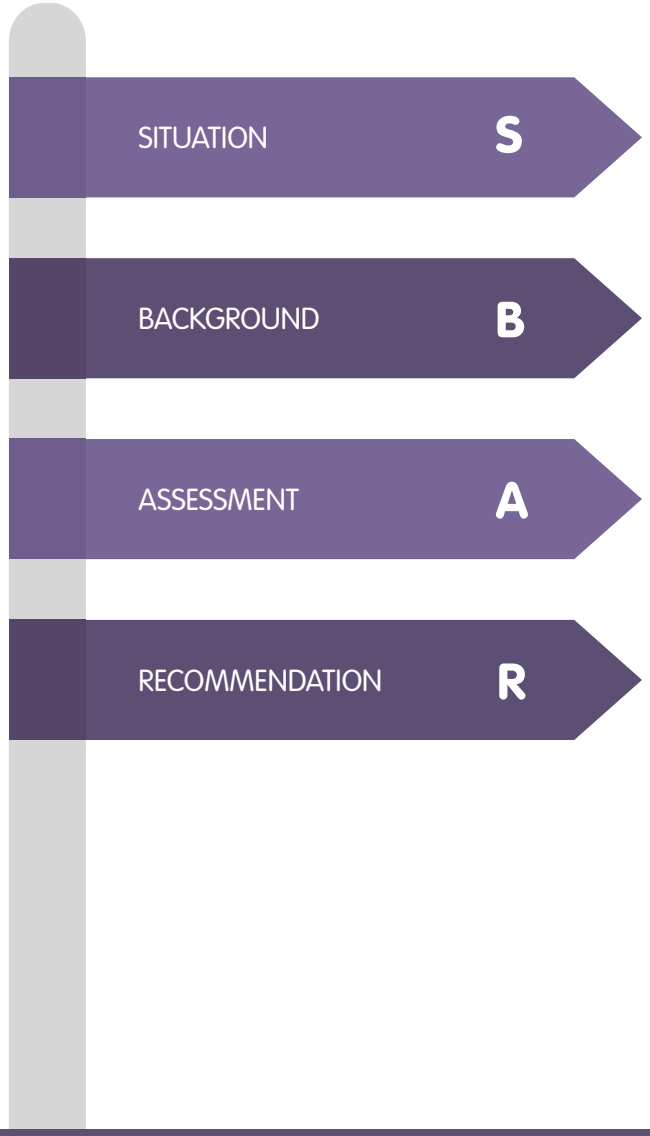
Building capacity to support human factors in patient safety



West of England
Academic Health
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Acknowledgements

This toolkit has been developed based on the IHI SBAR toolkit developed by Kaiser Permanent, the NHS Institute for Improvement and Innovation toolkit and the WEAHSN QI Toolkit. Training materials have been developed and tested by Sirona Health and Care, North Bristol NHS Trust, and West of England Academic Health Science Network.

We would like to thank Karen Gleave, Stephen Early, Richard Thomas, Alan Howe, Robert McGuinness. Charles Durdin and Jane Hadfield for their work in the development of this project.

This programme has been funded by Health Education South West as part of the Health Education England Learning to be Safer through human factors and patient safety programme.

License

Aim

This toolkit has been developed by the Building Capacity to Support Human Factors in Patient Safety workstream delivered by the West of England Academic Health Science Network.

The overarching aim is to ensure that support staff are enabled to help create and work in environments that optimise their ability to deliver safe, quality, patient care. For the purposes of this workstream the focus is non-technical human factors i.e. leadership, teamwork and communication.

Care Home Edition

Contents

All the tools referred to in this toolkit and more are available online at www.weahsn.net/human-factors

The pilot found that using supporting resources like ID badge sized cards, posters and stickers to go by telephones, and using SBAR on other documents, e.g. handover sheets, can help reinforce learning and use in practice.

Editable versions of cards, posters and stickers are also available to download at the website.

References, evidence base and further reading are available on the website.

About the West of England Academic Health Science Network

The West of England Academic Health Science Network (AHSN) is delivering positive healthcare outcomes locally and nationally by driving the development and adoption of new innovations and making a meaningful contribution to the economy.

We are one of 15 AHSNs across England, established by NHS England in 2013 to spread innovation at pace and scale.

As the only bodies that connect NHS and academic organisations, the third sector and industry, we are catalysts that create the right conditions to facilitate change across whole health and social care economies, with a clear focus on improving outcomes for patients.

Find out more at our website http://www.weahsn.net/

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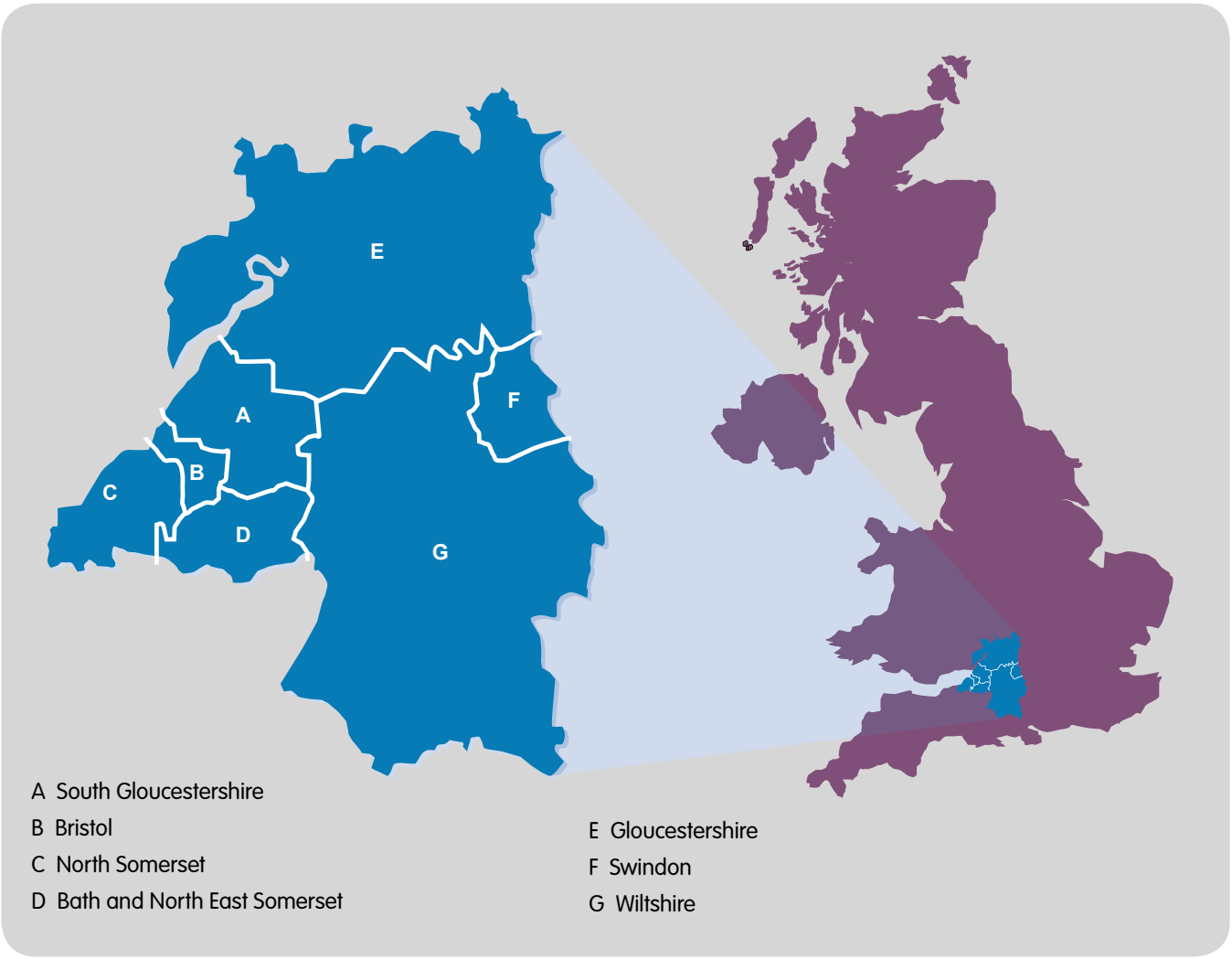
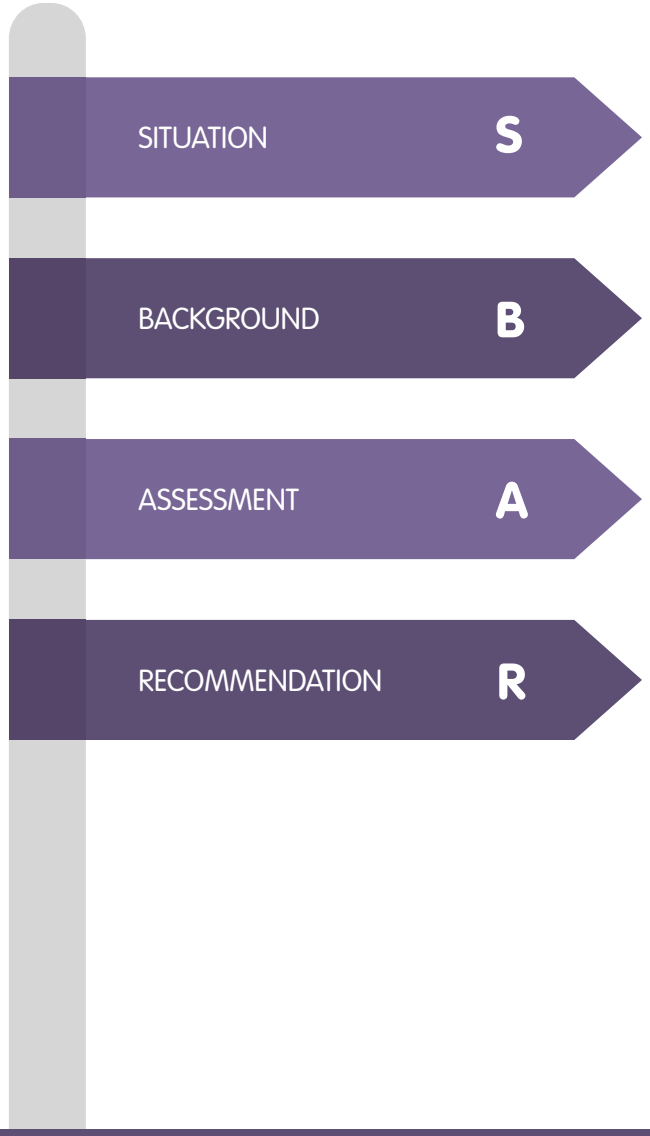


A South Gloucestershire
B Bristol
C North Somerset
D Bath and North East Somerset
E Gloucestershire
F Swindon
G Wiltshire

SBAR is a structured method for communicating critical information that requires immediate attention and action, contributing to effective escalation and increased patient safety (NHS Institute 2010). The SBAR tool originated in the US Navy Submarine Service and was adapted for use in healthcare by Dr M Leonard and colleagues from Kaiser Permanente, Colorado, USA.



SBAR stands for:

- **Situation**. Resident's details, identify reason for this communication, describe your concern.
- **Background**. Relating to the resident's significant history; this may include medications, investigations, treatments.
- **Assessment.** What is your assessment of the resident or situation. This can include clinical impressions/ concerns, vital signs if relevant.
- **Recommendation.** Be specific, explain what you need, make recommendations, clarify expectations and confirm actions to be taken

Benefits

The National Patient Safety Agency (2007) identified that "the art of being able to communicate information succinctly and to make requests assertively was thought to be important in securing an appropriate response." The NPSA report recommended the use of structured communication tools like SBAR to improve communication and teamwork.

SBAR can also be used to effectively enhance handovers between shifts or between staff in the same or different clinical or care areas, and to escalate concerns about a deteriorating patient.

The training package has been mapped against the national syllabus for the Cavendish Care Certificate. Therefore this package provides evidence-based communication skills training in line with national competencies.

THE CARE CERTIFICATE

Sirona Care and Health and **North Bristol NHS Trust** were appointed as the pilot site to develop the training package.

Sirona Care and Health provide a range of health and social care services in Bath and North East Somerset and South Gloucestershire including residential care homes, domiciliary care, and community hospitals. Specialist teams work with people with learning difficulties, both adults and children, as well as people with autism, and dementia. Sirona has approximately 2,000 staff members across Bath and North East Somerset, of this number approximately 1,800 are in roles that are directly patient facing.

The curriculum was developed by Sirona Care and Health based on how teams communicate, using communication tools such as SBAR to develop a baseline awareness, which is built upon and embedded during the training using scenarios. These scenarios were co-designed by the programme lead and service user representative to reflect realistic scenarios that staff might encounter.

Since the start of the pilot in 2015, by March 2017 over 3,000 staff have been trained through the human factors programme at the West of England Academic Health Science Network Patient Safety Collaborative.

Evaluation findings

The initial phase of the pilot was to work with three teams (health visitors, learning difficulty day services, and extra care) in order to develop the training package and scenarios. Following this first PDSA (plan do study act) cycle, the training was adopted into induction for all new starters.

Comments from participants in the training include: "SBAR has made situations clearer and much easier to understand when it is used" and "SBAR has helped me to think about the way in which I pass on information, this will also allow me to think about how best to get straight to the point."

Stephen Early, service user involved in the pilot won the Sirona volunteer of the year for his commitment and inspirational impact on staff.

The full evaluation report is available at http://www.weahsn.net/what-we-do/enhancing-patient-safety/collaborating-in-the-community/human-factors/

Watch Stephen talk about his experience being part of the project at https://youtu.be/wO4bLRljOtQ

Stephen Early is a service user and volunteer with Sirona who has been actively involved in the development of this training programme, from designing scenarios to reflect realistic situations that staff might encounter to giving talks at staff inductions.

This is Stephen's story, introduced by Karen Gleave, Project Lead for Sirona Care & Health.

Stephen is a service user living in one of our Extra Care Services, and currently is a volunteer with Sirona Care & Health and sits on the service user panel/forum.

I met Stephen just over a year ago when I approached members of the panel about working with me to provide a service user's perspective for the Sirona support worker induction on what it is like to receive a service.

Once Stephen started it became quickly apparent that he was a "natural" talking with people and able to get his message across about how important communication and human factors are when supporting people. Stephen is able to bring the scenarios alive for the audience, has made people laugh and at times brought people to tears.

Stephen is a very inspirational person and has touched the lives of many. It really shows the great value that service users can make to organisations and how they can help to shape future services.

Stephen's story

Unfortunately I've caught pneumonia about six or seven times, and on about four or five occasions I've been took into hospital… … because I was living by myself I've had problems with eating for about six years. … one of the things they do here is try and make me eat and drink so they make me a sandwich now and then, or every time they come in, no matter what they're going to do they always make me a cup of tea and put it in front of me, and I feel if they've made me a cup of tea, then I should drink it, even thought I don't feel thirsty if that makes sense, and when I go up to Karen's they the same, everyone does the same. "Tea Steve!" and it's great.

So one day the doorbell went and the lady came in and she was a support worker. I think she was, I'm not sure now. She came in and said [grunting] "Alright."

Well, straight away you know that you were not going to have a conversation with this lady about anything and the worst thing is that these sort of five, ten minutes ones which you might get spread out between the day, maybe three times, maybe four, not sure, all depends on what your needs are, are very important to everyone because it's communication. It's talking to someone.

And loneliness in these sort of places is quite bad actually because you know it has an effect on them and on their health as well. Because if you're feeling down, you're more likely I feel to get things wrong with you and depressed and things like that, so it's quite important when people come in that they're a bit… and say things. So when she came in I knew straight away I wasn't going to have a conversation with her.

Now if I was feeling a bit unwell or anything like that, or had troubles or things, I wouldn't have talked to her about it because I knew she wasn't in the right mood to receive any sort of information. And then she came and said, "Got to make you a drink." Now "got to", so that hit me home that "got to" is not "Oh, I'm going to make you a…", "Got to make you a drink. Can't understand why you can't do it yourself." That was a little whisper underneath the voice.

And then the sandwiches… "What do you want in your sandwiches?" I said, "Well anything please" and then again I heard her say, "Can't understand why you can't do it yourself" and then she left. And as soon as she left I got up and I chucked the tea down the sink, and I put her sandwiches in the bin because I wasn't going to eat or drink anything from someone who didn't' want to do anything for me and it made me feel really bad.

So that went on for about six or seven weeks. I stopped taking food, and when they did make me food I just tipped in the bin, and the drinks, because I felt like no one wanted to do it and they didn't understand me. They didn't' understand my problems. They just thought I was lazy. So it didn't matter if they came in happy or joyful, I would still do it. That was quite a bad experience.

And then a good experience was one lady come to see me, well lots of them. And they come in and ring the bell [brightly] "Hi Steve!" Straight away you know you're going to have a positive talk to that person and positive reaction. And you're going to say to that person if there is something troubling you, you're going to mention it to them, you know, "Oh I don't feel too good today… Oh I've got this problem" or whatever.

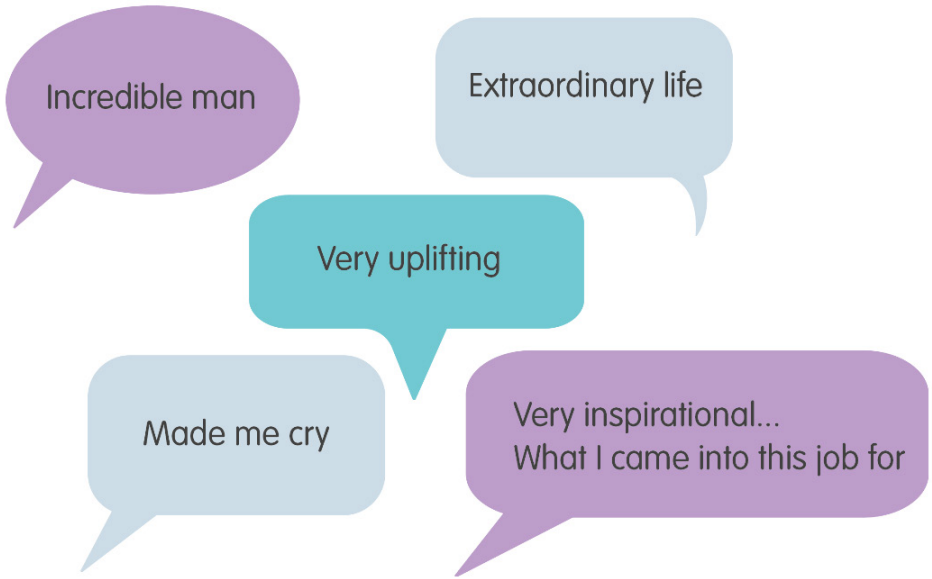
And the other thing is they come in and say, "What have you been up to today? What's been going on? What are you going to do this afternoon?" All them little things, you know, it helps the conversation to go through and it is brilliant. "Oh," she said, "Is it two sugars, Steve, innit? It's two innit?" Them little things, it's not like "Oh, I gotta make you a cup of tea" or anything like that. It's "I'm going to put in two sugars." Some don't even talk about it they just do it and bring it out and put on the table which is brilliant so it's them sort of things…

…unfortunately the people, some of the residents we have here, I call them my family because they are they're all my family, and I tell them that. Anyway, they've got problems some of them and some of them suffer with memory loss, Alzheimer's, so they're not able and some of them can't speak properly and they cannot relay to the support workers what it means, what they mean to us and they mean everything.

I call all of my support workers "my ladies" because that's what they are. They're my ladies. And they're here… if it wasn't for them I wouldn't be here, they mean so much. Doesn't matter if they come in and make me a cup of tea or just the simplest of things like help me taking off my shoes. My legs swell up around about half past two in the afternoon. They come in and take my shoes off and they always make me a cup of tea when they do it, and they have a little chat whilst they do it, and it means so much.

And I'm able when I go on my induction days to translate to them what they actually mean to people like me and the rest of the residents what they're doing. Their job's just as much important as a doctor or anyone like that because they're doing something to help and they're not only helping in the sense of doing something like giving someone tablets at the right time or doing some domestic or whatever or making sure someone eats. They're actually talking to that person, which is fantastic, which makes them feel good.

… if I can hit that one person at induction day and she stays doing caring for maybe ten years? So she might see thousands and thousands of people on her journey through her career. If she carries that through, with all of them, what a magnificent difference that's going to make! So that's how I think of it.



In order to implement SBAR in a sustainable way in your care home, and to be able to measure the impact of this intervention, we recommend a structured Quality Improvement framework for implementation.

Quality Improvement science is the application of a systematic approach using specific methods and techniques in order to deliver measurable improvements in quality, care and safety.

The processes we describe can be adapted to meet the needs of your staff, clients and organisational context. Our approach uses the methodology developed by the Institute of Health called the **IHI Model of Improvement.**

You can find out more about the Model for improvement through our **QI toolkit**, available through our West of England Academy http://www.weahsn.net/what-we-do/west-of-england-academy/

For an introduction to PDSA cycles watch this video https://youtu.be/xzAp6ZV5ml4

The IHI Model for Improvement

There are three questions to ask when developing implementation projects shown to the right.

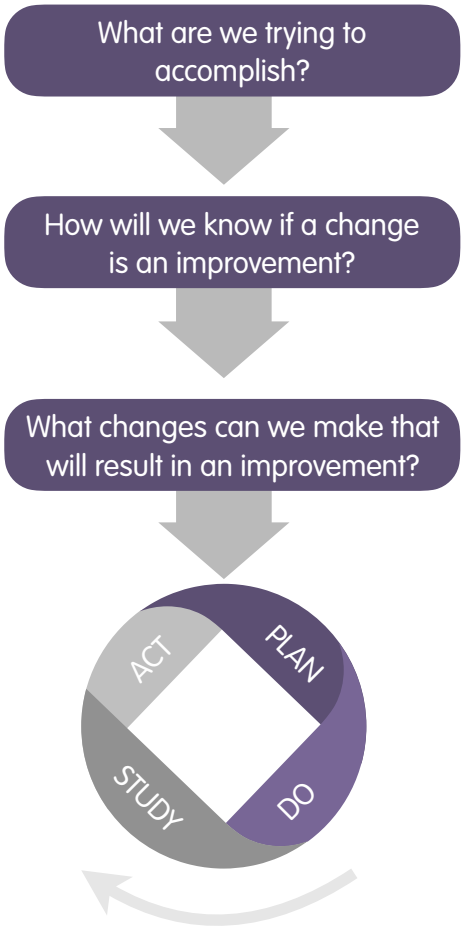
These are then followed by rapid cycle improvement using PDSA.

Plan, Do, Study, Act is an effective method that helps teams plan the actions for their model, test it on a small scale, and review before deciding how to continue.

Using PDSA cycles are a fantastic way of taking ideas, trying them in practice, learning what works, and what doesn't to help you achieve success.

You can then broaden the scale of the test, or adjust your ideas through more than one PDSA cycle — it make take a few before the idea starts to work reliably.

For a fun way to introduce a team to quality improvement, check out this blog post http://www.weahsn.net/2016/01/anyone-for-tennis/



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