Scottish Patient Safety Programme for Mental Health
Learning Session 2 – Thursday 14th February 2013
Crowne Plaza, Glasgow

Twitter: @spsp_mh
#spspmh
Scottish Patient Safety Programme for Mental Health
Gordon Johnston
The Patient Perspective: A Manhattan Odyssey

Twitter: @spsp_mh
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Scottish Patient Safety Programme for Mental Health – An Update

David Hall
To:
(1) systematically (2) reduce harm experienced by people using mental health services in Scotland, (3) by empowering staff to work with service users and carers (4) to identify opportunities for improvement, (5) to test and (6) reliably implement interventions, and (7) to then spread successful changes across their NHS Board area.
With an initial focus on **adult psychiatric inpatient units**, including admission and discharge processes.

Including: Forensic inpatient units

Excluding: Inpatient units caring for people with dementia
Older adult functional illness units.

**4 year programme**

- **Preparation Phase**
  - Jan 12 – May 12

- **Pre-work Phase**
  - May 12 – Aug 12

- **Phase One (Testing)**
  - Aug 12 – Aug 13

- **Phase Two (Spread)**
  - Aug 13 – May 16
SPSP-MH: Phase One
Seeking to answer...

• What parts of the system need changing to reduce harm?

• What specific changes will lead to a reduction in harm?

• What measures will reliably demonstrate that the changes are an improvement?
We’ve now had 2 learning sessions: That’s 345 delegates

We’ve visited 9 out of 13 boards - That’s 1190 miles

We’ve held 6 general webex calls and 5 workstream calls - That’s 770 minutes of chat.

And we can’t count the phone calls and emails!
Developing Service User Safety Climate Tool

Original draft developed via HIS Patient Focus and Public Involvement Unit

NHS D&G SPSP-MH team redrafted following consultation and expert advice

“Trial run” of content of questionnaire with 4 patients in Nov 2012

Redrafted and further consultation/advice from PFPI team

Pilot carried out on 24th Jan 2013 – 17 patients
Today’s Aims

• Develop your networks
• Re-visit and discuss work stream driver diagrams
• Share learning from initial testing
• Share good practice
• Raise any questions or difficulties you’ve encountered
• Remember to keep measuring!
Scottish Patient Safety Programme for Mental Health
Newsreel from Pilot Wards
Presenter: Joanne Hendry - Project Officer, Healthcare Improvement Scotland
Video Podcast – NHS Greater Glasgow & Clyde

- Gartnavel Royal Hospital, Glasgow
- Rutherford and Elm Wards
- Risk Assessment & Safety Planning
Newsnight with NHS Forth Valley

- Medicines Reconciliation – Safer Medicines Management
- Mental Health Unit, Forth Valley Royal Hospital, Larbert
- Progress and challenges
<table>
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<th>Workshop</th>
<th>Location</th>
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<td>Leadership &amp; Culture</td>
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<td>Communication at Transition</td>
<td>Castle Suite 1</td>
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<td>Restraint, Seclusion &amp; Emergency Sedation</td>
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<td>Risk Assessment &amp; Safety Planning</td>
<td>Argyle Suite</td>
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<td>Safer Medicines Management</td>
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<td>Introduction to Improvement Science</td>
<td>Castle Suite 3</td>
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Scottish Patient Safety Programme for Mental Health
Newsreel from Pilot Wards
Presenter: Joanne Hendry - Project Officer, Healthcare Improvement Scotland
Weather Forecast – NHS Fife

- Stratheden Hospital, Fife
- Restraint, Seclusion & Emergency Sedation
Stop the press!!!
NHS Dumfries & Galloway

- Mid Park Hospital, Dumfries.
- Risk Assessment & Safety Planning
Integrated care pathways for mental health
Enhancing patient safety through consistency, evidence and governance

Prepared by: David Thomson National Coordinator for integrated care pathways & Inspector of Prisons & Mark Fleming National Coordinator for integrated care pathways & Programme Manager - EHealth/Mental Health
Organising healthcare is quite simple, no complexity, straight forward!
WE ALL KNOW THE REALITY
Need to establish a common understanding of what an integrated care pathway is
Define: what is integrated care?

- “A coherent & co-ordinated set of services”¹

- ‘Health, social care working together’²

- At least 175 definitions exist...⁴

- But: most focus on services not necessarily service users and carers

¹ Minkman, MMN., et al. (2009).
ICP Definitions

• An explicit agreement by a local group of staff and workers, both multidisciplinary and multiagency, to provide a comprehensive service to a clinical or care group on the basis of current views of good practice and any available evidence or guideline.

• It is important that the group agree on communication, record keeping and audit.

• There should be a mechanism to pick up when a patient has not received any care input specified by the pathway so that the omission can be remedied.

• The local group should be committed to continuous improvement of the integrated care pathway on the basis of new evidence of service developments or of problems in implementation.
ICP Definition

• A care pathway is "anticipated care placed in an appropriate time frame, written and agreed by a multidisciplinary team.

• It has locally agreed standards based on evidence where available to help a patient with a specific condition or diagnosis move progressively through the clinical experience.

• It forms part or all of the clinical record, documenting the care given. It facilitates and demonstrates continuous quality improvement.

• It includes patient milestones and clinical interventions noted on the day or stage that they are expected to occur.

• It will include all of the following standards or show evidence that it is working towards meeting these standards:
  – multidisciplinary
  – single documentation
  – use exception reporting
  – variance analysis
  – patient/user involvement
  – monitoring of utilisation
  – cross boundaries
  – standard format
  – outcome orientated
  – built in audit
  – evidence based

(National Leadership and Innovation Agency for Healthcare 2005, p.8)
ICPs are much more than a document of care. The ICP system of care encompasses how care is organised, co-ordinated and governed.

The implementation of ICPs will improve the quality of mental health services by focusing the attention of local care providers on key steps along the journey of care. The most important aspect of ICPs is the recording, analysing and acting on variances, allowing the comparison of planned care with care actually given and enabling the implementation of continuous quality improvement.
Integrated Care Pathways

Locally Agreed Process/Systems/Documentation

Governance Framework

Audit/Service Improvement Model

Guidelines/Standards
Delivering For Mental health 2006

• Commitment 6

• NHS QIS will develop ICP standards and Accreditation Model.

• NHS Boards will develop and implement from 2008
National Standards for Mental Health

ICPs
What are they/what do they do?

- ICPs outline a process of steps which are taken throughout the patient journey
- ICPs enable the activities of the multi-disciplinary/multi-agency team to be coordinated
- ICPs enable core information to be amalgamated into one document
- ICPs are a clinical audit and case management tool
- ICPs document what is to be done, by whom, and when.
Are we being 'under-used'? We are a FANTASTIC resource - USE us more, we shouldn’t gather dust.
Embedding Care Pathways In Practice

In mental health, a National approach was established.

• Developing Standards for ICPs
• Support for development & implementation
• Process and model of accreditation
National standards will be developed for Integrated Care Pathways (ICPs) for the main diagnoses:

- schizophrenia
- bipolar disorder
- dementia
- depression
- personality disorder by late 2007.

Generic standards were also developed as core

Source: Delivering for Mental Health 2006
Support for implementation and development

• National Coordinators
• Local and Regional Coordinators
• Networking and Learning events
• Online toolkit
• Links to other National priorities and drivers
• Underpinned by Executive support
Local Implementation

• Establish local Infrastructures including stakeholder groups, governance structures, development of single care record (electronic systems), etc.

• Ensuring and promoting concept of alignment to other key drivers and strategies e.g. The Healthcare Quality Strategy for NHS Scotland, Releasing Time to Care (Productive Ward Series), Rights, Relationships and Recovery, Mental Health Collaborative, etc and now Scottish Patient Safety Programme (Mental Health)

• Enhancing staff skills to contribute to developments e.g. improvement methodologies (PDSA), process mapping, LEAN, value stream mapping, etc,
Integrated Care Pathway

A tool to compare planned care with care actually given
Most importantly, ICPs inform on ongoing quality improvements.

Reporting and Analysis of Variance
What are variances?

- If care is not delivered as planned the reason (variance) is recorded on the ICP

What is variance analysis?

- A summary of reasons when care is unable to be delivered as planned and informs considerations as to how improvements can be made
- Not all variance implies poor care or systems
Why is Variance Analysis Important?

Can highlight issues which the ward/team/service can improve/resolve

- Help clinicians understand why care might not be delivered as planned
- Can highlight areas where extra resources are required
- Potential to de-personalise issues
Benefits Of ICPs (General)

- Promote Co-ordination of care
- Improve Multi-Disciplinary/agency working
- Assists in the process of evaluating the quality of care
- Clarifies each persons roles/responsibilities
- Ensures patients receive evidence based care
- Introduces Audit directly into clinical practice
- Improves communication between professions
- Provides an opportunity to continually improve practice (Audit loop)
- Creates a platform where alignment of strategies/drivers can be facilitated and seen
Potential pitfalls / concerns

• Can be perceived as prescriptive and rigid in nature
• Curtail individualised approaches to care
• Potential abuse to audit staff performance
• Cost driven
• May increase/decrease cases of litigation
• Lack of research currently in the use of ICPs in mental health
Defining integrated care: Lloyd & Wait (2005)

- “Integrated care [closes] the traditional division between health and social care.

- “It imposes the patient’s perspective as the organising principle of service delivery &...

- “Enables... Provision that is flexible, personalised, and seamless”¹


Sometimes there's a better way of doing things!
Integration; an example of how SPSPMH & ICP work in harmony
RTC MH Ward; Admission and Discharge Module: To give patients safe and reliable efficient care.

RTC Community Hospital Ward; Admission and Discharge Module; To improve admission and discharge processes

ICP Standards:

Standard 7: Systems are in place to enable the recording and sharing of information.

Standard 10: A holistic assessment is undertaken with the service user.

Standard 11: A risk assessment and management process is carried out.

Standard 12: Specific risk assessment in women of childbearing age.

Standard 20: The reason for and the length of inpatient admission are recorded and discharge is planned.

Best Practice Statement; Admissions to adult mental health in patient services – Relevant information to this secondary driver is located at:

Audit tool Section 1: p41 – identifies all admission needs, Audit tool Section 2 (a&b): p42 Audit tool Section 4: p44 - Assessment and planning for recovery

Document Sections: BPS Section 1(a) : p9 assessment of need, BPS Section 2(a) : p14 & BPS Section 4(a) : p28 – An initial risk assessment,
The preparatory phase worked up detailed driver diagrams including change packages and measures for each of these primary drivers.

Scottish Patient Safety Mental Health Programme
Risk Assessment – Drivers and Change Action Package – Working Draft V 1.4

- Risk assessment and safety plan developed in partnership with service users, carers and multidisciplinary team and includes service user preferences
- Risk assessment and safety plan in place within 9 hours of admission
- Risk assessment includes any known triggers for harm and individual safety plan includes actions to reduce triggers
- Physical health screening carried out with 9 hours of admission
- Safety plan recognises the benefits of positive risk-taking to recovery

- Self reporting by service users and carers is used to inform the ongoing risk assessment and safety plans
- Observation and Engagement policy and practice reflects current evidence about known triggers for harm identified in safety plans and incident reviews
- All staff are trained in line with locally agreed training plan for risk assessment and safety planning
- Staff are clear on their roles and responsibilities for risk assessment and safety planning

Red text are changes since last version that went to action group, Blue text are changes that are taken directly from the preventing suicide toolkit, green text used for notes during development process
From the Scottish Patient Safety Programme - Mental Health: 90 Day Process Report & Recommendations Final Report, an area of work will include;

“reliable implementation of risk assessment and integration of effective risk management approaches as part of person centred care planning (ICP Standards 11, 16 and 17)”
SPSPMH Change actions in relation to joint assessment

JOINT ASSESSMENTS; DOCTOR AND NURSE DO ADMISSION ASSESSMENT TOGETHER RATHER THAN SEQUENTIALLY

JOINT ASSESSMENT BETWEEN COMMUNITY/WARD TEAM INVOLVE SERVICE USERS AND CARERS IN ASSESSMENT PROCESS

Example standard:
Risk assessment and management

**Standard 11: A risk assessment and management process is carried out.**

**Criteria**
11a There is a record of the service user’s vulnerabilities and risks, including:
- self-harm
- suicide
- harm to others
- finance
- occupation

……………………..etc

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**Process Mapping activity**

Apply improvement process

Apply model of improvement including PDSA cycles

Improved outcomes and patient experience
At any point in the pathway, refer to in-patient admission/discharge guidance or guidance for care homes (to be developed).

Acute care dementia learning resource (link)
Dementia care in the emergency Dept (link)

If required - Formal neuropsychological examination

Optional - Demtect (link)
Optional – GDS (link)
NFA – back to referrer/ signpost on
NFA – back to referrer/ signpost on

Check with SW
Ask GP for more info or physical health checks
Ask referrer for more info

Initial assessment
Core assessment (SSA) (link)
Basic risk assessment (Minimum Part 14 of core assessment plus first page and tick boxes of risk assessment document) (link)
Full risk assessment if required
MMSE (link)
ACE-R (link)
Cholinesterase medication – follow treatment algorithm (Link)
12 week memory clinic post diagnosis pathway (link)

MMSE
ACE-R
Acute care dementia learning resource
Dementia care in the emergency Dept

Information / resources

Dementia strategy (link)
Dementia passport (link)
Activities and interests toolkit (link)
Cognitive rehabilitation (link)
End of life care planning (link)
Cognitive stimulation therapy (link)
Facing dementia resources (link)
SDCRN (link)
Responses to BPSD (link)
SIGN guideline (link)
Dementia care standards (link)
others

6 monthly review (link)
My view (link)
HoNoS / HoNos 65 (link)

No follow up

transfer back to GP or signpost on
transfer back to GP or signpost on
transfer back to GP or signpost on
Another broader pathway example
Sustainability

• Must be embedded in the culture of the organisation

• “This is the way we do things here!”

• Everyone's business
Do patients and carers value integrated care pathways?
Online resource

• www.icptoolkit.org
Thank you for your attention

David Thomson; dthomson2:nhs.net

Mark Fleming: mark.fleming@nhs.net
Speed Dating

SPSP-MH Style
Speed Dating Instructions

1. Go to the corner that’s signed with your workstream, and find yourself someone you’ve never met before.

2. Then, you’ve got **5 minutes** to each get answers to the following questions:
   - Introduce yourself, your role and where you come from
   - What has been the best test of change you’ve done so far?
   - What are you most looking forward to over the next 3 months?

3. When you hear the music, you need to find another person in your workstream corner you’ve never met before –
   And start all over again...

Remember, you only get 3 goes!
Generating Ideas from the frontline
Engaging frontline staff and service users in generating new ideas for improvement
The greatest discovery comes not from seeing new landscapes but in seeing the familiar with new eyes

*Marcel Proust*

“Innovation is the creation of a desired future”

*John Kao Innovation Nation*

“Innovation can improve what is or define what could be”

*Clayton Christianson The Innovators Dilemma*
"I'll be happy to give you innovative thinking. What are the guidelines?"
To Innovate is to Thrive

The key to unlocking innovation is to apply both types of thinking with equal authority and in the right order.
IDEO has been identified as America’s Leading Design Firm.

IDEO’s special ingredients:
- Teams
- Culture
- Methodology
The “Snorkel”*

- Clarity of Aim
- Understand the context....
- Propose a Design Challenge
- How might we....?
- Storytelling
- Ideas storming
- Select top ideas (multi-vote)
- Prioritize ideas for development
- Plan prototypes/enactments
- Design first series of PDSA tests
- Innovate

*Transforming Care at the bedside
Robert Wood Johnson Foundation & Institute for Healthcare Improvement
Design Challenge

*How might we fully engage service users and their family members in preventing harm?*
Storytelling

• In lieu of doing actual observations, use storytelling to “observe” actual experiences

• Recall an actual story or experience which relates to the specific design challenge (personal, friend or family member or work-related experience)
  ✓ Who was involved?
  ✓ What happened?
  ✓ How did individuals feel and react?

• Give an example

• Tell stories in small groups (nor more than 2 minutes each)
Rules for Ideas storming

Chose one or two “how might we scenarios....

- encourage wild ideas
- go for quantity – want more than 500 ideas
- defer judgment
- be visual – draw pictures
- one conversation at a time
- build on ideas of others
- stayed focused on topic (“how might we...” scenarios)

*Write each idea on paper provided*
Multi-voting / Select Top Ideas

• Cluster together similar ideas from brainstorming exercise

• Use dots to vote:
  ✓ What are your personal favorites?
  ✓ What idea would you most like to try on your unit?
  ✓ What idea do you think will have the biggest impact toward achieving the “how might we...”

• Participants can distribute their dots however they want — all on one idea, each dot on a separate idea, or anything in between

• Report out on favorite ideas (where there are most dots)
Matrix of Change Ideas

Easy to Implement

Place concepts in matrix. Strive for easy, low-cost solutions. Translate high-cost solutions into low-cost alternatives.

Low Cost  High Cost

Difficult to Implement
<table>
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<tr>
<th>Low Impact</th>
<th>High Impact</th>
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<tr>
<td>Low Cost</td>
<td>Translate high-cost solutions into low-cost alternatives.</td>
</tr>
<tr>
<td>High Cost</td>
<td>Strive for high-impact, low-cost solutions.</td>
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Board Planning Session

Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Changes That Result in Improvement

- Very Small Scale Test
- Follow-up Tests
- Wide-Scale Tests of Change
- Implementation of Change
- Data

Hunches Theories

APSD

APSD

APSD
Enactments

- Creating an enactment will help you illustrate an extreme future vision for your prototype
- Enables you to refine your thinking and build on ideas
- Helps to make your concept/abstract idea into something more concrete
Engaging Heart & Minds

• ‘If you want to build a ship do not gather men together and assign tasks. Instead teach them the longing for the wide endless sea’
  (Saint Exupery, Little Prince)
Innovation References

- IDEO  
  http://www.ideo.com/uk/

- “Innovation Nation”  

- “The Innovators Dilemma: The Revolutionary Book That Will Change the Way You Do Business”  

- The Innovation Journey  

- Marcel Proust on Discovery /Innovation  
  http://improveprocess.blogspot.co.uk/2009/07/marcel-proust-on-discoveryinnovation.html

- Organizational Change and Innovation Processes  

- Weird Ideas that Work  
Boards planning session

Jason Leitch, Clinical Director, The Quality Unit, Scottish Government
Annette Bartley, Independent Quality Improvement Consultant

Twitter: @spsp_mh
#spspmh
Framework:
Leadership for Improvement

Setting Direction: Mission, Vision and Strategy

Removing the Status Quo

Making the future attractive

PUSH → The Scottish Government
Leadership for testing

• Build an expectation of testing
  – Timing of report-out
    • (e.g.: every 2\textsuperscript{nd} Friday, 15 mins)
  – Leadership connection
  – Reviewing data regularly
Leadership for testing

- Space for testing
  - Time-release
- Escalation
  - Barriers; policy and financial
  - Mechanism for escalation
- Test yourself
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<th>Low</th>
<th>Medium</th>
<th>High</th>
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<td><strong>Ideas</strong></td>
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<tr>
<td><strong>Execution</strong></td>
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Barriers

• “we’re too busy”
  – Smaller test, avoids re-work
• “we’re doing it already”
  – Measure to prove it, failure free
  – Ask five people
• “doesn’t fit our priorities”
  – Align test with priorities
Barriers 2

• “we don’t measure”
  – Smaller test, count anything
• “we’re different”
  – No you’re not
• “no money”
  – Waste, harm and variation
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Twitter: @sbsp_mh
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Question & Answer Session

Panel:

- **David Hall** (Clinical Lead SPSP-MH)
- **Geoff Huggins** (Head of Mental Health Division, Scottish Government)
- **Gordon Johnston** (Service User)
- **Jason Leitch** (Clinical Director, The Quality Unit, Scottish Government)
- **Susan Went** (Director, Evidence & Scrutiny, Healthcare Improvement Scotland)
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