Applying QI Thinking to Person Centred Visiting

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Session aims

- Consider how to apply QI tools and techniques to PCV
- Consider how to adapt what’s working elsewhere for your area
- Start to think about the approach you’re going to take in your area
Core principles of person centred visiting

**WELCOMING**
Welcome and encourage the involvement of the people who matter to patients.

**PATIENT LED**
We are guided by patients: when the people who matter will visit, how they would like them involved in their care, and when they want to rest.

**PARTNERSHIP**
We work in partnership with the people who matter to patients.

**FLEXIBILITY**
We have no set visiting times.

**RESPECT**
We respect peoples’ individual needs and act on an individual basis to ensure the safety, privacy and dignity of all patients. This means there may be times when we need to ask people to leave a clinical area temporarily.
The typical approach to change…
The Quality Improvement Approach
Deming’s QI Culture

“So business as usual.”
What do we mean by “spread” in the context of quality improvement?

When an improvement is adopted in other areas with modification.
The Model for Improvement

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

Plan
- Set objective
- Make predictions
- Plan to carry out the cycle (who, what, when)
- Plan for data collection

Act
- Ready to implement?
- What changes need to be made?
- Next cycle...

Study
- Complete analysis of the data
- Compare data to predictions
- Summarise what was learned

Do
- Carry out the plan
- Record problems and observations
- Begin analysis of the data

What change can we make that will result in improvement?

- Admission conversations
- Welcoming behaviours
- Privacy and dignity
There is Person Centred Visiting in place across all wards of NHSGGC in April 2020

People

- Ward know who is important to the patient and how they would like to be involved
- Visitors know who is leading care of the patient and how to contact them

Processes

- Ward staff seek the views of important visitors when planning care and making decisions about the patient
- Important visitors are encouraged to proactively discuss care or concerns with the Ward staff

Communication & Culture

- People visiting in the ward are made to feel welcome
- When visitors need to leave the ward for any reason this is managed sensitively
Structured conversation about visiting with patient/family on admission – to include:

• Identification of who matters to each patient, and how they would like them to be involved

• Information about ward routine and what to expect at different times of day

• Supporting patient/family to consider provisional visiting ‘plan’
Introductory meeting between staff nurse and key relatives within 4 days of admission:

- Prompt sheets to support staff
- Processes to support monitoring
- Role modelled by SCN
- Documented in pink sheet
What this looks like
There will be a relative meeting within 4 days of arrival on the ward for 100% of patients admitted to the ward. This will be in place by May 2020.

People

Agree whose role to organise

Processes

Right people should be invited to the meeting

Communication

What matters to the patient / visitors

Patients and visitors are aware of PCV approach on ward

Important decisions are documented / communicated and acted upon
Applying QI to relative meetings

- Patients, families and staff know who matters to patients and when/how they would like to be involved
- Staff and patient feedback
- Every patient has a meeting with a staff nurse and the people important to them to explain and agree visiting
- PDSA plan – what changes do we need to make to relative meetings so they result in improvement in your ward?

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PDSA cycles

Small sequential tests to build knowledge and ability to predict

Increased knowledge through testing leads to predictability of the impact of change

Changes that result in improvement

Theories, hunches, intuition
Plan for relative meetings

• What do you want to test first?
• How many people will you try this with?
• Who will do this?
• What do you think will happen?
Do

• When will you start?
• What’s your process?
• How will you inform people of what is happening?
Study

- Reflect at daily 12pm huddle during testing phase
- What happened:
  - How did you ask the question?
  - What were you told?
  - How did you feel?
Act

What will we do differently tomorrow?
Our top tips

• Keep it short and sharp – every shift, admission and conversation is an opportunity for learning and improvement
• Conversations, rapport and relationships are pivotal
• Failure is a learning opportunity
• How will a patient/ family member experience your change?
• Role modelling helps
Next steps

- What are you going to **start** doing?
- What are you going to **stop** doing?
- What are you going to **continue** to do?
Further information

• [https://learn.nes.nhs.scot/3870/quality-improvement-zone/elearning](https://learn.nes.nhs.scot/3870/quality-improvement-zone/elearning) - Implementation and spread QI module on Turas


• Toolkit – watch this space!!!