Managing Deterioration

Module 3 – Keeping residents safe through good communication & teamwork

Bev Gallagher – Head of Safety and Quality Improvement
Jackie Hallam – PSC Project Manager
Mel Johnson – PSC Programme manager
Lauren Ward – Safety and Quality Improvement Senior Manager

@NatPatSIP / @MatNeoSIP

www.improvement.nhs.uk

Delivered by:
*The**AHSN**Network*
**Yorkshire & Humber PSC &
Bradford & Craven CCG**

Led by:
NHS England
NHS Improvement

Aims

› To understand why good communication is key to recognising & acting on deterioration

› Highlight common issues with communication & tools that can help

› Show the importance of good teamwork

› Listening to each other (including residents and relatives)

› Requesting help outside the team SBARD

To deliver excellent safe care you need…

Teamwork

Communication

Safety Culture

Safe Care
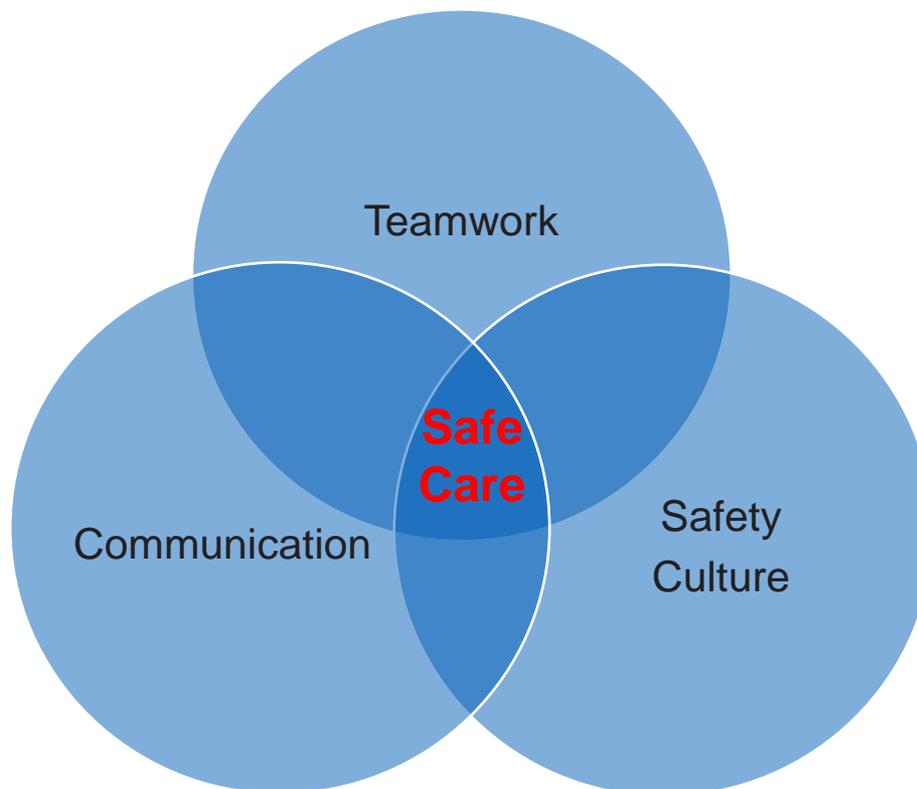
What is safety culture?

Safety culture is the teams perception of

'The way we do things around here'

Safety Culture: broad term representing all aspects of an organisation's values and actions related to safety

Management Support

Supervision

Risk taking

Safety policies & practices

Trust and openness
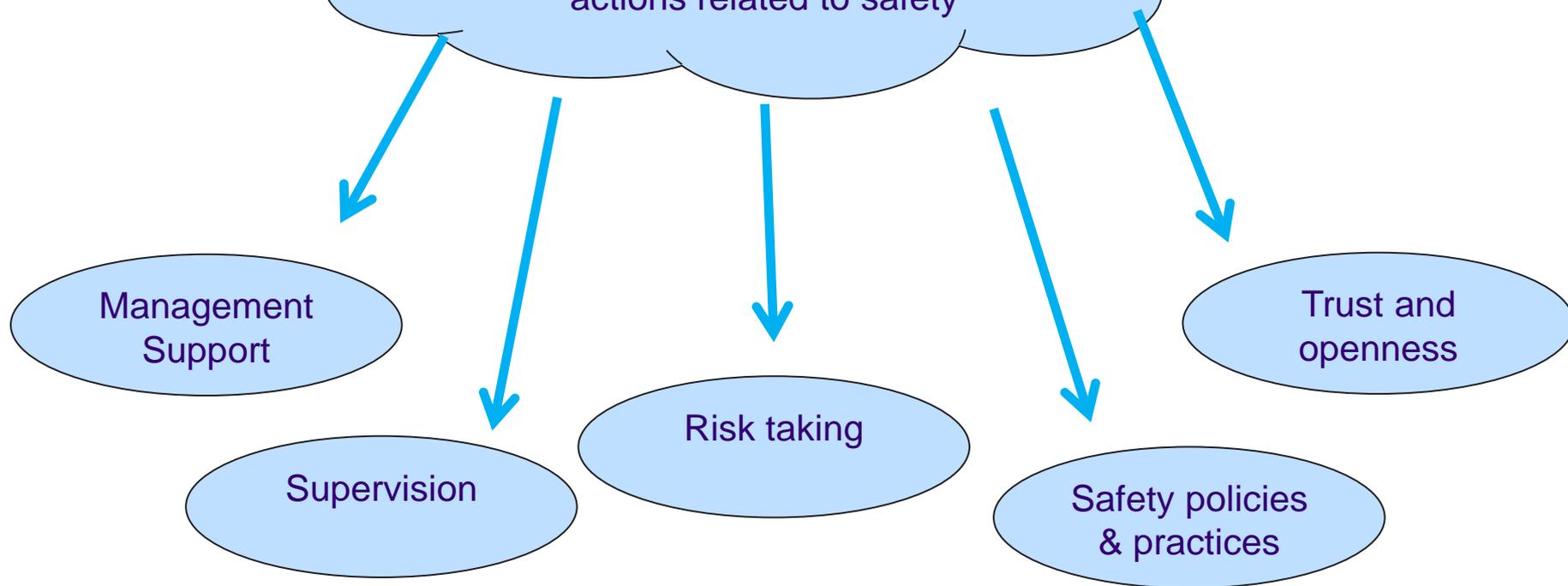
Kindness matters

> Civil work environments matter because they reduce errors, reduce stress and foster excellence

> Civility between team members creates that sense of safety and is a key ingredient of great teams.

> Incivility robs teams of their potential

Teamwork

- An effective team is far more able to recognise when things are going wrong than any one individual.

- A team that works together well is a safe team and creates team situational awareness (knowing what is happening around you)

- Almost all excellence in care is dependent on teams, and teams work best when all members feel safe and have a voice.

Residents voice in safety

› To deliver safe care you need to understand what is going on around you.

› BUT, none of us can see the whole picture all the time.

› The **whole** team therefore needs to play their part.

› Residents themselves are part of your team and play a role in this.

› Residents may see things differently BUT can help you identify what is working well and not so well from their point of view.

Improving teamwork - Some top tips!

> Know your team by name (agency staff)

> Know a little bit about all team members, create personal connections

> Reduce hierarchy and increase approachability

> Focus on **all** caregivers (Admin, housekeepers, support roles)

> Ensure everyone feels comfortable to ask questions

> Leadership

> Thank individuals for speaking up

> Respectful behaviours (civility)

> Acknowledge and recognise in the team when things have gone well

> Learn from why things go wrong and **right** in your team

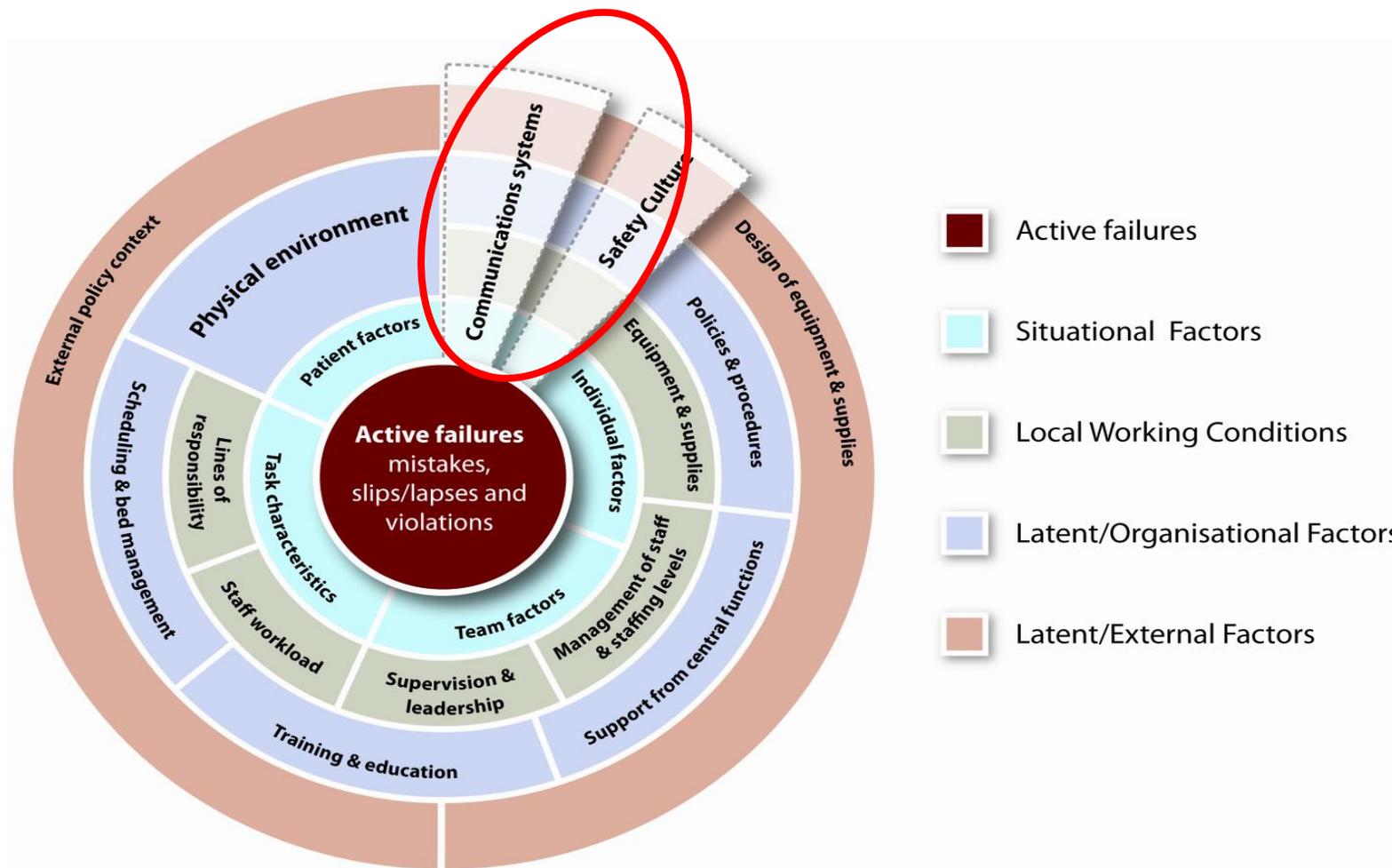# WHAT IS COMMUNICATION?

▶ COMMUNICATION is an exchange of ideas, feelings or meaning between two or more persons.

Why is communication key?
Yorkshire Contributory Factors Framework

Lawton et al BMJ Qual Saf 2013

Common issues with communication?

› Blame/fear/rudeness/over-regulation

› Top down approach

› Lack of understanding of shared goals, responsibilities

› Poor attention to the voice of residents/carers/each other

› Lack of knowledge & skills

Becoming a 'good communicator'

We are not all great communicators all the time BUT there are skills we can learn to make us better.

Communication Skills Include:

CLARITY OF MESSAGE

CHECKING UNDERSTANDING

TURN TAKING

ACTIVE LISTENING

CHOOSING RIGHT METHOD

SELF-AWARENESS

APPROPRIATE BODY LANGUAGE

PositivePsychology.com

Improving team communication

> Consider how does the team communicate with each other (face to face, via technology, paper records)

> Does the critical information always get shared especially when handing over to colleagues?

> Who is involved in discussions about residents wellbeing?

> How do you know if the message was understood as intended?

The single biggest problem in communication is the illusion that it has taken place.
-George Bernard Shaw
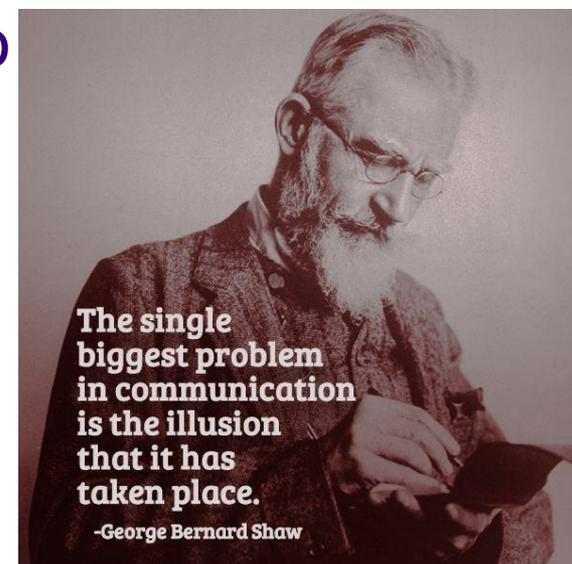
Good communication at information handover

› We handover information to each other all the time, sometime face to face, sometimes via written notes and now sometimes via technology such as Apps.

› Each handover of information is a point at which things can go wrong.

› Communication breakdowns can occur from the sender; e.g. missing critical information, forgetting details, not recognising the information is important.

› Or the receiver; e.g. misunderstanding, mishearing or perhaps not noting it down in the correct place.

Structured communication tools

> **Can be helpful to:**

- Help team members give the correct information
- Ensuring all colleagues get a chance to speak
- Ensure the important information is prioritised
- Maintain the focus of the 'meeting'
- Helps ensure key information isn't forgotten
- Give newer/junior members of the team confidence to join in discussions.
- Focus the team on any issues that would benefit for having the spotlight put on them e.g. Hydration
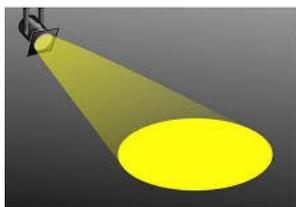
When are these tools useful?

› Handovers

› Getting help – inside and outside the home

› Team meetings

› When working on a specific issue – safety huddles

Safety Huddle – one example

NHS

SAFETY HUDDLES
Improving Hydration

1. How many days since our last resident became dehydrated?
2. Could we have done anything differently?
3. Any residents at high risk of dehydration today?
4. What are we going to do as a team to keep them well hydrated?

   (work through prompt sheet)

Any other residents we are worried about today?

Improving Hydration

Add symbol to menu chart and corridor file

Start Hydration Chart

Encourage fluids by….

Assess urine colour

Medication review at GP visit

Unwell? "Do Stop & Watch" & consider observations
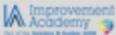
Communication – what could go wrong!

Chinese whispers

Exercise:

In your workbooks there is a game you can play with colleagues that illustrates how easy it is for verbal communication to go wrong!

SBARD

› SBARD is an easy to use, structured form of communication that enables information to be transferred accurately between individuals.

› Originally developed by the United States military for communication on nuclear submarines.

› Standardised prompt questions in five sections to ensure that staff are sharing concise and focused information. It allows staff to communicate assertively and effectively, reducing the need for repetition and the likelihood for errors.

› It helps staff anticipate the information needed by colleagues and encourages assessment skills.

› SBARD can be used in any setting but can be particularly effective in reducing the barrier to effective communication across different care settings and between different types of staff i.e. when you are calling for help to colleagues outside the team.

The use of SBARD prevents the unreliable process of 'hinting and hoping' that the other person understands.

Situation

> Identify yourself and the home you are calling from

> Identify the resident by name and the reason for your communication

> Describe your concern.

What you say needs to grab the attention of the listener.

E.g. Hello, this is Mel from Willow Trees Care home. I am ringing about Bob Smith one of our residents. He has just had a fall and I am worried he may have a head injury.

Background

› Give the residents reason for living at the home.

› Inform the receiver of the information of the patient's background: significant medical history, admitting diagnosis, date of admission, current medications, allergies, DNACPR status.

For this part in the process you need to have collected information from the residents notes.

E.g. Bob has a history of advanced Dementia, previous falls , he is tablet controlled diabetic and is on blood pressure tablets. He has a DNACPR in place but is still for active treatment.

Assessment

> Vital signs (If you take Obs) triggers from RESTORE2 Mini if you don't. Add any other indicators e.g. Blood Sugars if taken.

> Your impressions about what is wrong, any functional changes & other concerns.

e.g. – Bob has a blood sugar of 3.6, he appears flushed and I think he may have a temperature. He has been incontinent of urine and it is strong smelling. Although he has dementia he is usually mobile independently but is unable to get up. He definitely appears to be more confused than normal.

Recommendation

What would you like to happen by the end of the conversation.

› Any advice that is given on the phone needs to be repeated back to ensure accuracy & understanding.

› Explain what you need – be specific about request and time frame.

› Make suggestions.

e.g. – I would like an ambulance crew to come out and assess Bob, we are worried about moving him from the floor as he may be injured so we need a crew to come out in the next hour as we are also worried about pressure damage. We will stay with him and monitor for signs of distress and give him some Paracetamol for pain relief. Is there anything else you can recommend while we wait for the crew to arrive?

Decision

What you have agreed will happen next

› Times and specific actions need to be captured

› Agree a 'Plan B' If 'Plan A' doesn't work out.

› e.g. – So we have agreed you will send an ambulance crew to assess Bob, to come to the home in the next hour. My colleagues and I will stay with him and monitor for signs of distress and give him some Paracetamol for pain relief. If he declines any further we will call 999.

SBARD Communication practice

In your workbooks there is an example of a SBARD communication form and a very short case study.

Using the case study have a go at completing the SBARD tool.

Ideally notes of what you need to say should be added before you make the call.

This will give you confidence and make sure the information is accurate and you don't forget key information

Before calling for help
- ◆ **Check Vital Signs (where possible):** e.g. temperature, pulse, etc.
- ◆ **Review Records:** recent care notes, medications, other plans of care
- ◆ **Have relevant information available when calling:** e.g. care plan, vital signs, advance care plans such as DNACPR and RESPECT, allergies, medication list

Get your message across

Resident Name:		Date of Birth:	

Raise the alert within your home e.g. to a senior carer, registered nurse or manager. If possible, record the observations using a NEWS2 based system. Report your concerns to a health care professional e.g. nurse / GP / GP Hub / 111 / 999 using the SBARD Structured Communication Tool. 'Hello my name is', I am calling from …………about our resident………..

S Situation: e.g. what's happened. How are they?

Key prompts/decisions

B Background: e.g. what is their normal, how have they changed? Any long term medical conditions e.g. COPD, heart failure, diabetes?

A Assessment: e.g. what have you observed / done? Include signs you spotted from RESTORE2 Mini and any other vital signs if available e.g. temperature

R Recommendation: 'I need you to....'

D Decision: what have you agreed? (including any Treatment Escalation Plan and further observations)

Name of person (you are speaking to):			
Service:		Today's date:	
Signature:		Time of call:	

Don't ignore your 'gut feeling' about what you know and see.
Give any immediate care to keep the person safe and comfortable.

RESTORE2_SBARD_tool (Jul2020)

Implementing RESTORE 2 mini in your care home

› Discuss your learning with colleagues, are there any questions you need help with?

› How you could use RESTORE2 Mini in your home, would it be a paper form to complete or do you have an electronic system?

› Test new ideas out, perhaps you could use the form for any residents you are worried about for a day, discuss with colleagues how it went and what you learnt?

› Not everyone will be able to attend a 'live' session so think about how you will make sure all your colleagues get the training?

› Practical considerations: where will you store the forms so they can be grabbed easily, how will you tell each other of your concerns , do you need to think about how you communicate with each other in the home (handovers, safety huddles)?

› Use your workbooks to remind yourselves what you have learnt.

In Summary

› Good communication, strong teamwork and a positive safety culture are key to keeping residents safe.

› As individuals we are not always good communicators all the time but we can all improve!

› In our workplaces there are many opportunities for information to get lost or become inaccurate and using structured communication tools like SBARD can help.

Questions?

Contact for further support/information:

Bev Gallagher – Bev.Gallagher@bradford.nhs.uk

Lauren Ward – Lauren.Ward@bradford.nhs.uk