwork reviewed and amended to capture carer information and feedback
• Consent to share information recorded and reviewed weekly
• Carer awareness training being rolled out to all staff within hospital
Feedback:

- Good to be welcomed with a smile
- Staff seemed really interested in me as a carer and what I thought
- It's not rocket science, but good nursing care
- I feel I can ask staff things about her behaviour and get help
- The photo album is a great idea, takes a bit of worry away
- I now have a carer support worker, what a difference she has made
I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

- Maya Angelou
Thank you

Karen Martin, Tel: 07780 001030
kmartin@carers.org
COMING NEXT

Shona Robison MSP – Cabinet Secretary Address

Pentland Suite Level 3