Reducing ‘Avoidable Harm’ in Your Care Home

An Interactive Workshop

21st November 2018

Greater Manchester & Eastern Cheshire

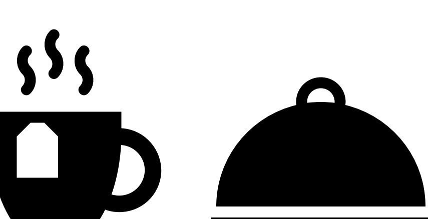
Patient Safety Collaborative

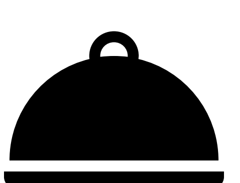
Housekeeping

@GMEC_PSC

@healthinnovmcr

#GMECDetPat





European Union
European Regional
Development Fund

Help from the PSC?

Health
Innovation
Manchester

Questions?

Greater Manchester and Eastern Cheshire
Patient Safety Collaborative

An introduction to HInM

https://www.youtube.com/watch?v=OSCDHw23jXQ&t=7s

Ice-Breaker

Tazeem Shah -
GMEC PSC Project Manager
(5 minutes)

'Getting to Know You'

Joanna Casby -
GMEC PSC Project Support Officer

(10 minutes group activity)

Setting The Scene

Jay Hamilton – Associate Director & Patient Safety Collaborative Lead

(10 minutes)

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What is patient safety and why is it an issue?

Health Innovation Manchester

Health care is a **‘safety critical industry**’ where errors or design failures can lead to loss of life.’ (Illingworth 2015

Healthcare is a **people business**, and despite the very best intentions **people will make mistakes**.

Improving safety is about **reducing risk** and **minimising mistakes**

Patient safety is the **avoidance of unintended or unexpected harm** to people during the provision of health care.

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National Patient Safety Collaboratives

Nationally Funded & Coordinated by **NHSI/NHSE/OLS**

15 PSC's Delivered by **AHSN**s

Support & Encourage

Culture of Safety

Continuous Learning

Spread of Innovation for Safety

Continuous Improvement

Mandated across Health & Social care

Patient Safety Collaborative – Our Mission

Supporting Quality Improvement

Promoting a safety culture for everyone

Testing Innovation

Collaborating across the system

Sharing knowledge and expertise

Enabling safe care, everywhere, every time

Inspiring voices

PSC Work Streams

Workstream 1: Deterioration

- *To **reduce avoidable harm** & enhance the outcomes & experience of patients who are deteriorating*

Workstream 2: Maternity & Neonatal

- *To improve maternity & neonatal care, specifically reducing the rate of stillbirth, neonatal death & brain injuries occurring during or soon after birth by 20% by 2020*

Workstream 3: Adoption & Spread

- *To work with local teams to ensure they have the necessary skills and resources to support the successful adoption and spread of innovations and improvements in health care*

Workstream 4: Medicines Safety

- *To improve medicines safety by aiding network development and improving team capabilities that support system level improvement and the adoption and spread of change ideas and interventions*

Purpose of Today

Define & Clarify - **What** do we mean by ‘avoidable harm’?

Discuss - **Why** reducing avoidable harm is important?

Identify - **What** specific patient safety issues should we be focusing on?

Explore - **How** we can make care safer?

Identify - **NEXT STEPS**

An Interactive Patient Story

Eva Bedford **-**
Deterioration Programme Lead

(20 minutes)

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Frank's Story

Frank is a 79 year old gentleman who lives in a residential care home.

Frank has mild dementia, high blood pressure, arthritis, anaemia, cholesterol and mild depression.

He mobilises independently with a frame, but recently has become more unsteady on his feet and requires a little more help around the home, i.e. getting out of a chair

What are Frank's current risks?

Frank's Story

On Tuesday morning Jane, the Senior Carer, finds Frank sitting on the lounge floor.

Frank states that he "slipped off his chair".

Jane checks Frank over and there appears to be no injuries. She is happy for Frank to be helped up and into his chair.

What do you think Jane should have done?

At lunch time when Jane goes to assist Frank to the dining room for his dinner, he is walking more slowly and complaining of some pain in his left leg and hip.

Frank’s has analgesia prescribed on his ‘MARS’ chart and Jane administers two paracetamol for pain relief.

Would any alarm bells be ringing at this point?

Frank's Story

Later that day two of Frank's daughters visit him and want to take him for a walk in the local park.

As they help Frank to his room to get his jacket, they note he is really struggling to walk.

Tracey (who has taken over from Jane) brings the family up to speed with Frank's slip/fall earlier that morning.

The insist that Frank is seen by a Doctor.

Tracey contacts Digital Health requesting the GP to visit Frank regarding his fall.

Would you have done anything differently?

Frank's Story

GP is unable to visit today

So……. what would you do now?

Health Innovation Manchester

Pause

Twitter

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@healthinnovmcr

#GMECDetPat

#PatientSafety

#QualityImprovement

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What Do We Mean by ‘Avoidable Harm’?

Eva Bedford – Deterioration Programme Lead

(5 minutes – table top discussion)

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"Patient harm is **PREVENTABLE** if it occurs as a result of an **identifiable modifiable cause**, and **its future recurrence can be AVOIDED** by reasonable adaptation to a process or adherence to guidelines."

Nabhan, M., et al., *What is preventable harm in healthcare? A systematic review of definitions.* Bmc Health Services Research, 2012. **12**.

What do you know?

A 10-minute Quiz

No conferring!!!

Nabhan, M., et al., *What is preventable harm in healthcare? A systematic review of definitions.* Bmc Health Services Research, 2012. **12**.

Question 1:

Which industry has the worst 'safety' record?

Aviation industry

Construction industry

Nuclear industry

Healthcare industry

QUIZ ANSWER

Which industry has the worst safety record?

1:1,000,000 risk of harm

1:20 risk of harm

Preventable Patient Harm across Health Care Services:
A Systematic Review and Meta-analysis (Understanding Harmful Care)
A report for the General Medical Council July 2017

Question 2:

Adverse events (or patient safety incidents), as well as near misses are frequent occurrences in healthcare systems.

What percentage of 'adverse events' are thought to be preventable?

0 - 20%
10 - 20%
20 - 30%
30 - 40%
40 - 50%

QUIZ ANSWER

What percentage of 'adverse events' are thought to be preventable?

Adverse events occur in **10.8**

.

"Slips, trips and f

events

Approximately **2%**
catastrophic or

nt

Up to 50% of 'adverse events' are preventable

House of Commons Health Committee (2009). *Sixth Report – Patient Safety*. House of Commons

et al
miss reporting in the NHS
y 2005;14:279-283

House of Commons Health Committee (2009). Sixth Report – Patient Safety. House of Commons.

Question 3:

A number of different ' factors' can contribute to incidences of avoidable harm?

True ◯ False ◯

QUIZ ANSWER

A number of different ' factors' can contribute to incidences of avoidable harm?

The three most common factors thought to contribute to adverse events are system failures, human factors and medical complexity.

Human factors include:
- Variations in training and experience,
- Fatigue, depression and burnout
- Failure to acknowledge the seriousness of harm and take steps to do something about it.

System failures include:
- Poor communication
- Unclear lines of authority
- Increasing patient to staffing ratios
- Ineffective sharing of information during handovers
- Thinking that action is being taken by other groups within the organisation
- Drug names that look alike or sound alike
- Environment and design factors

Levels of harm (2011) The Health Foundation

Question 4:

Medication errors are a major cause of avoidable harm.

True False

QUIZ ANSWER

Medication errors are a major cause of avoidable harm?

2nd highest category of adverse incidents accounting for **9%** of 'adverse event' reports

25% of preventable harm occurs from medication incidents

Preventable medication harm affects **4%** of patients and is most likely to occur at the stage of **prescription/ordering** of medication and **administration of medication**.

Shaw R, Drever F, Hughes H, et al
Adverse events and near miss reporting in the NHS
BMJ Quality & Safety 2005;14:279-283

Dr Maria Panagioti et. Al (2017). Preventable Patient Harm across Health Care Services: A Systematic Review and Meta-analysis (Understanding Harmful Care). A report for the General Medical Council

Question 5:

Levels of avoidable harm among older people are considerably higher than in younger age groups.

True ◯ False ◯

QUIZ ANSWER

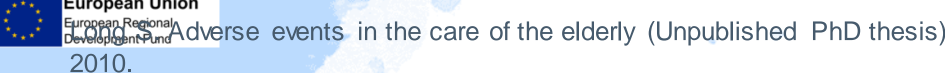
Levels of avoidable harm among older people are considerably higher than in younger age groups?

Older people are particularly vulnerable to healthcare error and harm: they tend to be more physically frail, and may have some degree of cognitive impairment

They have **reduced physiological reserve** and are **more strongly affected** by, say, an adverse drug event than their younger counterparts and take **much longer** to recover.

*The are **vulnerable to a downward spiral of ill health** in which for example a fall weakens them, an infection sets in….such a scenario once entrenched is very hard to reverse.*

Oliver D. 'Acopia' and 'social admission' are not diagnoses: why older people deserve better. Journal of the Royal Society Medicine , 2008;101(4):168-74.



Long S. Adverse events in the care of the elderly (Unpublished PhD thesis). 2010.

What Types of 'Avoidable Harms' Impact Residents In Care Homes?

Tazeem Shah - Project Manager, GMEC Patient Safety Collaborative

A round-table discussion

10 minutes

Greater Manchester & Eastern Cheshire

Patient Safety Collaborative

What 'Avoidable Harm' poses the biggest risk to residents in care homes?

10 minutes

Instruction 1: **Circle** the harm your group thinks poses the biggest risk

Instruction 2: Feed back **biggest risk** to delegates

Instruction 3: **Individually**, go and stand next to the flip chart that describes what you think is the 'biggest risk' to residents

Avoidable Harm – College for Improvement

Tazeem Shah, Project Manager

Group Activity

Brainstorming - *20 minutes*
Group feedback – *10 minutes*

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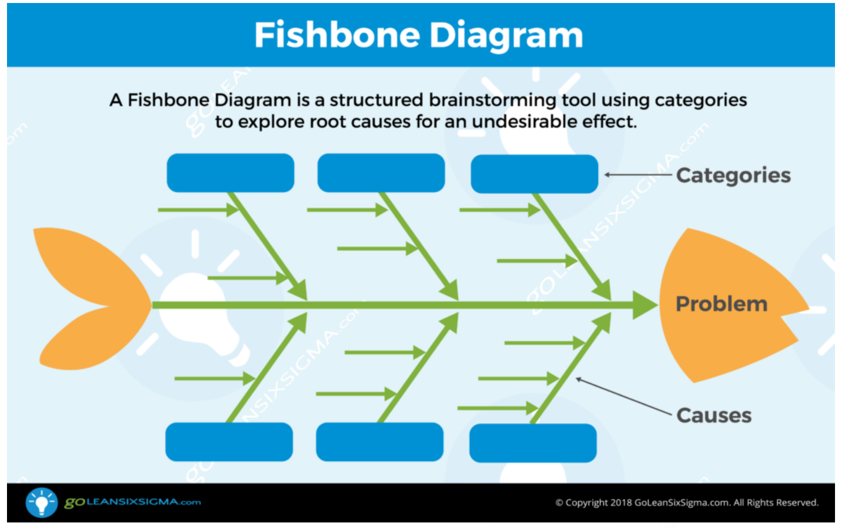
Identifying factors that contribute to an 'Avoidable Harm'.

Step 1: Each group find a table to work on

Step 2: On the table you will find an A3 'Fishbone Diagram'



Step 3: You have 15 minutes to brainstorm the problem using the 'fishbone' diagram'

Learning from Others

‘Safe Steps’

James Chapman - Chief Operating Officer, Safe Steps

Greater Manchester & Eastern Cheshire

Patient Safety Collaborative

SAFE STEPS

PREVENTING FALLS. IMPROVING LIVES

www.safesteps.tech

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6 older people fall over every single minute in the UK[1]

11.6 M

OLDER PEOPLE LIVING IN THE UK

22.0 K

RESIDENTIAL CARE HOMES

"A fall can have a devastating effect on an older person, bringing physical consequences and associated loneliness, isolation and loss of independence"

Errol Taylor, CEO Royal Society for the Prevention of Accidents

[1] Age UK report 6 people over 65 experience a fall every minute (2015)

Hospital admissions to reach 1,000 a day by 2020[2]

40%

A&E ADMISSIONS FROM CARE HOMES AFTER A FALL

£2.3 Bn

ANNUAL COST TO THE NHS

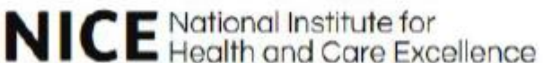
"..measures that could prevent people falling would help ease the burden on the health service."

Local Government Association (LGA) - March 2018

[2] Local Government Association (LGA) March 2018

Prevention rather than treatment

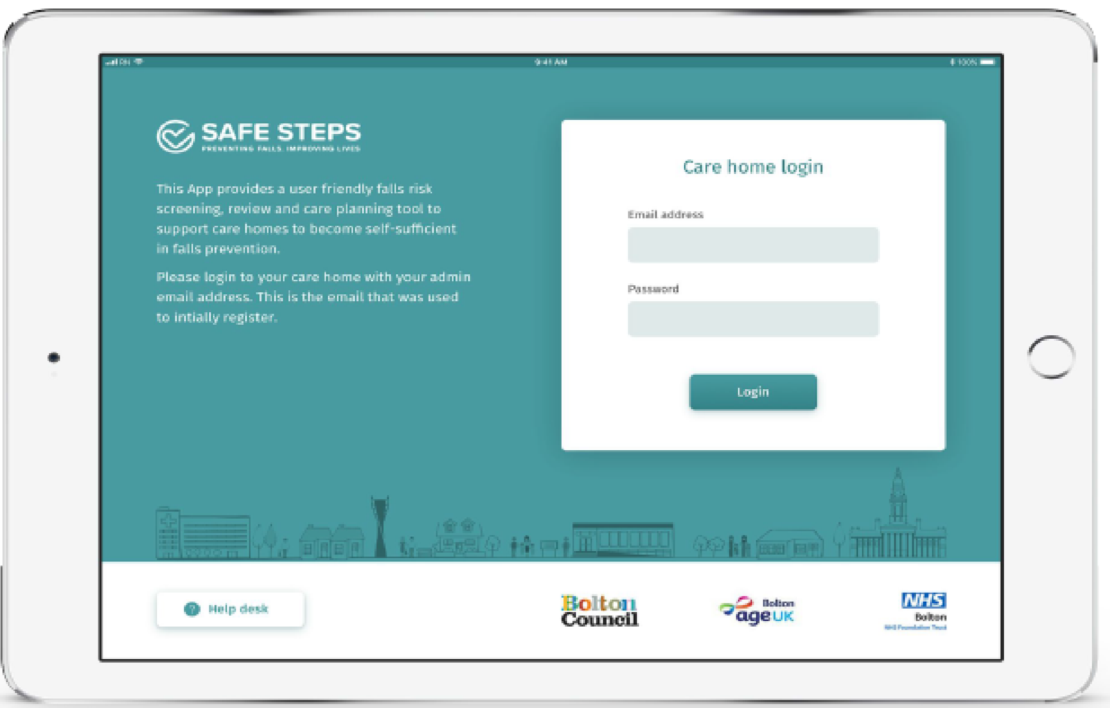
*"**Risk assessment** followed by appropriate **interventions** for falls prevention can reduce the rate of falls by 24%"*



Trusted evidence.
Informed decisions.
Better health.

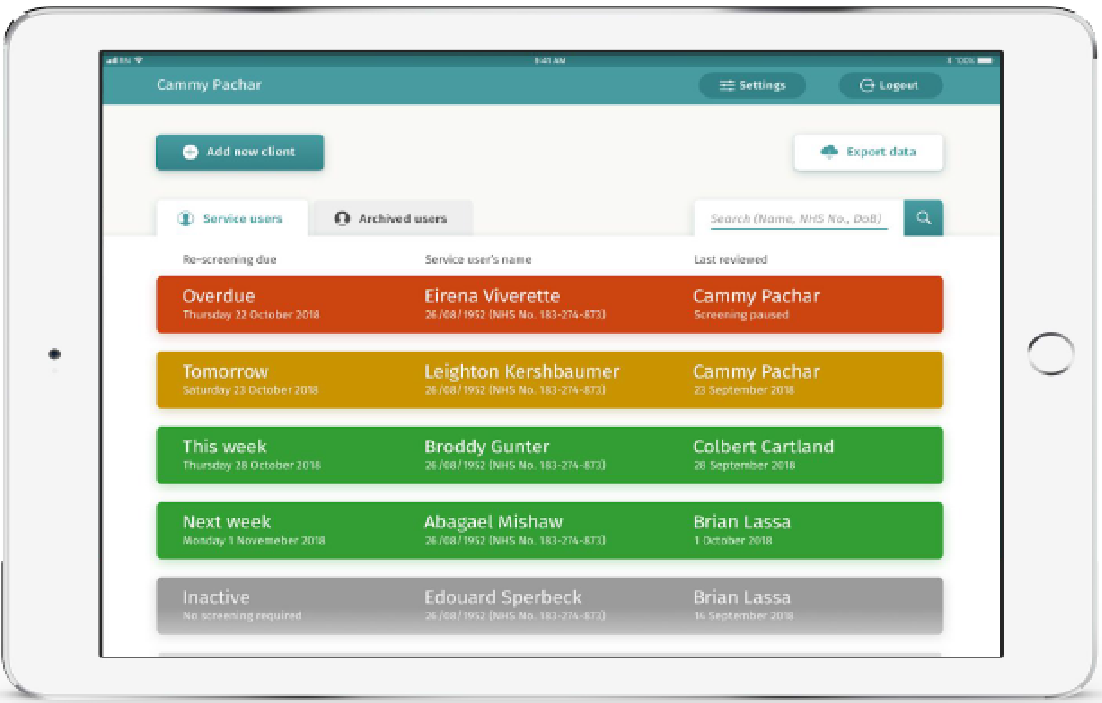
Safe Steps - Preventing falls, improving lives

A standardised and effective approach to falls risk management



Secure **risk assessment platform** - easy to setup and can be configured for different types of care organisation

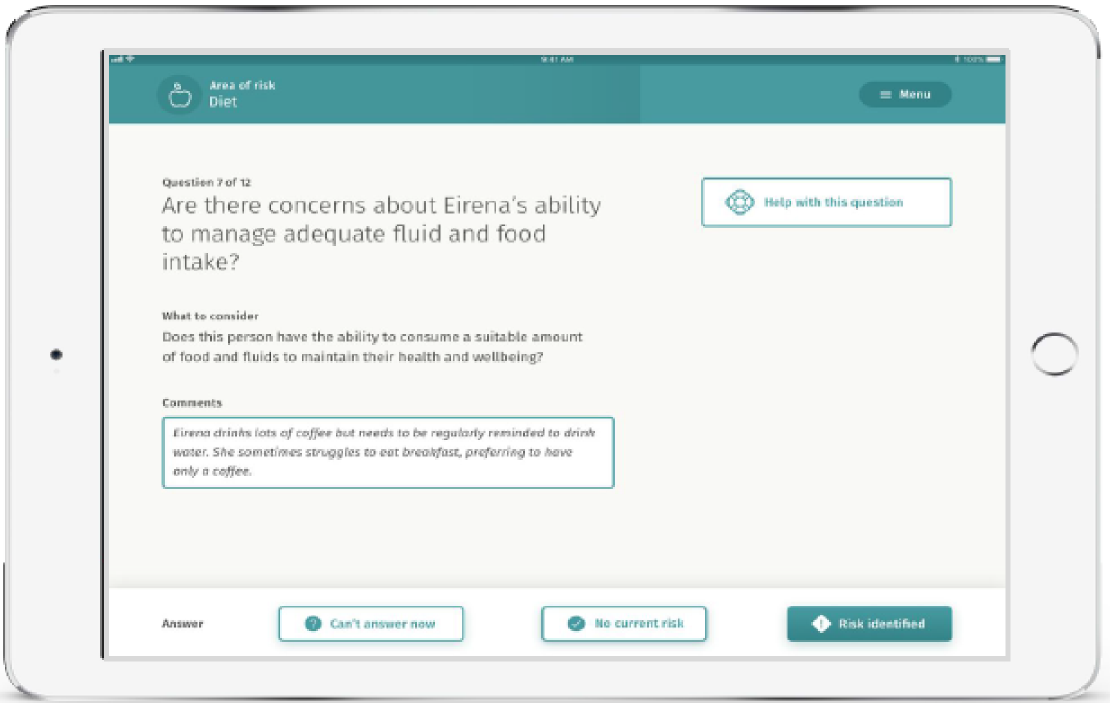
A standardised and effective approach to falls risk management



Care home staff complete a simple, face-to-face **assessment once a month** for each resident

Advice and support provided through the platform

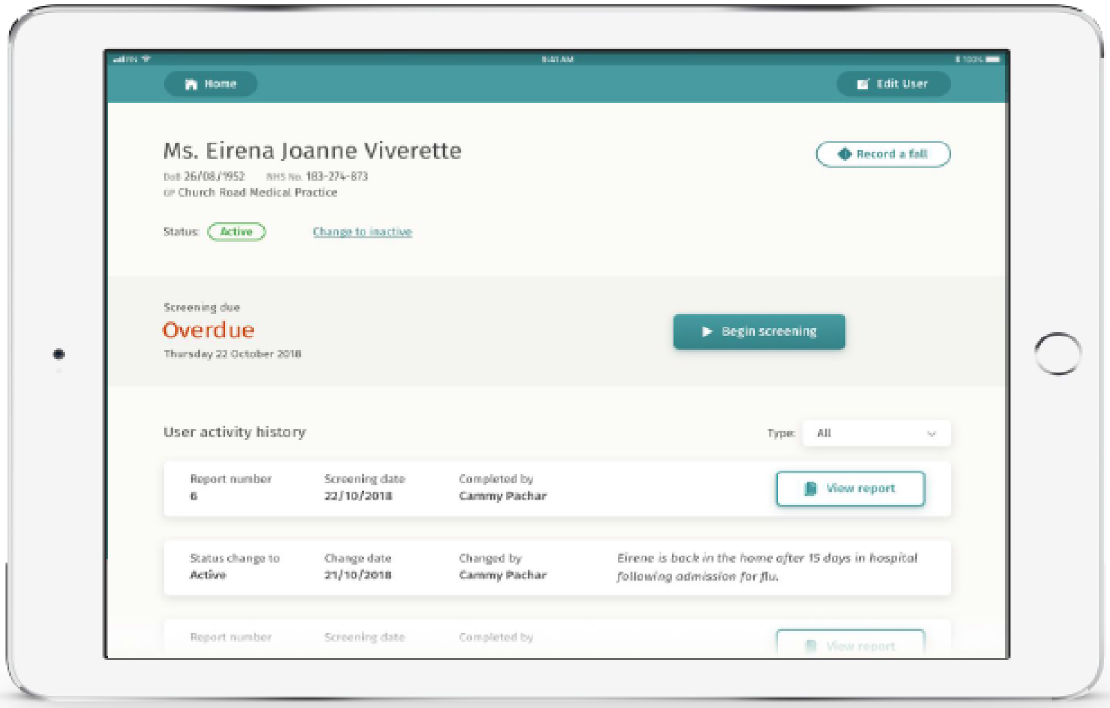
A standardised and effective approach to falls risk management



Measures **12 key risk factors** based on UK Healthcare guidelines (NICE), including history of falls and the three biggest risks:

- Walking ability / gait
- Medication
- Eyesight

A standardised and effective approach to falls risk management

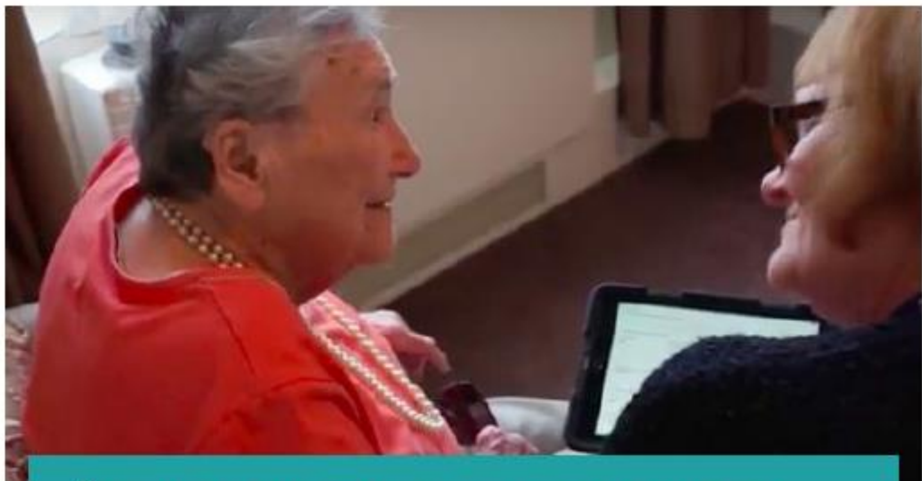


Creates a **personalised action plan** for care homes to follow to reduce the risk of falls for residents

Individual recommendations **co-designed** with care home professionals

Provides care homes with digital audit trail to satisfy **regulatory inspection** requirements (Health & Social Care Act 2008)

Safe Steps - How it can help reduce avoidable falls



"We go through the assessment with our residents and it helps put their mind at ease that they know we are dealing with the problem and it boosts their confidence"

Care Worker, Age UK

- **Reduced levels of falls and falls risk within care homes** - appropriate falls risk management can reduce falls by 25-30%
- **Documented audit trail for CQC reporting** - care plan reports can be easily stored, retrieved and exported from the cloud.
- **Less time spent on paperwork** - digital assessment can be completed in less than 5 minutes from login to completion, reducing the amount of time spent manually inputting data from paper to electronic records.
- **Helpful advice and guidelines for carers** - can be used as a training tool and will soon include video content, training guides and other digital resources.
- **Safer, happier and more confident residents** - feedback from residents is very positive that care homes are taking a proactive approach.

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Learning from Others

Bruin Biometrics

Lesley Lawson - UK National Sales Manager

Greater Manchester & Eastern Cheshire

Patient Safety Collaborative

BBI SEM Scanner – Prevention Made Real

Innovative Technology

Reducing Pressure Ulcer Incidence

Achieving Quality Outcomes

The SEM Scanner

Health Innovation Manchester

SEM Scanner™
Making the Invisible Visible

First hand-held wound assessment device

Detects early-stage pressure damage

Prevention
Early detection enables intervention and reversal of damage.

Monitoring
Real-time tissue health status

5 days earlier than current standard of practice

SOMETIMES WHAT'S BELOW THE SURFACE MATTERS MOST

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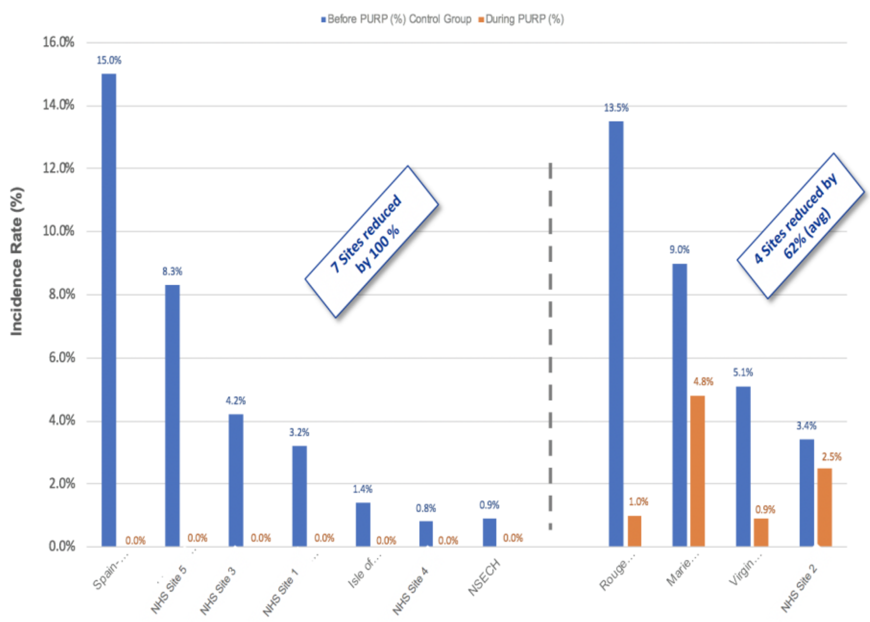
Real World Evidence Snapshot



Global Real World Evidence collected from 905 patients in 11 facilities in 3 countries[1]

- 64% of participating sites, achieved Zero HAPU's
- The <u>straight</u> average reduction in HAPU at all 11 sites was 86.2% during the PURP
- 64% sites indicated that measuring SEM could be easily adopted into clinical practice

1. Submitted to FDA as key element of De Novo Submission. Accepted and presented at EPUAP Conference, Rome, Italy. 2018. Hancock K et al. (2018). PRESSURE ULCER PREVENTION PROGRAMME* (PURP), ENABLING CLINICALLY EFFECTIVE MANAGEMENT OF PATIENTS AT RISK OF PRESSURE ULCERS (PU).

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Achievable Outcomes

<u>Example</u>

1 ward, 27 PU's p/a, 3 scanners
50% reduction in Year 1
80% sustained reduction years 2-7

<u>NET</u> Savings in dressings, mattresses, analgesics and antibiotics

4 WTE nurses / care staff per year

88 additional admissions

£22.98
(2,298%)

For every £1 invested savings of £22.98 achieved

Prevention Made Real – What you can expect

Health Innovation Manchester

1. Detects tissue damage early
2. Supports targeted clinical decision making
3. Integrates with nurse-led interventions
4. Improves patient outcomes
5. Reduces the cost of care
6. Achieves prevention

Learning from Others

AQuA

Liz Kanwar - AQ Programme Manager, AQuA

Greater Manchester & Eastern Cheshire

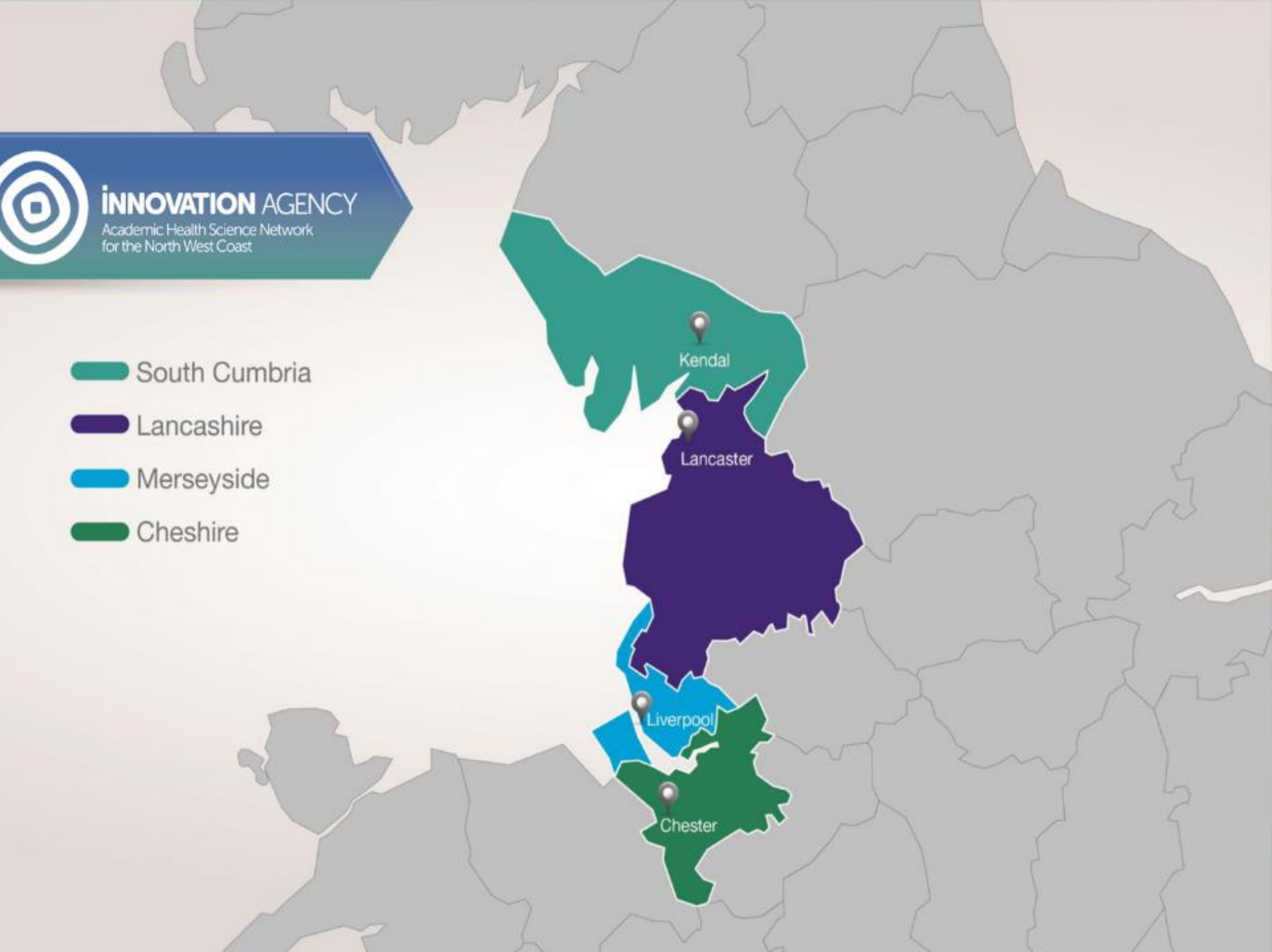
Patient Safety Collaborative

Learning from Others

Quality Improvement & Leadership Programme; Care Home Academy

Paul Brain,
Project Manager, Patient Safety Collaborative,
Innovation Agency

Greater Manchester & Eastern Cheshire
Patient Safety Collaborative



INNOVATION AGENCY
Academic Health Science Network
for the North West Coast
South Cumbria
Lancashire
Merseyside
Cheshire
Kendal
Lancaster
Liverpool
Chester

What has been done….

What we want to do….

What we are currently working on….

Anticipatory Care Calendar

What?

- The ACC is a **simple tool** to improve the daily surveillance of health.
- Currently **paper based**
- **Free resource** for use in any social care setting supporting people with learning disabilities, dementia etc.
- Works well for people with reduced capacity and / or communication difficulties

Anticipatory Care Calendar

Why:

- Improved communication – with the individual person and between professionals
- Flags health issues and facilitates access to health services more quickly when necessary

How:

- Daily health assessment alerts staff to changes in a person's health status and provides clear directions about accessing care
- Traffic-light' system triggers the need to respond to changes to the person's health through observation
- Supports and empowers social care staff to develop a high standard of health record keeping,
- Impacts and outcomes:
- Final evaluation just received – next steps to update the learning materials and relaunch

Next Steps – Feedback

"The ACC is a daily health surveillance tool, supports social care staff to effectively monitor physical health & wellbeing of clients." **Michelle Walklett, Autism Together**

"The ACC improves screening of service user and this helps to identify early signs and symptoms of life limiting diseases such as cancer." **Katherine Evans, Autism Together**

The ACC has the benefits to save lives and reduce health inequalities for people with a learning disability, it needs to be shared as far and wide as possible'.
Sarah Ormston, MacIntyre

The AHSN Network

Deterioration Work Stream

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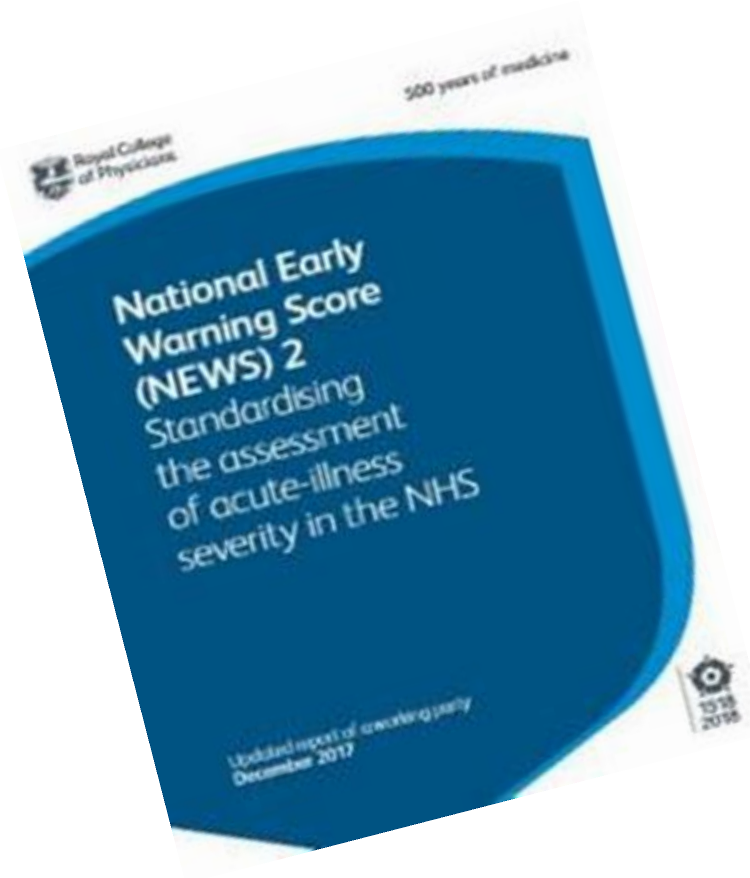
NEWS within Care Homes



NEWS2 is a scoring system in which a score is allocated to physiological measurements.

It was developed by the Royal College of Physicians to help improve the detection and response to clinical deterioration in adult patients.

The six physiological parameters for the basis of the scoring system include

- respiration rate,
- oxygen saturation,
- systolic blood pressure,
- pulse rate,
- level of consciousness or new confusion
- temperature.

TheAHSNNetwork

Care Home Collaborative

System Leaders
8 days over 9 months (4 days SL only, 3 days supporting CHLs & 1 day collaborative final event)

System Leaders only:

SL Session 1: **Intro to QI programme overview. Skills Ax. AQuA QI Basics**

SL Session 2: **Personal improvement plan. Culture Survey intro. MMSF / Maturity matrix.**

Session 3: am. **Work with CHL to develop aims & measures**

SL Session 3:pm **Action learning reflect on morning session with CHL. Revisit aims & measures. Engagement. Sustainability . Commence case study.**

SL Session 4: **Coaching for improvement**

Care home Leaders
5 days over 6 months (full day intro. 6 x ½ days & 1 day final event)

Session 1: Full day intro. QI Basics

Session 2: Skills Ax. Aims & Measures. Culture survey. (SL to attend & support)

Session 3: Workshop time to refine aims & measures (with SL in attendance). Engagement. Communication

Session 4 & 5 & 6 & 7: Site visit / coaching time attend optional session with allocated SL

Collaborative

Final Event : System & Care home leaders present joint outcome update & learning (A3 style poster)

3 x Optional ½ day sessions
Coaching style 'drop in' joint SL & CHL action learning with Faculty.
EG. measurement /process mapping/person centred care/poster support
Dates and venues to be scheduled. Content flexible

Cheshire & Mersey Care Home QI Collaborative Programme (to be supported by C&M / AQuA & Innovation Agency)

System leaders

- It is envisaged that these will be people working within CCGs and local authorities.
- facilitating or supporting care home quality and safety through effective leadership.
- They will provide one-to-one support for the care home manager as they go through the programme together.

Care home leaders

Care home participants will be managers who have identified an area requiring change or improvement within their care home which requires skills, knowledge and support to effect the change.

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Show and Tell - Examples of good practice in your care home

Eva Bedford – Deterioration Programme Lead

(15 minutes open discussion)

Greater Manchester & Eastern Cheshire

Patient Safety Collaborative

Next Steps?

Jay Hamilton – Associate Director & Patient Safety Collaborative Lead
(15 minutes open discussion)

1) Is there an appetite for quality improvement in your care home?
2) What 'avoidable harm/s' should be our priority?
3) Would you be interested in attending further learning events?

TIME FOR LUNCH