Annual Quality Awards

Improving Quality through Audit & Guidelines

GAIN

30 November2016

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

HOUSEKEEPING

Toilets are located outside theatre

In the event of a fire…

Keep your belongings with you

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Audit of Day for delegates

CRITERION:

Mobile phones should be turned to silent

STANDARD:

100%

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

ATTENDANCE CERTIFICATES

Certificates will be available at the end of the event

Please ensure you have registered

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Professor Tom Trinick
GAIN Chairman

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Mrs Olive Macleod
Chief Executive
RQIA

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Northern Health and Social Care Trust

Integrated Care Partnerships
Health and Social Care

In-Reach into 20 Nursing Homes, A partnership approach to person centred care.

ICP Frail Elderly Initiative
Antrim / Ballymena

MANDY ELLIS
PRACTICE DEVELOPMENT FACILITATOR

Northern Health and Social Care Trust

Integrated Care Partnerships
Health and Social Care

Northern Health and Social Care Trust

Integrated Care Partnerships
Health and Social Care

Introduction

- Successful small pilot Mid-Ulster Area 2014
- Aging population – changing demography (by 2020 the number of people over 75 years increased by 40% and over 85 years increased by 58%)
- Physically frail
- Increased dependency, complex clients
- Transforming Your Care (2011) Right care, Right place, Right time
- Care in a familiar environment more desirable

Northern Health and Social Care Trust

Integrated Care Partnerships
Health and Social Care

RCN 'Care in Crisis' (2015) survey into independent sector

- Support from in- reach services
- Greater accessibility to training opportunities
- Benefit from support to bridge knowledge to practice gap
- Loss of specialist skills and knowledge barrier to reducing hospital admissions
- Recommendations – partnership working with HSC trusts with training and development, maintenance of clinical skills and competence

Northern Health and Social Care Trust

Integrated Care Partnerships
Health and Social Care

Aim:

To maintain residents/patients safely in their home

Objectives:

- Improve the Patient Experience
- Engage with and support a Partnership Model with PNH
- Enhance Knowledge & Clinical Skills of PNH Nurses
- Foster a Person Centred Care Culture
- Support more effective use of other Services
- Reduce unnecessary ED Attendance and expedite patient discharge.

Northern Health and Social Care Trust

Integrated Care Partnerships
Health and Social Care

PROCESS:

DATA ANALYSIS

- Undertook PNH Patient Profile.
- Baseline and on-going on E/D attendance, HDNT, Marie Curie, District Nursing Input, PNH Nursing skills, Advance care planning, Medication reviews.

EDUCATION

- LTC programme : deteriorating patient, end of life care, specialist nurses.
- Clinical Skills programme: Catheter, venepuncture, syringe driver, PEG.
- Masterclasses e.g.: Inhaler Technique, Diabetes, Nutrition.

COMPETENCY

- Provided in-reach Facilitation to PNH to Support Skills attainment.
- Provided on going visibility in PNH for support.

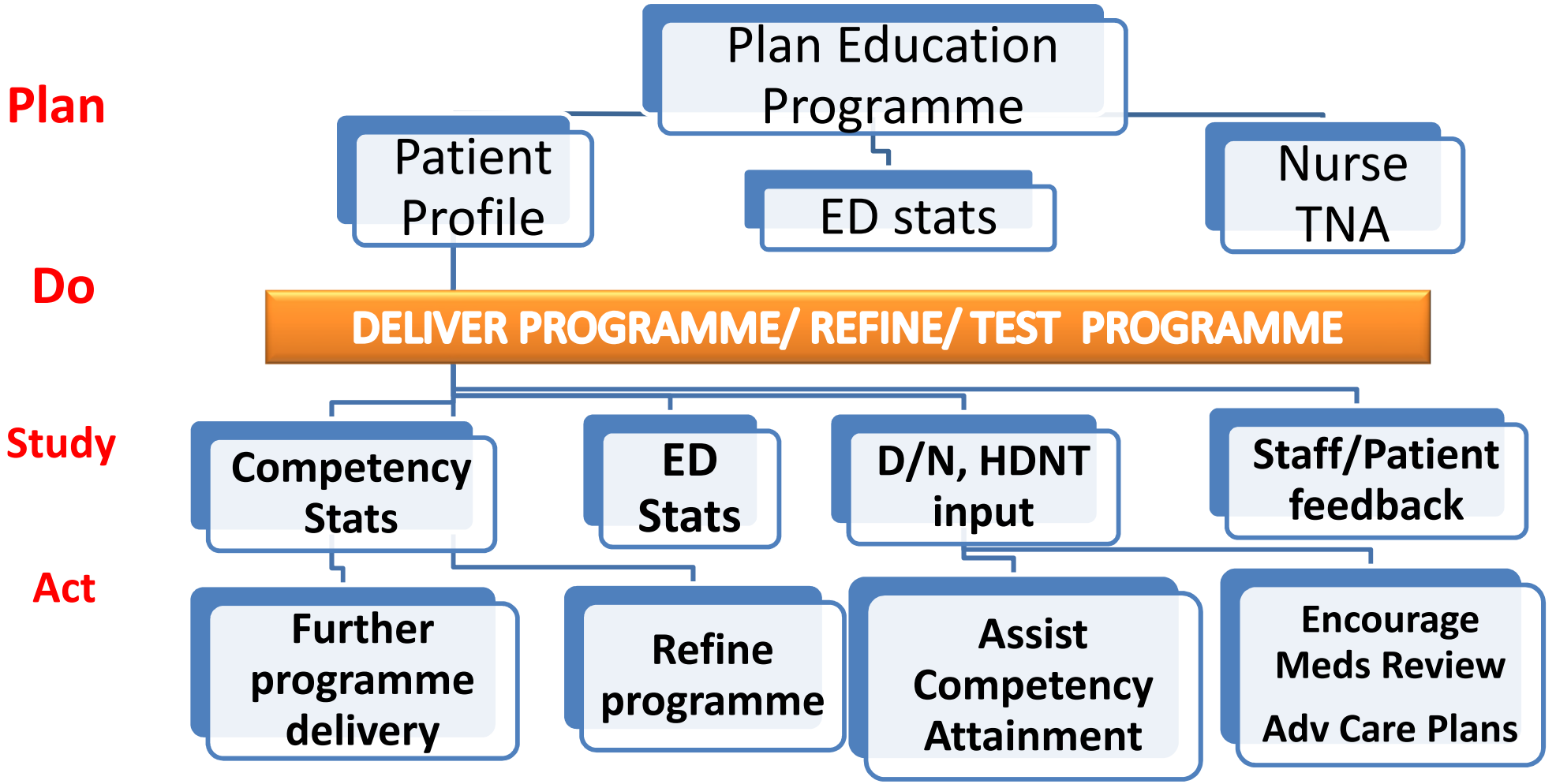
CASE FIND

- Follow through with PNH ED Attendances to establish patient story.
- Follow through with PNH/Hospital of admitted patients to expedite patient discharge.

Northern Health and Social Care Trust

Integrated Care Partnerships
Health and Social Care

PDSA – Measuring Outcomes and Refining the Education and Development Programme



38 PNH champions from 20 homes identified and have accessed clinical skills training. Champions/Facilitator have cascaded skills training in:

- Catheters/Venepuncture/Syringe Driver training to other RGN care home staff
- Documented use of Advance Care Planning & Medication Reviews undertaken increased
- Use of Tele-Health increased from 0 to 2 patients
- Reduced reliance on OOH visit to PNH by M/Curie
- Reduced reliance D/Nursing Calls
- Reduced reliance Hospital Diversion Nursing Team calls
- Reduced ED attendance 14/15 = 1016 15/16 = 707…..
  reduction 309 attendances **31% less**

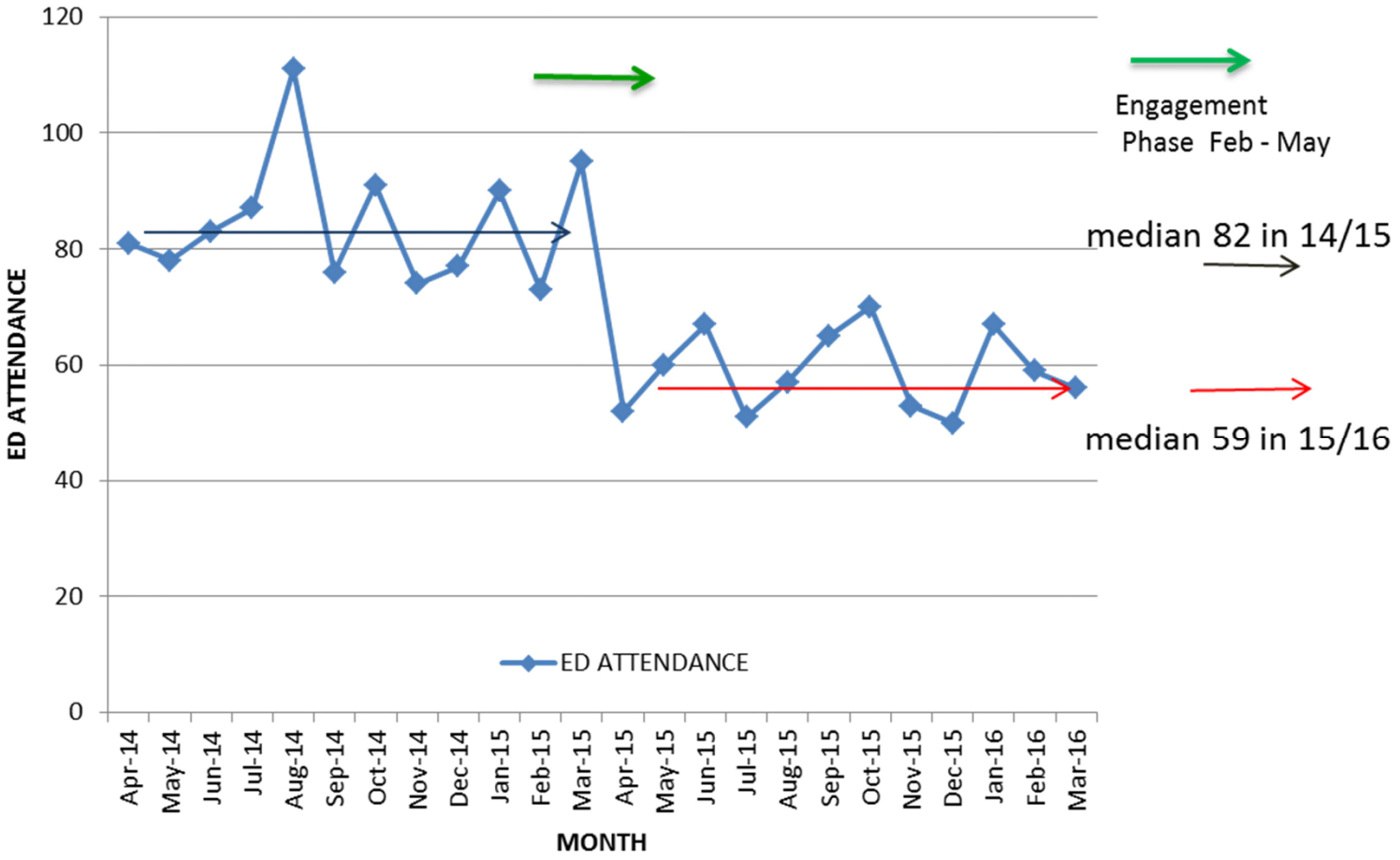
Top 3 ED Attendances from ALL 4 Quarters

- Respiratory Conditions
- Falls
- Urinary Tract Issues

Northern Health and Social Care Trust

Integrated Care Partnerships
Health and Social Care

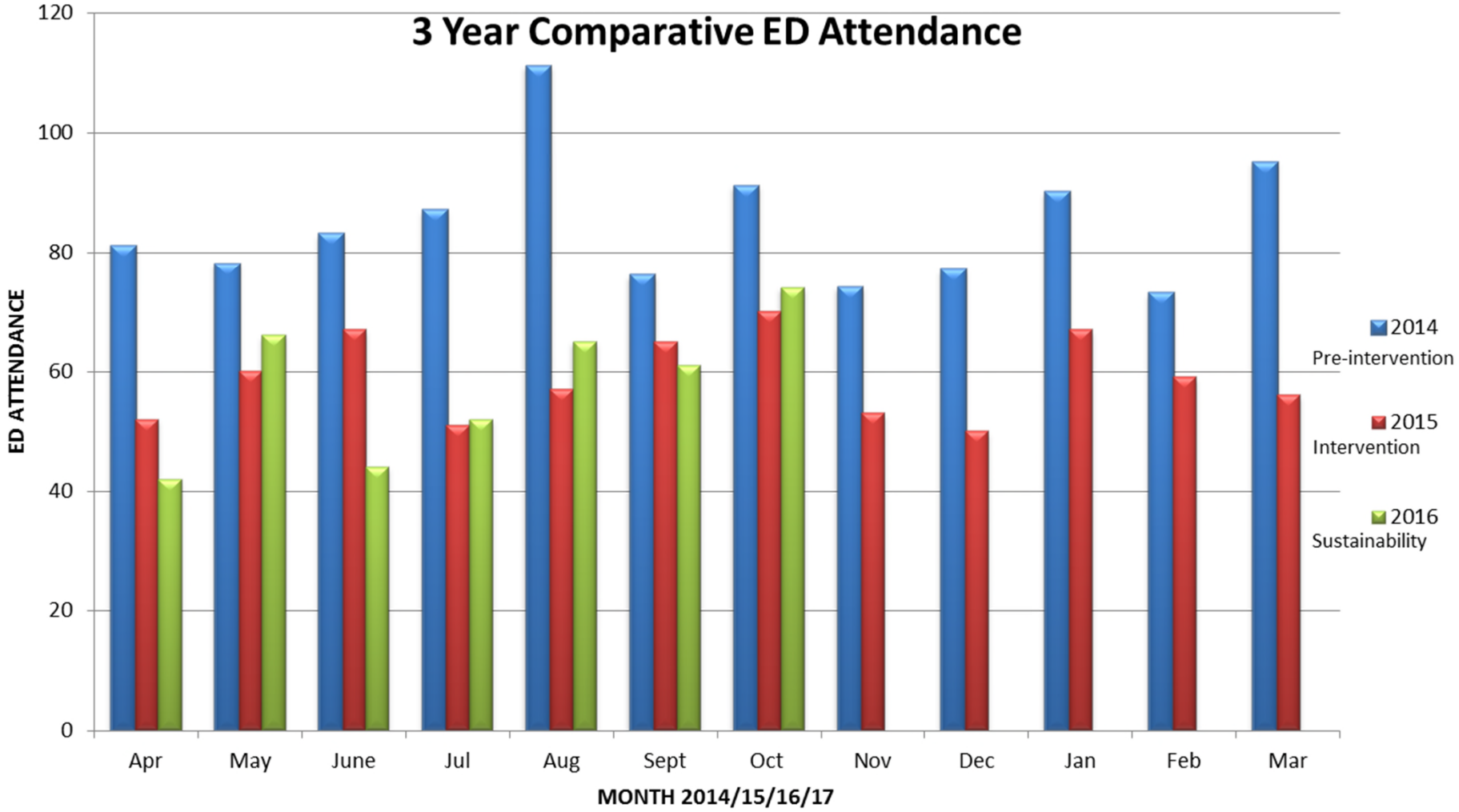
ED Attendance 14-16



Northern Health and Social Care Trust

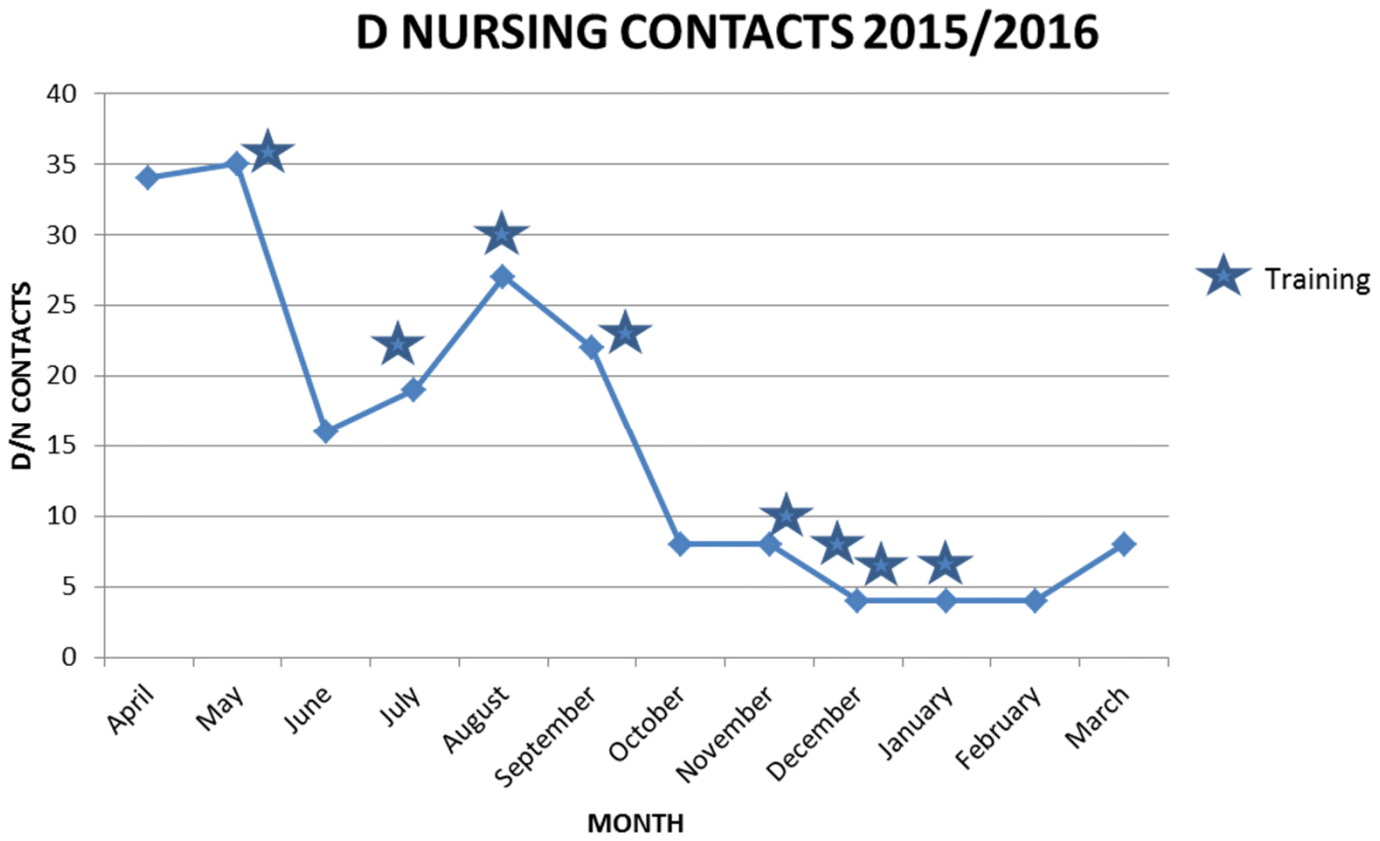
Integrated Care Partnerships
Health and Social Care

	Apr	May	June	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2014	81	78	83	87	111	76	91	74	77	90	73	95
2015	52	60	67	51	57	65	70	53	50	67	59	56
2016	42	66	44	52	65	61	74					



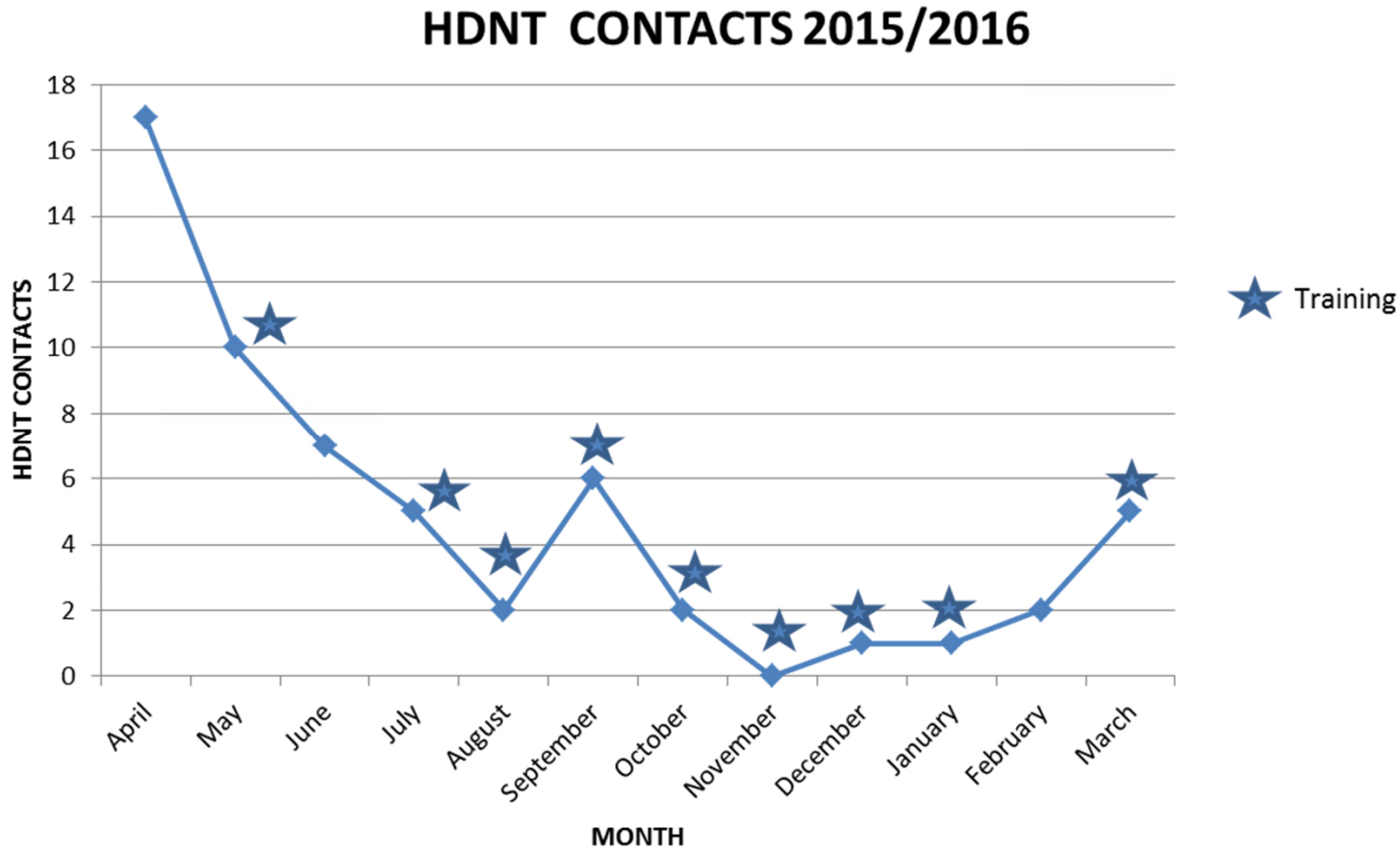
District Nursing Contacts

Month	2015/16 CONTACTS
April	34
May	35
June	16
July	19
August	27
September	22
October	8
November	8
December	4
January	4
February	4
March	8



HDNT Contacts

Month	2015/16 CONTACTS
April	17
May	10
June	7
July	5
August	2
September	6
October	2
November	0
December	1
January	1
February	2
March	5



Northern Health and Social Care Trust

Integrated Care Partnerships
Health and Social Care

Outcomes

- Engaged New Systems & Networks (Trust/ IT/Independent DUC/ Voluntary - Carers NI)
- Fostered A Learning Community-Anticipatory Care Behaviours
- Reduced variation in patient care through education (control)
- Enhanced Use of SBAR in communication In/Out of Hours
- Case Finding & Expedite Patient Hospital Discharge
- Tandem working with Medicines Optimisation Team/Dementia Home Support Team /NIAS
- Extended funding to engage with 20 + 20 new homes/ 3 Permanent posts
- ECHO Project- virtual learning programme in collaboration with PHA
- Potential Cost Avoidance £316k

Other Outcomes

- **Patient / Staff Experience testimonials.**

"Easy to reach when advice & help was needed"

"Great feeling … I can change a Supra pubic catheter myself!!.."

"…….. Care is provided by people we know and trust"

"Thank you so much for this opportunity"

- **Promoted an anticipatory model of care.**
- **Created collaborative networks between homes fostering a learning community.**
- **Incentivise staff retention within a positive valued learning culture.**
- **Potential to attract new registrants into a dynamic and connected.**

Changes in Practice:

- Use of SBAR template at the phone when making contact with GP/OOH
- Syringe Driver documentation changed to regional documentation
- Venepuncture collection kits changed
- Person Centred Care Plan for specific conditions
- Collaboration and shared learning between champions
- Relevant signposting to available community services
- Increased confidence

HSC Northern Health and Social Care Trust

Integrated Care Partnerships
Health and Social Care

Northern Health and Social Care Trust

Integrated Care Partnerships
Health and Social Care

Thank You

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Joint Forces

Health & Education – Together is Better

Sarah McElholm
Speech and Language Therapist

Western Health
and Social Care Trust

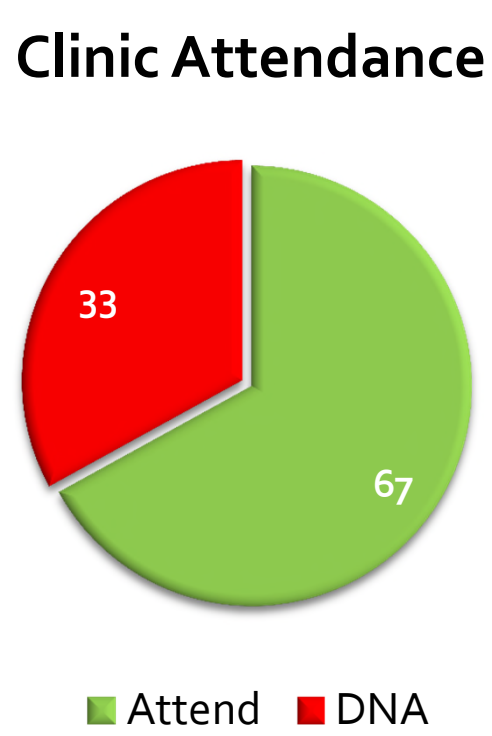
Contents

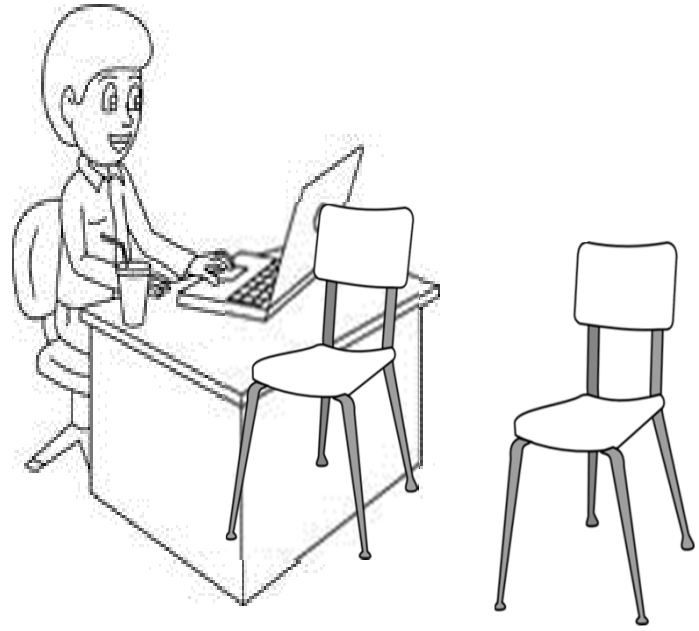
- Background
- Aims & Objectives
- Project
- Results & Outcomes
- Future

Background

- Transforming Your Care agenda
- Audit - SLT Clinic attendance
- Opportunity with Education
- Promoting pre-literacy skills
- Capacity building in Education

Three quarters of primary school teachers reported seeing children aged four to five arriving in Primary 1 unable to speak in full sentences.
Read On. Get On – Save the Children 2015





Western Health
and Social Care Trust

Aims & Objectives

- To raise awareness of Speech, Language and Communication skills within Education
  - (Teachers – Pupils – Parents)
- To reduce unnecessary referrals into Core Speech and Language Therapy Service in the Western Trust
- Value for money: reducing percentage of DNA to SLT services
- To highlight the need for the integration of SLT within the Education network
  - Health & Education – together is better

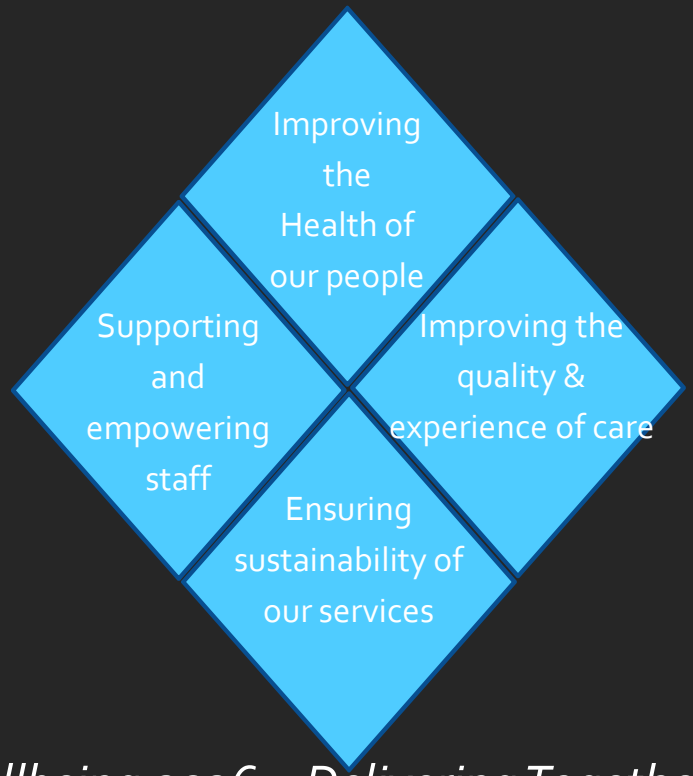
Pilot Project : *Working in Schools*

- Eleven schools involved (Mid-Tyrone area)
- All schools involved in both Cluster Groups and ELKLAN training sessions.
- Nine schools received between 1 and 3 days support from the Speech & Language Therapist.
- 20 individual school visits delivered
- Approx. 390 children benefitted

Western Health
and Social Care Trust

Project activities

- Training for staff – teachers, classroom assistants
- Training & Information sessions for Parents
- Group/large class therapy session
- Individual assessments
- Cluster groups with teachers



Results

- The PIPA (Pre-school & Primary Inventory of Phonological Awareness) assessment tool was used on a randomised controlled population
- First assessments completed early October 2015
- Assessment repeated May 2016
- Standardised results shown below:

Average Scores	Syllable Segmentation	Rhyme Awareness	Phoneme Isolation
1st Assessment	8.5	9.8	8.9
2nd Assessment	**11.3**	**11.7**	**10.8**

Western
and Soci

Feedback

- Qualitative evaluations completed by Principals, Teachers and Classroom assistants representing all schools involved in the cohort
- 100% of schools surveyed wish to continue with the project
- Main comments included:
    - More contact time with the Speech & Language Therapist
    - More time for individual assessment
    - More time for small group working
    - Further workshops for parents
    - Further Practical Resource suggestions

Feedback

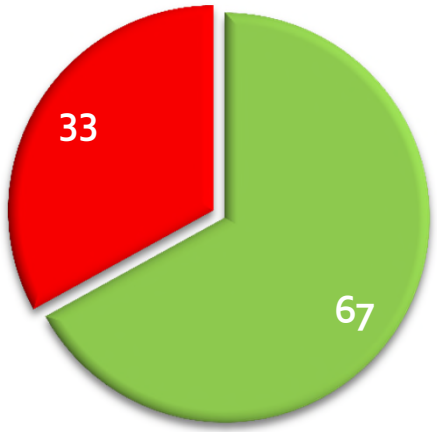
“ Sarah’s support was the most beneficial we have had in school for may years. She was able to reach out & support all those involved: pupils, teachers, C.A.’s and parents… the benefits to our school in the short space of time of which we availed of her expertise were immense ”

Mary Grugan: Principal Gortin P.S.

Western Health and Social Care Trust

Conclusion

Clinic Attendance



School Attendance

Conclusion

- Project closely aligned with principles of *Bengoa report* (2016) and *Health and Wellbeing 2026 – Delivering Together*
- *Project easily scalable*
- *Better value for money*
- *Improving child experience*

Triple Aim

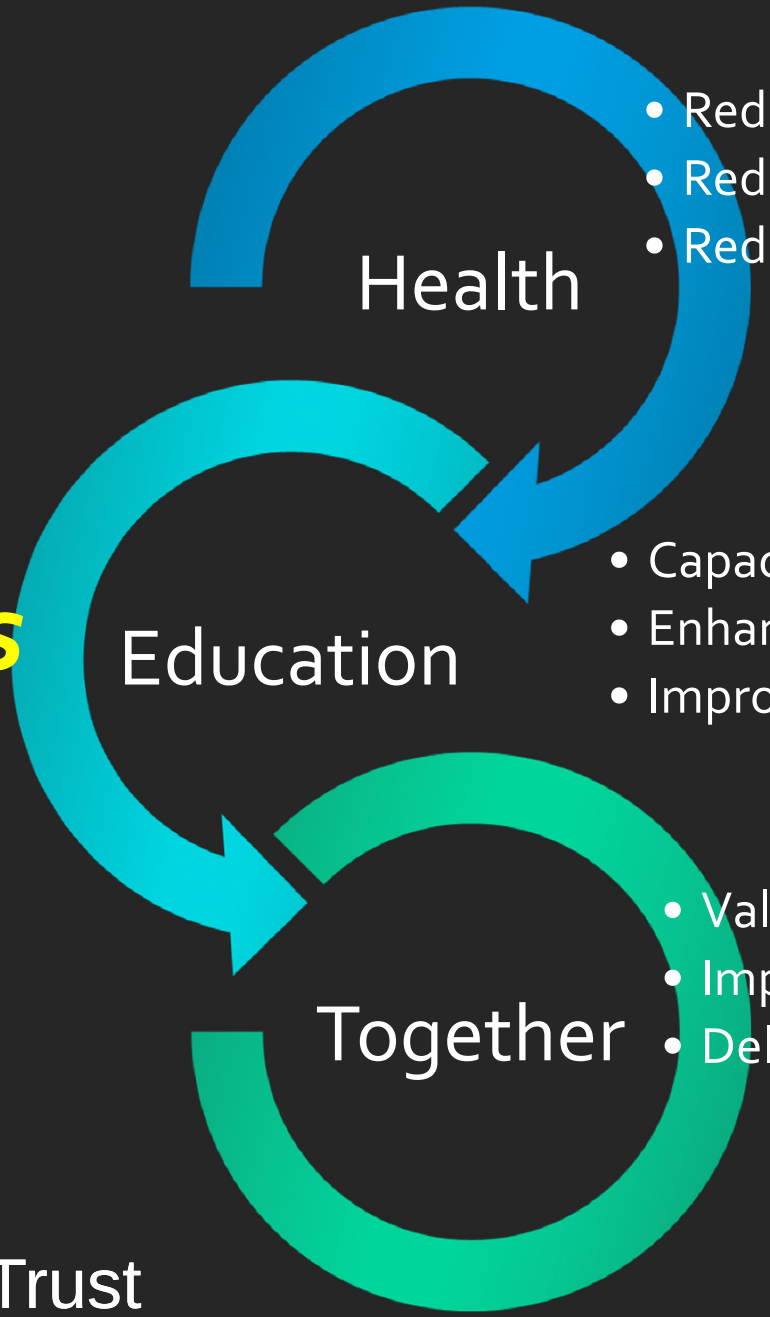
- *Improving child outcomes*
- *Adopted by Education & Interest from other Trusts*

Joint Forces

Health & Education
Together is Better

Thank You

Any Questions



- Reduce DNA figures
- Reduce Unnecessary referrals
- Reduce Cost

- Capacity Building
- Enhance pre-literacy skills
- Improving child experience

- Value for money
- Improving child outcomes
- Delivering together

HSC Western Health and Social Care Trust

A REGIONAL PODIATRY-LED AUDIT OF DIABETES FOOT ULCER MANAGEMENT IN NORTHERN IRELAND

Annual Quality Awards Conference
30th November 2016

Dr Julia Shaw
Regional DFU Audit Project Lead

Ms Linda Paine
Regional DFU Audit Specialist Podiatrist

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Background

- NI population equates to 1.8million
- Currently 84,836 people in NI with diabetes (QOF 2014/15)
- 33% increase in number of people diagnosed 2007-2012
- 15% will develop a DFU during their lifetime
- 5% will experience a DFU in any 1 year
- Estimated annual cost of diabetic foot disease for NI is £28 million

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Why Audit?

- Provide baseline information on Podiatry clinical practice

- Compare current practice against local & national standards and ultimately improve the quality of patient care throughout NI

- Standardise clinical practice

- Develop an implementation plan for the region

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

GAIN/RQIA

- The audit led by the Regional Podiatry Managers Group in partnership with the 5 trusts across NI
- A regional audit proposal was developed & funding secured from GAIN/RQIA (2014)
- Specialist Podiatrist appointed July 2015 (1 year)
- Data collected on the assessment, management & clinical outcomes of patients with a new DFU in NI, 2013-2014
- Results monitored against recognised national standards (NICE, Putting Feet First)

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Methodology

- Audit period was defined as 1st April 2013 - 31st March 2014

- Sample size of 100 DFUs was calculated (20 per Trust area,10 community & 10 hospital)

- A randomisation schedule was created & 20 patients randomly selected per Trust area (10 community & 10 hospital)

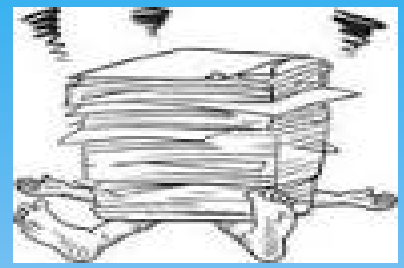
- Pilot Study (n=25) incorporated as part of main Audit (5 per Trust, 2 hospital & 3 community)

- DFU Audit (n=100) Data collected manually from podiatry charts, medical charts, IT databases, coding depts

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Caseload Information



Information collected on:

- Number of patients on Podiatry caseloads per Trust (2013/14)
- Number of patients with diabetes per Trust (2013/14)
- Number of patients with a new (target) DFU (2013/14)

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Data Collection

Data was collected on:

- Diabetes status
- Assessment
- Classification of the DFU
- Management of DFU

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Management of DFUs

Data was collected on:

- Agreed management plan
- Timely in-patient referral
- Timely management of emergency/ infection
- Ulcer free period
- Outcomes of DFU at 12 & 24 weeks
- Off-loading
- Interval of time to 1st assessment by a podiatrist
- Time to DFU healing
- Charcot, limb salvage & amputation

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

RESULTS

Information on Podiatry Caseloads per Trust in NI

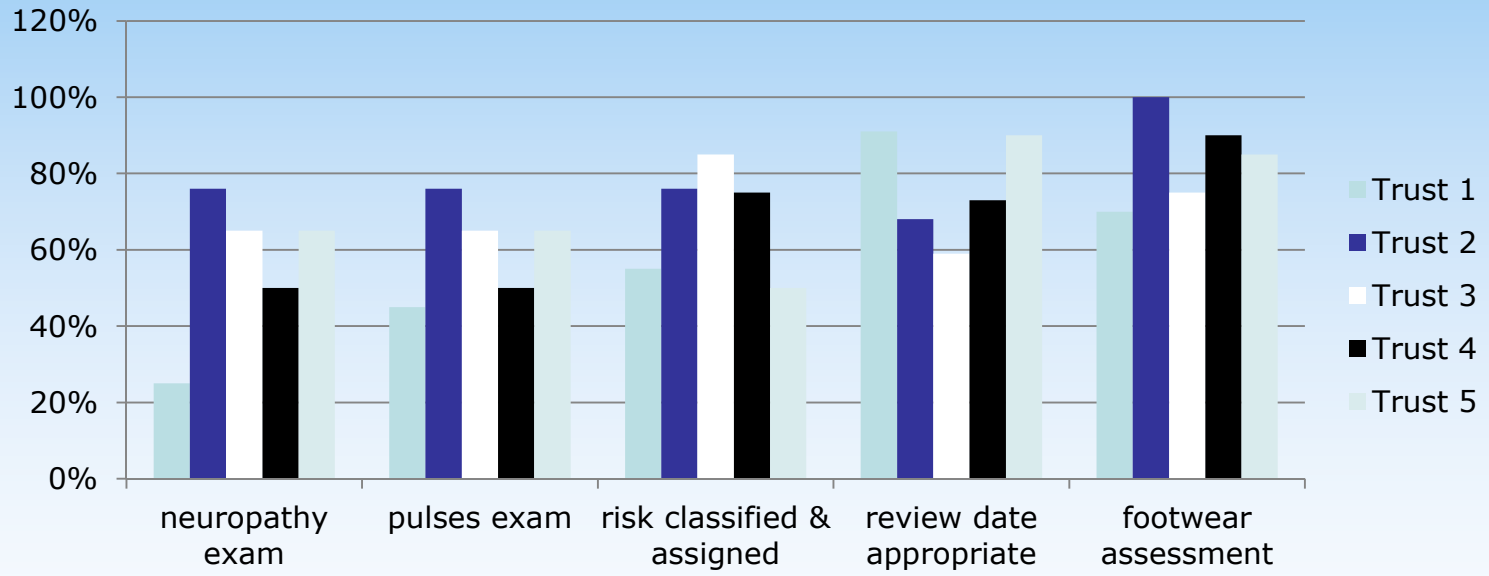
TRUSTS	Total Podiatry Caseload 2013/14	Podiatry Diabetes Caseload 2013/14	Number of New DFUs 2013/14
1	22,398	7869 (35%)	593 (7.5%)
2	45,000	19,170 (42.6%)	871 (4.5%)
3	33,098	13,415 (40.5%)	654 (4.9%)
4	10,000	4200 (42%)	271 (6.5%)
5	26,312	8936 (34%)	79 (0.9%)
TOTAL	**136,808**	**53,590** **39%**	**2,468** **= 4.6%**

The Regulation and Quality Improvement Authority

GAIN GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Regional Results of Assessment 1

Total number of DFU assessments completed in both community and hospital settings in individual Trust areas in NI

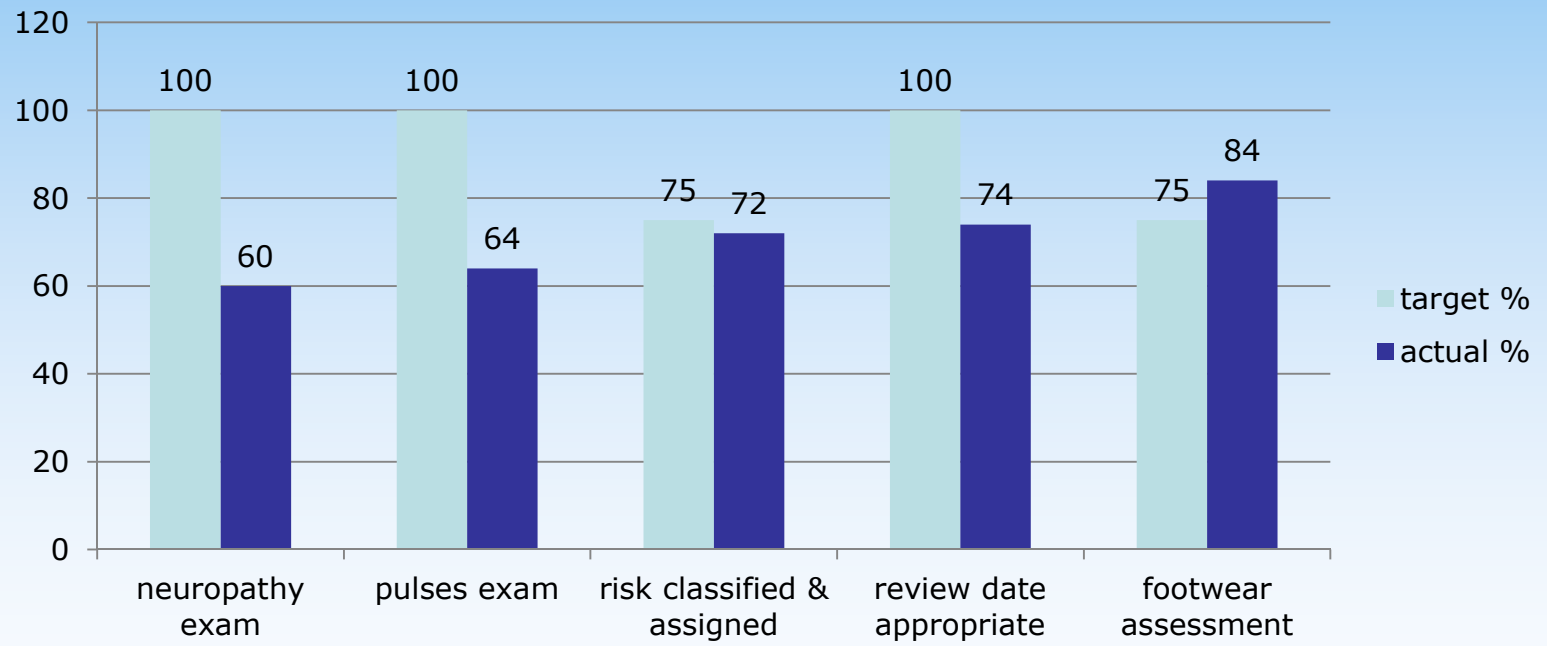


The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Results of Assessment 2

Patient assessment outcomes for those presenting with DFUs in NI compared with expected targets

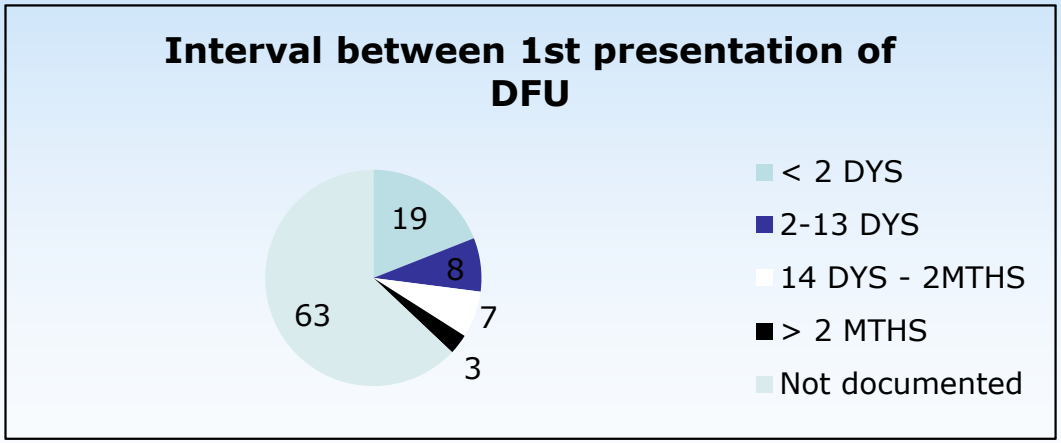


The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Management of DFUs

- All patients had agreed management plans
- 30% used an offloading system
- Time to 1st Review at Podiatry



The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

DFU Management –Timely Referral in Community & Hospital Settings

Emergency management:

• 26/35 patients **(74%)** were seen by the community/hospital teams, GP or A&E within 24 hours

Infection management:

• 26/37 patients **(70%)** were referred to the GP, A&E or Hospital team within 24 hours

In-Patients

➢29/100 patients **(29%)** were admitted to hospital

➢12/29 in-patients **(41%)** referred to the hospital team within 24 hours

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Results

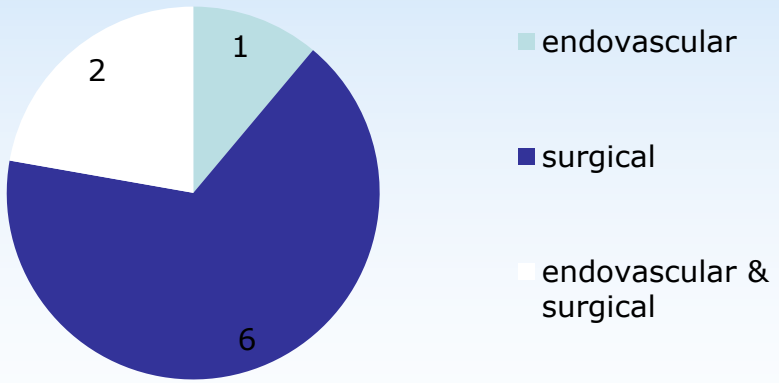
Ulcer Recurrence

• 41% of patients remained ulcer free for 12 months from the date of healing of the target DFU

Limb Salvage Procedures, Amputation & Mortality

• All patients with PAD (54/100) had access if required to vascular services

• 9/54 patients (17%) had vascular intervention (see Fig below)



The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Summary

- 2,468 patients **(4.6%)** presented with a new DFU in NI (2013-14)

- Room for improvement in **assessment** outcomes and **risk assignment**. Trusts that were historically funded to conduct annual screening/reviews performed better

- No formal **DFU classification system** is in use regionally

- Gap in uptake &/or availability of structured education programmes

- **70%** of people with an emergency / infection were referred to the GP, A&E or Hospital team within 24 hours

- **57%** DFU's healed at 12 weeks(NDFA outcome 49%)
- **74%** DFU's healed at 24 weeks (no NDFA outcome available)

- **41%** of patients remained ulcer free after 1 year

- **13** amputations (10 minor & 3 major) within the audit period, 9 patients deceased

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Recommendations and Implementation Plan

- Regional **collaboration** is key to successful and timely implementation of the recommendations

- Use of a dedicated regional risk tool & assignment of risk will result in **early identification** of potential limb threatening conditions & promote high quality safe practice

- Regional **DFU classification** system (SINBAD) will be incorporated into Podiatry practise/ clinical record

- Develop **supervision** & **competency** frameworks

- Implementation of the Integrated Care Pathway & ensure **timely referral** for emergency care

- **Re-audit** in 3-5 years

- **Abstract** DUK, **paper** in peer reviewed journal

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Thank you for all your support

and

Thank you for listening!

“Happy Feet”

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Northern Health and Social Care Trust

ramp
REFORM AND MODERNISATION PROGRAMME

Delivering person-centred care and improving the experience for patients with dementia in the acute ward setting- ‘ dementia companion role’

Maria Loughran Practice Development Nurse Facilitator on behalf of Person-Centred Care, Nursing Innovation and Practice Team NHSCT.

Northern Health and Social Care Trust

ramp
REFORM AND MODERNISATION PROGRAMME

Background

- Dementia is a major public health challenge for the 21st century.
- Approximately 23,000 people in Northern Ireland with a diagnosis of a dementia disease.
- Admission to hospital can be extremely distressing for people living with dementia and their families-poorer outcomes such as cognitive/functional decline…
- Acute care environments often not conducive to meeting needs of patients with dementia
- Northern Ireland Audit of Dementia Care in Acute Hospitals 2015.
- NICE 2006, Dewing 2009, McCormack and McCance 2016 (PCPF).

Ward Context

Ward B4/EAU- is a busy acute elderly unit with 22 beds, approximately **41% of the patient population** on the ward at any one time will have a **diagnosis of dementia or have a confusion** secondary to dementia, delirium or cognitive impairment and have a high risk of falls .

Ward A1- is the acute older people and stroke ward with 32 beds including 12 stroke beds, approximately **75% of the patient population** on the ward at any one time will have a **diagnosis of dementia or have a confusion** secondary to delirium or cognitive impairment.

What did we do?

- We had a light bulb moment!
- We worked collaboratively with the whole multi professional team to enable a sharing of values and beliefs regarding person-centred dementia care and what that might look like
- We began to collate baseline data for 2015
- We agreed an evaluation strategy… **how would we measure the contribution of the dementia companions to the patient experience?**
- We convened a multi-professional working group

Our light bulb moment!

Dementia Companion- overall purpose is to enhance safety and experience for patients with dementia in an acute ward by contributing to environments that are person centred and dementia friendly.

January 2016… we started with 2…..

- Spend one to one time with all patients on the ward who have a dementia or confusion. (Nursed together)
- Engage people with dementia helping them maintain their identify
- Offer compassionate reassurance if they are distressed.
- Engage in activities using the reminiscence folders to facilitate stimulation
- **Safely allow patients who are wandering with or without purpose, minimising the risks of falls.**
- Assist patients with their fluid and nutritional needs

Evaluation Methodology

- **Quantitative:**
- PDSA Cycles to test and refine the role of the DC
- Examined the Patient slips, trips and falls rate
- Episodes of so called 'violence and aggression' / behaviours that challenge is a more appropriate term, all behaviours are a form of communication- and are common in patients with a dementia diagnosis.
- Security staff costs and one to one requests

- **Unique contribution of Nurses to patient care….through person-centred key performance indicators (McCance et al 2012, McCance et al 2015)**

- **Qualitative:**
- Patient and family experiences and feedback
- Staff experiences and feedback
- Dementia Companion experiences and stories.

Evaluation Methodology outcomes

- Some reduction in falls… consider acuity and time
- Reduction in reported episodes of 'violence and aggression'
- 70 episodes Jan-Dec 2015
- 15 to date Jan- Nov 2016
- Evidence of reduced security costs and one to one requests in B4 and A1 where dementia companion role is present.

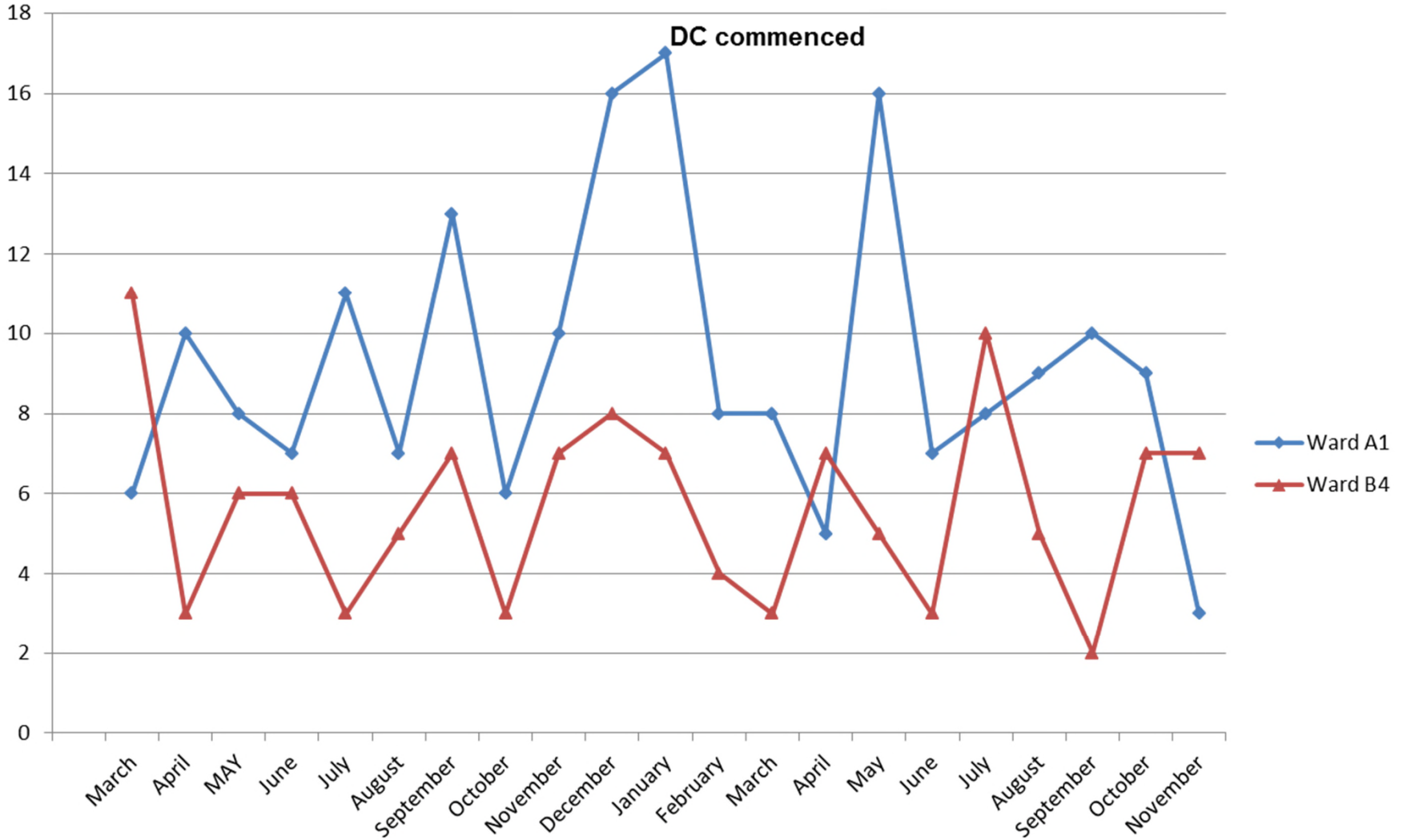
- **Do these capture the patient experience of compassionate and person-centred care?**

- Increased compliments
- Improved patient and family experience and positive feedback
- Positive Staff feedback
- Positive Dementia Companion feedback

Northern Health and Social Care Trust

ramp
REFORM AND MODERNISATION PROGRAMME

FALLS **NUMBERS**- WARDS EAU/B4 & A1
March 15 – Nov 16

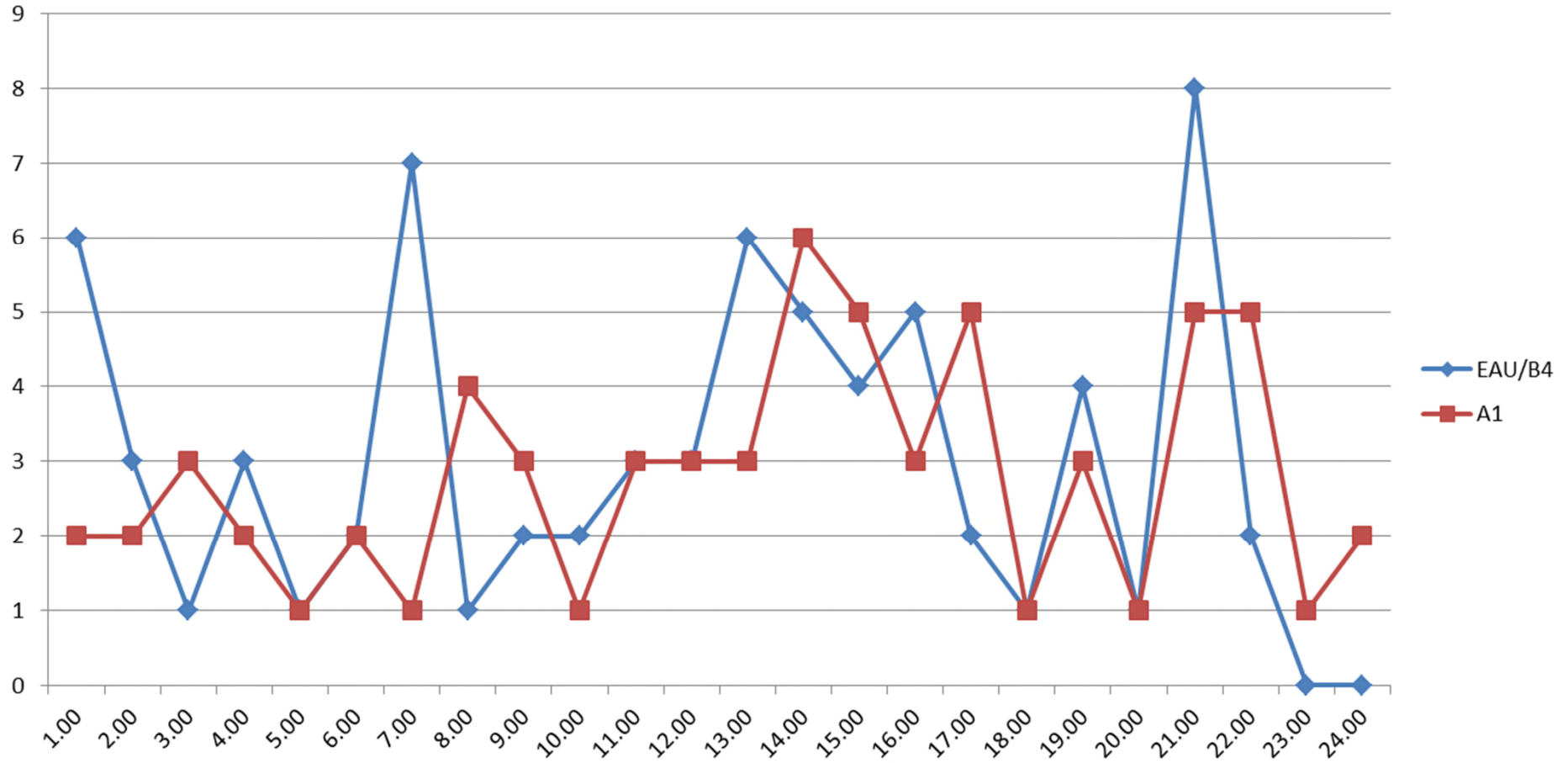


COMPASSION OPENNESS RESPECT EXCELLENCE

C O R E

To deliver excellent integrated services in partnership with our community

FALLS **TIMES-** WARDS EAU/B4 & A1 JAN 16 – NOV 16



Dementia Companion Duty

Companion works 8-13.00 hours Mon-Friday (EAU/B4)

Companion works various hours in morning and afternoon 7 days/week (A1).

Jan 16-November 16- approx 153 reported ‘slips, trips and falls’

Approx 11 occurred when companions on duty

Some reduction in falls overall….

Data informs evaluation of DC Role moving forward….

Qualitative data outcomes

- The contribution of the dementia companions to patient experience of compassionate and person-centred care
- McCance et al 2012, 2015- 8 person-centred KPI's
- Patients confidence
- Patients sense of safety
- Time spent with patient
- Respect for patients preference and choice
- Understanding what is important to patient
- These can apply to the dementia companion role….
- Demonstrated in our outcomes….

Northern Health and Social Care Trust

ramp
REFORM AND MODERNISATION PROGRAMME

A story….

Patient A was a 76 year old lady admitted in March 2016 with acute, severe delirium. .. extremely distressing for the p and her family.

The delirium continued for 2 weeks, during this time patient received appropriate treatment

The delirium settled, however Patient A continued to be confused.

Patient A remained in Ward for almost 6 weeks, initially she was upset, distressed and did not like being on her own.

John the dementia companion spent a **lot of time** with this lady, talking with her, showing her the reminiscence's folders, and **holding the mirror while she applied her makeup, walking with her when she wanted to walk around the ward with the aid of her Zimmer frame therefore ensuring her safety**. John **helped Patient A at meal times and ensured she kept well hydrated**. Patient A's communication skills improved and she talked with and recognised John. John also took the time to speak with her family and would update them on how Patient A was getting on.

Overall the patient and her family felt that the Dementia Companion role and the care, knowledge and understanding of all the staff greatly improved and enhanced Patient A's experience, maintained her safety, aided her recovery.

Dementia Companion Feedback

'When I first started working as a Dementia Companion I never realised just how much job satisfaction it would bring me.

When you are asked to sit with a patient who has a dementia, they are unsettled, climbing out of bed, refusing all medication and nutrition it is challenging -99% of the time when I am with the patient and gain their trust, they will take their medication, will eat and drink and feel more calm and relaxed.

Patients may not remember my name but they remember my voice and the fact that I have spent time with them and made them feel safe.

I can honestly say this is the most rewarding job I have ever done in all my years as a care worker.'

The contribution of the Companion to person centred care

- **The Dementia Companion Role** has impacted on other added risk variables- disorientation, behaviours that challenge, malnutrition, dehydration, functional decline.
- **Patients and Relatives feedback**: more settled and calm, don't feel as isolated, someone to talk to during a long day, liked receiving the newspaper, looking at pictures (reminiscence folders), feel valued, increased confidence that loved one is safe, dementia companion keeps us and the family updated.
- **Nursing Staff feedback**: calming effect on ward and this extends into afternoon and evening, provides reassurance, we know patients safe, patients can wander/walk safely, encourage food and fluid intake.
- **Unexpected positive outcomes**: releasing Nursing Time to Care Protection of vulnerable adults, Involvement of the Support Services and Catering Department- all our roles are valued.

The Way forward…

- Have secured funding from Regional Dementia Implementation Group and appointed a further 4 Dementia Companions to Medical wards and ED.
- Continue with evaluation strategy
- Alamac System will contribute significantly to data collection and inform the patient safety agenda
- Work collaboratively with governance, patient safety, catering and support services, nursing and wider stakeholders.
- Introduce Johns Campaign
- Commence Multi-disciplinary training
- Small environmental improvements

We can all be dementia friendly …

"A friend is someone who knows the song in your heart and can sing it back to you, even when you have forgotten the words."

Thank You

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Dying, Death and Bereavement

A re-audit of HSC Trusts' progress to meet recommendations to improve policies, procedures and practices when a death occurs

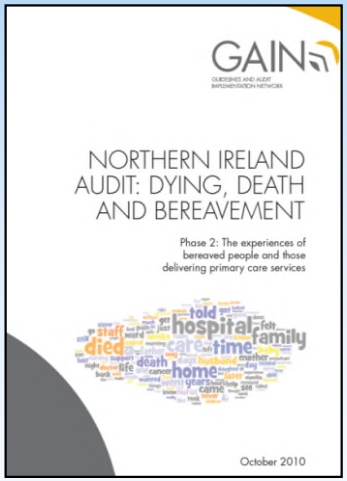
Gwyneth Peden, Bereavement Coordinator NHSCT
Project Lead
Anne Coyle, Bereavement Coordinator SHSCT

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Background

- HSC Bereavement Network established 10 years ago
- Original audit in two phases- 2009-2010
- Phase one - 12 recommendations
- HSC Strategy for Bereavement Care developed
- A need to re assess progress led to re-audit in 2015



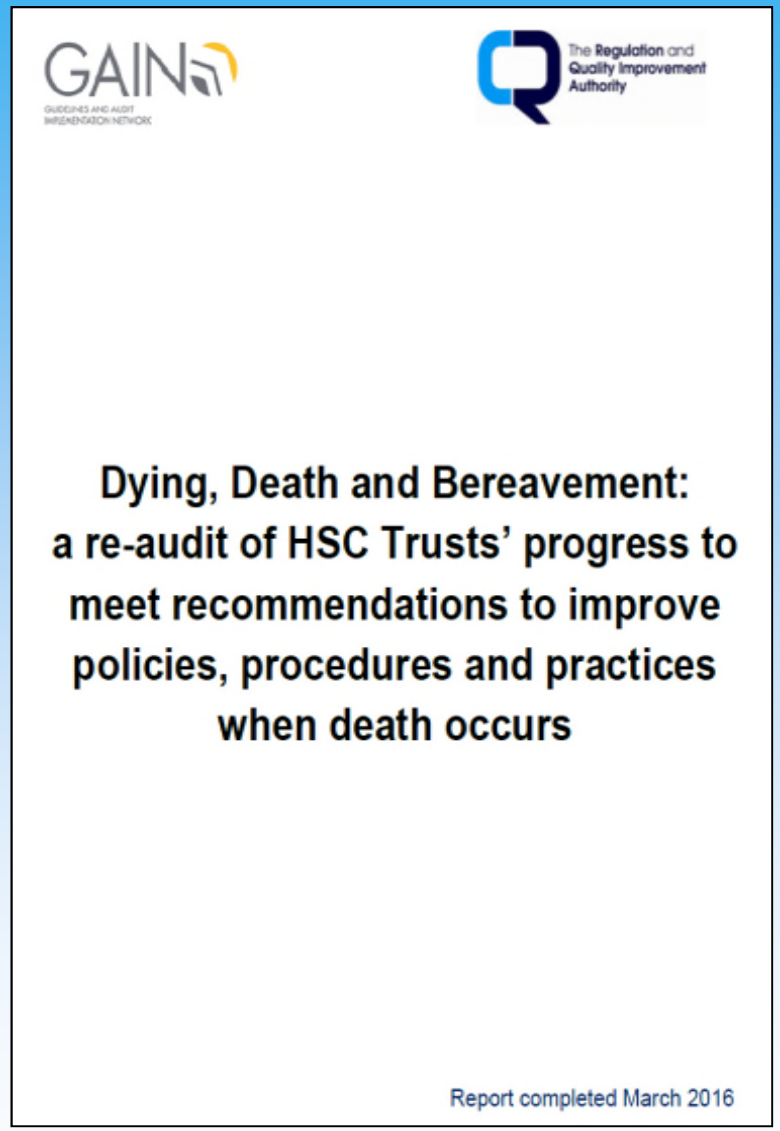
The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Aim of re-audit

- To document the extent to which Trusts have met the twelve recommendations from phase one

- From the data collected make recommendations for further improvement or development.



The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Methodology

The re-audit comprised of 2 elements:

- An organisational proforma to be completed per Trust regarding information on actions taken against recommendations of initial audit

- A staff survey to capture their awareness and impact of progress related to the recommendations of the initial audit

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

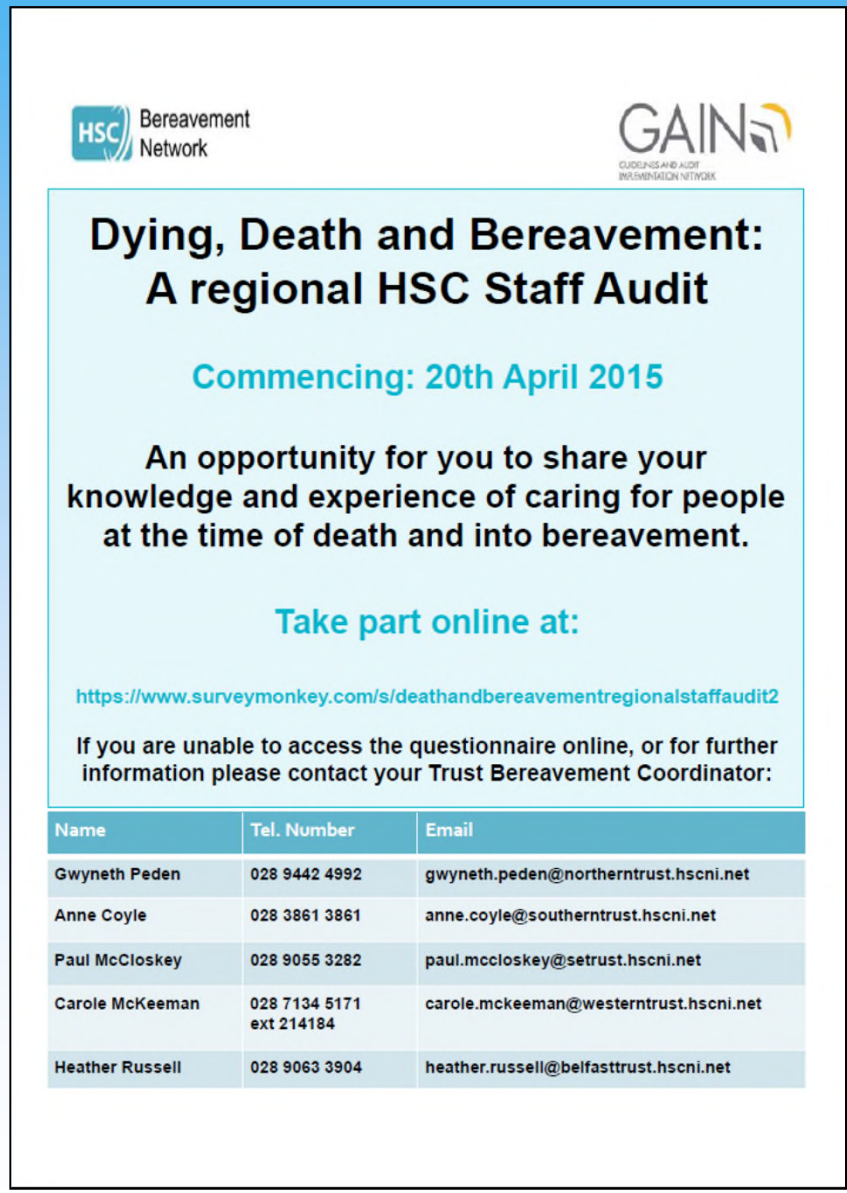
Audit Criteria

- Based on 12 recommendations made by original audit in the following areas;
- development of strategy for bereavement care
- range of policy, procedure and guidance relevant to statutory and supportive care before, at the time of and after death
- availability of written information on loss, grief, support in a range of circumstances
- development of knowledge and skills e.g. induction/training that covers death and bereavement relevant to the staff/service concerned, support for staff
- systems in place to obtain feedback and learn from the experience of bereaved individuals

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Staff Survey promotion



HSC Bereavement Network

GAIN GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Dying, Death and Bereavement: A regional HSC Staff Audit

Commencing: 20th April 2015

An opportunity for you to share your knowledge and experience of caring for people at the time of death and into bereavement.

Take part online at:

https://www.surveymonkey.com/s/deathandbereavementregionalstaffaudit2

If you are unable to access the questionnaire online, or for further information please contact your Trust Bereavement Coordinator:

Name	Tel. Number	Email
Gwyneth Peden	028 9442 4992	gwyneth.peden@northerntrust.hscni.net
Anne Coyle	028 3861 3861	anne.coyle@southerntrust.hscni.net
Paul McCloskey	028 9055 3282	paul.mccloskey@setrust.hscni.net
Carole McKeeman	028 7134 5171 ext 214184	carole.mckeeman@westerntrust.hscni.net
Heather Russell	028 9063 3904	heather.russell@belfasttrust.hscni.net

The Regulation and Quality Improvement Authority

GAIN GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Response Demographics

- All 5 Trusts participated
- Staff survey responses

Trust	Number of respondents
Northern Health & Social Care Trust	419 (21.9%)
Western Health & Social Care Trust	169 (8.8%)
Belfast Health & Social Care Trust	765 (40%)
Southern Health & Social Care Trust	249 (13%)
South Eastern Health & Social Care Trust	312 (16.3%)
Total	1,914 (100%)

The Regulation and Quality Improvement Authority

GAIN GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Staff Survey Demographics

	Trust					
	NHSCT	WHSCT	BHSCT	SHSCT	SEHSCT	**Total**
Acute Hospital	259 (61.8%)	127 (75.2%)	643 (84%)	163 (65.5%)	264 (84.6%)	**1,456 (76.1%)**
Non-Acute Hospital	39 (9.3%)	13 (7.7%)	52 (6.8%)	20 (8%)	10 (3.2%)	**134 (7%)**
Community	112 (26.7%)	21 (12.4%)	51 (6.7%)	54 (21.7%)	27 (8.7%)	**265 (13.8%)**
Other*	7 (1.7%)	8 (4.7%)	19 (2.5%)	12 (4.8%)	11 (3.5%)	**57 (3%)**
Not recorded	2 (0.5%)	-	-	-	-	**2 (0.1%)**
Total	**419 (100%)**	**169 (100%)**	**765 (100%)**	**249 (100%)**	**312 (100%)**	**1,914 (100%)**

The Regulation and Quality Improvement Authority

GAIN GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Results

- All recommendations met or partially met
- Based on findings, 9 recommendations made for further improvement most based on findings from staff survey

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

KNOWLEDGE AND SKILLS

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Standard 3: Determine if corporate and local induction covers issues concerning death and bereavement relevant to the role of staff

Trust responses

Issues concerning death and bereavement covered at;

Corporate induction: 80% of Trusts

Professional induction:100% Trusts for nursing, midwifery and medical staff, 40% Trusts for allied health professionals, 60% Trusts at other profession specific induction.

Staff responses

Answered 'Yes'	Total
Corporate Induction	256/916 (28%)
Professional induction	190/888 (21.4%)
Department/Service/ Team Induction	275/934 (29.4%)

The Regulation and Quality Improvement Authority

GAIN GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Standard 6: Determine if staff have opportunities for development and training in the care of dying patients and bereaved relatives

Trust responses

100% of Trusts have opportunities in place for staff development and training in the care of dying patients and bereaved relatives, with a broad range of opportunities available

Staff responses

Staff cited various training sessions and subject areas covered by training attended

Percentages attending were low, ranging from 1.7% to 19.1% of respondents.

Overall 1,041 (54.4%) of respondents had not attended any type of training.

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Staff survey - Issues preventing access to training

Rank Order	Number of Responses	Issues described regarding access to training *Responses themed in rank order of most frequently stated*
1	135	Not aware of any or that it existed
2	76	Busy workload / staffing constraints
3	65	Getting time / leave to attend
4	39	Did not feel it was relevant to job or thought it was not applicable
5	31	Limited availability / poorly organized
6	27	Not offered by Trust
7	16	Not included in regular mandatory training or indicated as being required
8	8	Financial / funding constraints
9	7	Infrequent deaths / training not prioritized
10	6	Cover wide range - not specific to role/area
11	6	Fully booked when trying to access
12	5	Management do not appear to emphasize attendance/see this field as important
13	5	Not/rarely advertised
14	2	Arranged at time when it is impossible to attend
15	2	Course cancelled
Total	427	

Table 17: Issues identified by staff which may prevent them accessing relevant training

Recommendation 3

Trusts should assess/audit the level and type of training required for staff, depending on their role, in relation to end of life and bereavement care, in order that they can be assured of the standard and quality of care provided

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

WRITTEN INFORMATION

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Standard 11: Determine if information booklets for bereaved relatives are audited

Trust responses: 100% Trust have written information. 60% audit its provision

Staff response: 59.2% of staff stated that they provide written information to bereaved relatives

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Staff responses - regarding barriers to the provision of information

Rank Order	Number of Responses	If you do not provide written information to bereaved relatives, what prevents you from providing such information *Responses themed in rank order of most frequently stated*
1	42	None available
2	41	Nursing staff / other professional provides it
3	31	Not my role / responsibility
4	24	Not aware such information exists
5	21	Not appropriate to give at this time / not relevant / no reason to give it
6	16	Provide information verbally
7	13	Need more training on speaking to relatives/unsure what to provide
8	9	Relatives don't appear to need it/don't ask/leave too soon
9	8	Not present at time of death/rare event
10	7	Don't know where to get it/access it
11	5	Never knew it was needed/not emphasized enough
12	3	'Assumptions' made regarding what staff presume relatives already know / have public access to
Total	213	**Some staff responses included comments related to more than one theme*

Table 26: Staff responses regarding barriers to the provision of information to bereaved relatives

Recommendation 7

All Trusts should ensure that:

- staff who are responsible for the provision of written bereavement information to relatives are aware of its value in supplementing verbal communication;

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Care of dying people

Recommendation 8

- *Trusts and relevant HSC bodies* responsible for palliative and end of life care strategy and policy should take measures to ensure that the principles that underpin care planning for dying patients are interpreted and embedded in practice

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Summary Question Responses

Staff comments on beneficial changes or initiatives in past 5 years:

- Bereavement boxes
- Bereavement information booklets
- Visual cues that a patient has died e.g. Waterlily
- Training and awareness sessions
- Introduction of special family handover bags
- Improvements to documentation and guidelines
- Body transfer forms introduced
- Bereavement coordinator

Staff suggestions for improvement:

- Additional bereavement training/updates (n=175)☆
- Easy access to/availability of information (n=35)
- Easy access to debriefing (n=29)
- Relatives rooms in wards (n=23)

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Way forward – audit implementation

- Project closure form submitted to GAIN
- HSC Bereavement Network Board
- implementation plan
- Individual Trusts
- Bereavement Fora workshops to draft Trust implementation plans

- Complete audit cycle – 2017 re-audit phase 2 with 10,000 Voices

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Acknowledgements

https://rqia.org.uk/what-we-do/gain/clinical-audits/

- GAIN
- NHSCT Audit Department
- Project Steering Group members
- HSC Bereavement Network Board
- All our Trust colleagues and Forum members who supported the data collection

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Thank You

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Review of Morbidity and Mortality (M&M) Meetings in the Southern Trust, and Development of NI Regional Guidance on the M&M Process

Project Lead: Dr Lauren Megahey,

ST4/5 in Psychiatry of Old Age, ADEPT Clinical Leadership Fellow 2015/16

Supervisor: Dr Richard Wright

Medical Director, Southern Health and Social Care Trust

Southern Health and Social Care Trust

Quality Care - for you, with you

adept

Achieve | Develop | Explore

PROGRAMME FOR TRAINEES

Background and Aims of Project

- **Background:**
- Project initially developed by Dr John Simpson and Stephen Wallace, after numerous high profile reports highlighted the importance of patient safety.
- Project managed by me during my year as an 'ADEPT Clinical Leadership Fellow.'

- **Aims**:
- ✓ Develop a robust system, across all specialties, for discussing patient care, highlighting areas for improvement, and sharing learning points.
- ✓ Learn from complications and errors, prevent repetition of errors, and promote patient safety.
- ✓ Promote open discussion, without fear of blame.

Project Summary

- Format and structure of existing M&M meetings were reviewed.
- 15 interventions were identified to improve meetings.
- Emphasis was on clinical engagement and communication.

Southern Health and Social Care Trust

15 Interventions

1. • Standardised calendar of meetings
2. • Clarification of sub-specialty input
3. • Multidisciplinary team input
4. • Inclusion of ‘patient safety inputs’
5. • Standardisation of agendas and outputs

Southern Health and Social Care Trust

15 Interventions

6. • Development of ‘lessons learned’ shared learning
7. • Clarification of links to existing governance structures
8. • Ensure relevance of CHKS mortality reporting
9. • Development of specialty driven trigger lists
10. • Identification of cases to discuss

15 Interventions

11 • Review of screening templates

12 • Define role of M&M Chair

13 • Mechanism to support individual reflection of practice

14 • Development of individual score cards

15 • Define role of M&M Monitoring Group

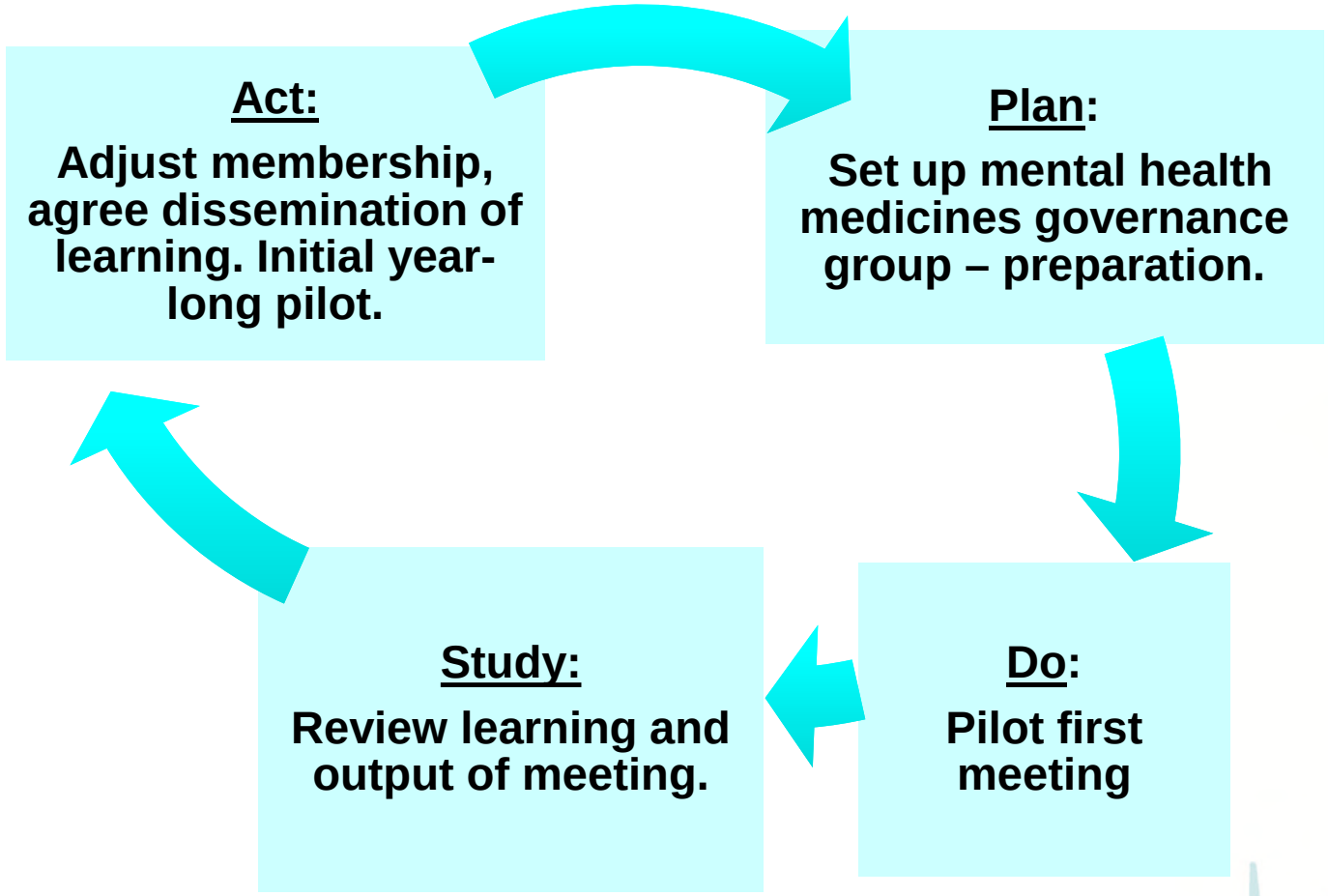
Southern Health and Social Care Trust

Quality Improvement Methodology

- Stakeholder mapping and significant clinical engagement - meeting teams and individuals.
- Quality 2020 values: listen, learn, improve.

- IHI Model for Improvement
- PDSA cycle for each change.

PDSA Example: Mental Health Medicines Governance Group.



Southern Health and Social Care Trust

Results used to drive improvement

- Project focuses on culture transformation and clinical engagement.
- Each successful intervention further promoted the project.
- Longer term: consider quantitative measures e.g. MDT attendance at meetings across the region, once guidance is formally released and embedded.

Outcomes

- Many of the interventions have been implemented.

- Challenges are being addressed, and culture change is gradually happening.

Northern Ireland Regional Guidance for the Mortality and Morbidity (M&M) Process:

- Written as part of my ‘ADEPT Clinical Leadership Fellow’ post.
- Many individuals, across all disciplines and specialties, gave valuable input and advice.
- Content agreed with all 5 Health and Social Care Trusts in Northern Ireland.
- Developed in conjunction with the Department of Health.

Trust Logo

Reference No:

Title:	**Northern Ireland Regional Guidance for the Mortality and Morbidity (M&M) Process:** Specialty Mortality Review and Patient Safety Meetings.		
Author(s)	• Dr Lauren Megahey, ST4 in Psychiatry of Old Age and 'ADEPT Clinical Leadership Fellow.' • Dr Julian R Johnston, Medical Adviser, Death Certification Policy and Legislation Unit, DHSSPS. • Sharon Wright, Death Certification Policy and Legislation Branch, DHSSPS. • Mr David Best, Head of Death Certification Policy and Legislation Branch, DHSSPS. • Mr Stephen Wallace, Project Manager, Southern Health and Social Care Trust. • Many others contributed to this document, including, but not limited to: Dr Richard Wright, Dr John Simpson, Dr Aidan Cullen, Dr John Harty, Mr. Lloyd McKie, Dr Alan McKinney, Dr William Donaldson and Dr David Hill.		
Ownership:	The Medical Director in each Health and Social Care Trust will be given ownership of this document. Each Health and Social Care Trust can add their own logo, but the aim is for one system to apply across all Trusts. Any local variations can be added as an appendix.		
Approval by:	**Insert name of Trust committee / group responsible for approval**	**Approval date:**	
Operational Date:	**Insert date on which policy issued**	**Next Review:**	**Insert next review date**
Version No.		**Supercedes**	
Key Words:	**Mortality, Morbidity, M&M lead, M&M meeting**		
Links to other policies			

Date	Version	Author	Comments
08/12/2015	0.1	Lauren Megahey	Initial Draft
05/01/2016	0.2	JR Johnston	Into Regional template
11/01/2016	0.3	Lauren Megahey	Redrafted
29/02/2016	0.4	Lauren Megahey	Redrafted
22/03/2016	0.5	Lauren Megahey	Minor changes following regional consultation

HSC Southern Health and Social Care Trust

Contribution to quality improvement and safety in Health and Social Care

- **Regional impact** e.g.
- Standardisation of meetings and case presentations (SBAR template on Regional M&M Review System.)
- Input to Child Death Notification pilot.
- Regional guidance – framework (without additional funding.)

- **Revalidation** – SHSCT appraisal criteria agreed, framework developed.

- **Impact on patient care.**

The Future

- Aim for continued improvement of shared learning, e.g. development of internet learning site, to further improve patient safety.

- Planning further project re. team learning in a mental health unit – keen for patient / client / family involvement.

- Personally - project has encouraged me to apply for Quality Improvement Qualifications, e.g.
  - OCN level 3 ‘Quality Improvement Foundation’
  - OCN level 5 ‘Quality Improvement Leader.’

Thank you

Questions?

Guideline for Admission to Midwife-Led Units in Northern Ireland & Northern Ireland Normal Labour & Birth Care Pathway

Dr Maria Healy
Lecturer in Midwifery
Queen's University Belfast
Chair & Co-Project Lead

Dr Patricia Gillen
Head of R&D for Nurses, Midwives and AHPs,
SHSCT/Honorary Fellow, University of Ulster
Co-Project Lead

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Background & Drivers

- The evidence – Hollowell et al. (2015), NICE (2014), Sandall *et al.* (2013), Devane *et al*. (2010)
- The Strategy for Maternity Care in Northern Ireland (NI) (DHSSPS 2012)
- The first midwife-led unit opened in 2001 in NI
- Most recent unit officially opened in January 2015
- Five AMUs & three FMUs
- STSM (Healy, 2013) - Midwives expressed the need for an evidence based guideline to assist women and maternity care professionals in their decision-making processes about place of labour and birth
- 10,000 Voices '*Briefing Paper Relating to Experience of Maternity Care in Midwifery-led Units in Northern Ireland*' (August 2014)

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Map of Midwife-led Units in N. Ireland

Aim

- To provide evidence-based guidance for women and maternity care professionals ensuring a consistent and individualised approach for women planning to birth in a midwife led unit (MLU) across Northern Ireland (NI).

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Objectives

- To review the current local, national and international evidence for criteria as applied to women seeking admission to MLUs and normal labour and birth care pathway.
- To develop a standardised guideline and care pathway based on the current evidence in conjunction with an expert panel of maternity care staff and service users.
- To disseminate guidelines to regional primary and secondary maternity care staff, MLUs and service users in NI.
- To develop and disseminate a user-friendly information leaflet relating to the criteria for admission to a MLU

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Steering & Working Group Membership

- Meetings held regularly commencing 24th Feb 2014

- **Membership**: Heads of Midwifery, Midwife-Led Care Managers, GPs, NCT Rep, MSLC Reps, Obstetricians, Anaesthetists, Paediatricians, PHA, LSAMO, DHSSPS Midwifery Adviser, NIPEC, Women & Women's groups Reps

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Process of Guideline Development

- Facilitated discussion led to the identification of key questions about specific criteria e.g. BMI, Age, IOL, VBAC, Group B Strep, SROM (12 meetings Feb 2014 – July 2015)

- Issues relating to women's choice and experience

- Collation of international and national literature and evidence

- Guideline developed - Inclusive approach & at each point of maternity care contact the most appropriate lead maternity care professional

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

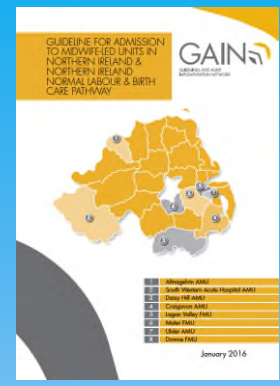
Consultation & Peer Review

- Consultation & Feedback: Women, GPs, LSAMOs, Lead obstetricians, midwifery conferences
- Consultation with the Maternity Care Strategy Implementation Group
- Peer review
- Finalising and proofing of draft
- Sign-off from GAIN & launched 16th January 2016: https://www.rqia.org.uk/what-we-do/gain/gain-guidelines/2015-16/

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Outcomes



Four substantial outcomes:

1. The development of a regional guideline for '*Admission to Midwife-Led Units in Northern Ireland*'
2. A regional '*Northern Ireland Normal Labour and Birth Care Pathway*' - for any birth setting
3. A women's information leaflet entitled '*Planning to give birth in a Midwife-led Unit (MLU) in Northern Ireland*'
4. The '*Regional In Utero Transfer Proforma*' was re-designed and amended with permission to reflect care in a Midwife-led unit

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

GUIDELINE FOR ADMISSION TO MIDWIFE-LED UNITS IN NORTHERN IRELAND & NORTHERN IRELAND NORMAL LABOUR & BIRTH CARE PATHWAY

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

PLANNING PLACE OF BIRTH

This guideline predominantly relates to women with a straightforward singleton pregnancy [1] at the point of labour [2]. It is important to note that at each point of maternity care, all women should be assessed to ensure that they are receiving care from the most appropriate professional; that is, continue with midwife-led care (MLC), transfer to consultant-led care or transfer back to MLC [3]; in particular, women who have been referred for investigation(s) or treatment which has been resolved. *If there is any uncertainty, multidisciplinary discussion is necessary, with appropriate documentation.* Further clarification with regard to place of birth can be facilitated by a senior midwife or supervisor of midwives.

The following boxes provide specific criteria for planning birth within MLUs, Green box criteria relating to FMU and AMU [4] and Blue box criteria relating to AMU only.

Planned Birth in any MLU (FMU & AMU) for women with the following:

1. Maternal Age ≥16 years and ≤40 years
2. BMI **at booking** ≥18 kg/m² and ≤35 kg/m² [5]
3. Last recorded Hb≥100g/L
4. No more than 4 previous births
5. Assisted conception with Clomifene or similar
6. SROM ≤ 24hrs and no sign of infection
7. Women on Tier 1 of the SEHSCT Integrated Perinatal Mental Health Care Pathway[6a]
8. Threatened miscarriage, now resolved
9. Threatened preterm labour, now resolved
10. Suspected low lying placenta, now resolved
11. Medical condition that is not impacting on the pregnancy or the woman's health
12. Women who have required social services input and there is no related impact on the pregnancy or the woman's health
13. Previous congenital abnormality, with no evidence of reoccurrence
14. Non-significant (light) meconium in the absence of any other risk [6b]
15. Uncomplicated third degree tear
16. Serum antibodies of no clinical significance
17. Women who have had previous cervical treatment, now term

Planned Birth in AMU only for women with the following:

1. Maternal age <16 years or >40 years[6c]
2. BMI **at booking** ≥35 kg/m2 and ≤40 kg/m² with good mobility
3. Last recorded Hb >85g/L [6d]
4. No more than 5 previous births [6e]
5. IVF Pregnancy at term (excluding ovum donation and maternal age >40 years)
6. SROM >24hrs, in established labour and no sign of infection
7. Women on Tier 2 of the SEHSCT Integrated Perinatal Mental Health Care Pathway, following individual assessment [6f]
8. Previous PPH, not requiring blood transfusion or surgical intervention
9. Previous extensive vaginal, cervical, or third degree perineal trauma following individual assessment
10. Prostaglandin induction resulting in the onset of labour [6g]
11. Group B Streptococcus positive in this pregnancy with no signs of infection [6h]

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

NORTHERN IRELAND NORMAL LABOUR AND BIRTH CARE PATHWAY

ACTIVE PHASE OF LABOUR - FIRST STAGE

All care provided will be in accordance with this midwifery guideline. If a deviation from normal progress in labour is suspected, seek advice from an appropriate colleague immediately.

Expected Progress in Labour - First Stage of Labour

Following abdominal examination and consent carry out a vaginal examination within 4 hours of receiving 1:1 midwifery care

↓

Re-examine vaginally 4 hours later in the absence of signs of full dilatation

↓

Progress of at least 2cms in cervical dilatation

YES ← → NO

CONSIDER in partnership with the woman/partner/significant other the following:

- Mobilisation or change of position
- Has the labour advanced? e.g. Head descent
- Is the woman in active labour?
- Positive encouragement
- Review coping with management of labour
- Hydration
- Discuss with midwifery colleague
- Consider artificial rupture of membranes, document discussion and rationale for decision

↓

Re-examine vaginally 2 hours later in the absence of signs of full dilatation

↓

Progress of at least 1cm in cervical dilatation

YES ← NO

Membranes previously ruptured ← → If Membranes Intact perform amniotomy with consent

↓

Using appropriate communication tool, exit the Pathway and transfer to Consultant-Led Care

Regional In Utero Transfer Proforma
STOP, THINK IS THIS WOMAN AND BABY FIT FOR TRANSFER?

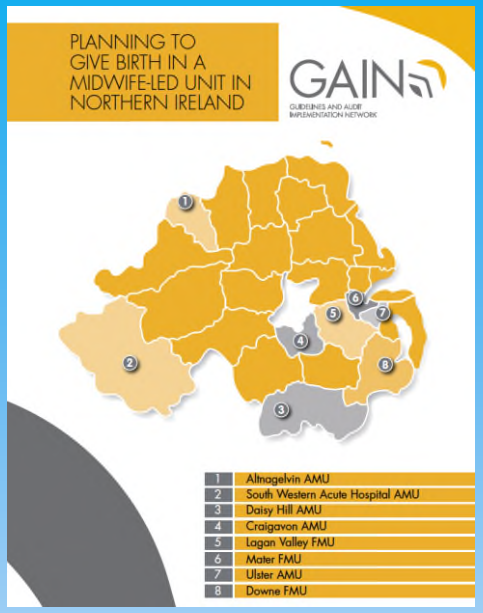
Woman's Details/sticker		**Date and Time of Transfer:**		
Name:		**Time ambulance requested:**		
DOB:		**Name and Contact Details of Referring Unit:**		
H+C number:		**Name and Contact Details of Referring Doctor:**		
Address:		**Name and Contact Details of Receiving Unit:**		
		Name and Contact Details of Receiving Midwife:		
Current Pregnancy:	Parity:	EDC:		Gestation:
No. of fetuses:				Other:
No. and mode of previous births:	Vaginal Births:	C/S Births:		
Reason for transfer:				
Maternal Condition:	Temperature	Pulse	Blood pressure	Resp Rate
Contractions	Yes	No	Frequency/strength:	
Membranes:	Intact	Ruptured	If ruptured, date, time and colour of liquor:	
Speculum/Vaginal Examination Findings (Indicate date and time):				Speculum/VE not indicated

Jan 2016

Permission has been requested and received to amend the Regional In Utero Transfer Proforma to reflect care in a Midwife Led Unit.

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK



PLANNING TO GIVE BIRTH IN A MIDWIFE-LED UNIT IN NORTHERN IRELAND

You can plan to give birth in any MLU in NI if you:

- are aged between 16 and 40 years at time of booking appointment
- have a Body Mass Index (BMI) at booking appointment between 18 kg/m^2 and 35 kg/m^2
- have a last recorded blood count (haemoglobin) of at least 100 g/L
- have had no more than 4 previous births
- achieved assisted conception with clomifene (Clomid) or other similar fertility treatment
- had your waters break on their own less than 24hrs ago and you have no sign of infection and are feeling well
- have or had a mental health problem requiring you to seek help from a mental health professional or counsellor
- had a threatened miscarriage, but pregnancy continued normally
- had a threatened early labour which settled
- had a placenta that was previously low lying, but it is now in a better position
- have a health condition that does not affect your pregnancy or your general health
- are receiving support from social services with no impact on on your pregnancy or health
- had a baby with a health condition, but in this pregnancy your baby has no known condition

- your waters have gone and they are slightly green in colour and otherwise you are feeling well
- had a previous third degree tear that healed well and has not given you any ongoing problems
- have a blood test showing 'serum antibodies with no clinical significance' (i.e. this has no effect on you or your baby)
- had previous cervical treatment and have reached 37 weeks with no related problems

In addition, women who do not meet the criteria as outlined in pages 4 and 5 of this leaflet, following assessment and discussion, can plan to give birth in an Alongside Midwife-Led Unit (AMU) if you:

- are aged under 16 or aged over 40 years at booking appointment
- have a BMI at booking appointment of ≥35 kg/m^2 & ≤40 kg/m^2 and you have good mobility
- have a blood count (haemoglobin) of at least 85g/L when last recorded and this will be rechecked on admission
- have no more than 5 previous births
- received IVF and your pregnancy is at term (excluding egg donation) and you are aged under 40 years
- had your waters break on their own more than 24hrs ago, you are in established labour, and you have no sign of infection
- have or had a mental health problem which has required medication, extra support and help from a mental health professional and or counsellor
- had bleeding after a previous birth, but did not need a blood transfusion or surgery
- have had extensive vaginal, cervical, or third degree perineal trauma during previous childbirth
- are in labour following induction with prostaglandins (pessary/gel, not drip)
- have been told that you have Group B Streptococcus positive (Strep B) in this pregnancy and have no sign of infection

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Implementation & Dissemination

- Support from the Chief Nursing Officer for the provision of education sessions for midwives in all HSC Trusts

- Positive testimonials from women relating to their experience of planning and giving birth in a MLU

- Dissemination - via oral presentations at conferences and workshops: regional, national and international

- Peer reviewed paper: *Evidenced Based Midwifery* Journal Oct 2016

- Guideline shared with midwifery colleagues and women in: Bulgaria, England, Malta, the Netherlands, Rep. of Ireland and Spain

- Signposted in the 'Northern Ireland Health and Social Care Maternity Services Core Pathway for Antenatal Care' (May 2016)

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Impact & Evaluation

- Contributed towards the achievement of the NI Maternity Services Strategy outcomes, i.e. the development of midwife-led services

- Increase in service provision - one MLU has reported an increase of 40% since the implementation of the guideline

- Highlighted need for Guideline to plan birth at home – application submitted to RQIA GAIN Sept 2016

- January 2018 - Plan to undertake a comprehensive evaluation and audit, including economic analysis

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Thank You

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Regional Audit of Assessments for Admission under the Mental Health (NI) Order 1986

Gavin Davidson
Senior Lecturer in Social Work
Queen's University Belfast
g.davidson@qub.ac.uk

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Overview of Presentation

- Background to the Audit
- Methodology
- Findings
- Implications and recommendations

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Audit Team and Advisory Group

- Audit team – Gavin Davidson (QUB), Bernadette Hamilton (BHSCT), Montserrat Fargas (Auditor, QUB), Gerry Lynch (NHSCT), Katie Connaughty (SEHSCT), Delia McCartan (SHSCT), John McCosker (WHSCT), Jackie Scott (BHSCT) and Karen Harvey (NHSCT)

- Advisory Group - Jackie McIlroy (OSS), Phil Hughes (NHSCT), Donagh MacDonagh (GP), Nigel Ruddell (NIAS), Moira Harper (Cause), Martin Daly (BHSCT), Eithne Darragh (HSCB), Bob Blemmings (PSNI), Pat Fitzpatrick (RESWS)

- Audit support – Ruth McDonald (NHSCT), Robert Mercer (GAIN), Nicola Porter (GAIN), Siobhan Crilly (GAIN)

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

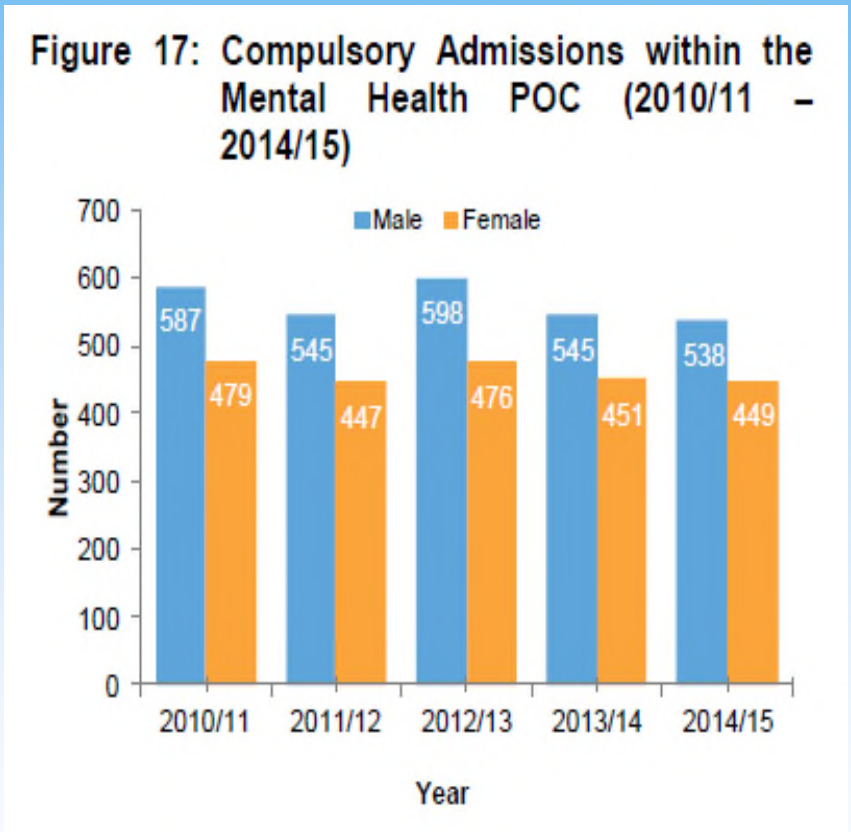
Background to the Audit

- Serious Adverse Incident in the Northern Health and Social Care Trust
- Review team recommended in 2014 that there should be a prospective audit of all assessments for compulsory admission under the Mental Health (Northern Ireland) Order 1986
- The specific purpose of the audit was to identify and examine any possible sources of delay and to drive improvements where necessary to help ensure that each person is admitted to hospital in a safe and timely manner
- In discussion with the Health and Social Care Board, it was agreed that this audit should be undertaken regionally with the NHSCT as the lead Trust
- The Guidelines and Audit Implementation Network agreed to fund and support the audit

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Trends in compulsory admissions



Hospital Statistics: Mental Health and Learning Disability (2014/15)

Greater decrease in overall admissions (13.3%) and available beds (28.7%) than in compulsory admissions (7.4%)

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Methodology

- Audit Tool developed by the Project Team and Advisory Group
- Agreed that the most appropriate source of most of this routinely gathered information about assessments is the report of the Approved Social Worker – this is a clear limitation as it would have been preferable to collect the perspectives of all involved
- Audit Tool was piloted using anonymised Approved Social Worker reports and further refined based on that process.
- The audit period was from the 1st August 2015 until the 31st October 2015
- Calculated that a sample of 189 assessments was needed
- Agreed that as it was more likely that difficulties in the assessment process could arise in community settings, no more than a third (63) of the assessments included in the audit would have been conducted in hospital settings (with people who had already been admitted voluntarily). In the actual sample there were 43/189 (23%) hospital assessments and 146/189 (77%) community assessments
- It was also agreed that the sample should reflect, to some extent, the anticipated proportion of assessments being carried out in each Trust area

Findings

- Data was collected for 189 assessments
- The assessment duration (from initial request for MHO assessment and completion of assessment process), for the 152 assessments (where this information had been established), the average in hours was 5.6 (SD 3.6), with the range from 1¾ hours to 27 hours
- Significant delay in identifying a bed was specified in 10% of the community assessments

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Findings

- Police involvement in 77 cases (41%). Issues with police involvement emerged in a small number of cases, most of them concerning delay (n=8)

- In one case, although the level of risk during assessment was very high, the police were not in attendance as they had been given the wrong address (it was incorrect on the GP records and it was the GP who requested police involvement)

- Ambulances were involved in 42% of all 189 cases (n=80), and in eight cases reviewed, the ambulance was cancelled usually because of long waiting times, and alternative arrangements for conveyance were made

- In 31 cases (25%), a range of issues were identified regarding conveyance. These included delays with ambulance/police service arrival/assistance, difficulties coordinating all the necessary services to be present at the same time, and difficulties in getting service users into vehicles

- In 2/125 (2%) cases, delay in conveyance appeared to have contributed to service users becoming more agitated and/or anxious and appeared to have increased the risks involved

Discussion

- Despite the level of need and risk involved, and the complexity of coordinating all the professionals involved, there were no issues or concerns identified in the majority of assessments considered in the audit

- Although there were delays identified due to the difficulties in coordinating professionals and in securing a bed, in only 3/189 (2%) of the cases delay was identified as contributing to increased distress and risk

- Nonetheless, although these are very small numbers, the potential outcomes of delay that may increase risk still makes this concerning.

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

Recommendations

- A regional interface group could build on existing protocols and guidance to develop and coordinate inter-agency training resources

- Specific issues in relation to the identification of beds outside of the service user's own Trust area should be addressed as a matter of urgency as part of the Regional Bed Management Protocol

- Trust specific multi-agency interface groups could also support the development of working relationships and provide a forum in which any issues raised could be considered. The Northern Trust's Terms of Reference provides a possible template

Thank You

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

To vote for your first and second choice:
On your keypad, press the numbers of the two nominations you wish to vote for in order **Press two buttons only**

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

PLACE YOUR VOTE

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

And the Winner is ……..

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK

THANK YOU

The Regulation and Quality Improvement Authority

GAIN
GUIDELINES AND AUDIT IMPLEMENTATION NETWORK