

Entry category: Commitment to quality improvement and patient safety

Delivering consistent, high quality care, respecting the rights of patients and whānau, managing the risks of providing health care and reducing incidents of unintentional harm are at the heart of what we do. This award recognises initiatives to improve services, provide a safe workplace for patients and staff, and deliver the best care possible.

Entrants must complete all sections	
<p>Title of entry Maximum of 70 characters Be specific, e.g. "Pressure injury reduction through improved patient management".</p>	<p>Development and initiation of an Acute Care Training 'ACT' Course at Hawkes Bay Hospital</p>
<p>About your organisation Maximum of 150 words A brief paragraph providing an overview of your organisation. In the case of a collaborative entry - the lead organisation, working group goal, terms of reference or vision statement.</p>	<p>ACT Faculty aims:</p> <ul style="list-style-type: none"> - Teach and reinforce the recognition of a deteriorating patient, - Build skills, confidence and appropriate escalation behaviours - Strengthen communication between teams: medical, nursing, interdepartmental - Teach a common language with which to communicate <p>Ultimately: Communicate more effectively Improve patient experience Improve patient outcomes Reduce sentinel events</p> <p>Course teaching Faculty is a truly multidisciplinary team consisting of PAR Team, Consultants, Clinical Nurse Specialists, Physiotherapists and Theatre Technicians.</p> <p>One of the main strengths of the faculty is the skills mix and ability of each person to bring an extra perspective to the participants learning.</p> <p>Core information and clinical skills are delivered consistently Faculty focus on a positive approach and inclusive attitude and recognise the strengths in their participants.</p> <p>By further developing participant's expertise and creating a common language of assessment and communication – we teach people to 'ACT' if a patient is deteriorating.</p>
<p>Name of organisation/s Is entry submitted on behalf of one or a number of organisations?</p>	<p>ACT Core Faculty, Hawkes Bay Hospital James Curtis (Respiratory Physician), Guy Vautier (Gastroenterologist), Saskia Hartemink (PAR Team leader), Tristan Tully (Clinical Nurse Educator Surgical Services), Amy</p>

It is very important that you describe who is involved in this entry. This information is used in promotional materials, acknowledgements and inscribed onto awards, plaques and certificates.	Fretchling (Clinical Nurse Educator Medical Services), Amy Hutchinson (PAR team), Angela Russell (PAR Team), Philippa Reidpath (PAR Team), Hamish Gibb (Medical registrar), Helen Ansell (Trust Resuscitation Officer), Michael Park (Intensive Care Physician), Kate Barnett (Intensive Care Physician, Emergency Medicine Specialist)
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SIGN OFF	
Your organisation's CEO, GM, Service Director or Manager who has reviewed and endorsed this entry into the 2018 HB Health Awards	Name: <u>L. TRAVIS</u> Signature: <u>[Handwritten Signature]</u> Date: <u>13/9/18.</u>

The Acute Care Training ‘ACT’ course has a commitment to quality improvement and patient safety.

Background

What was the process or experience you were wanting to improve?

Overall, to improve recognition, response and management of deteriorating patients.

- Create a shared language and provide tools to guide communication and collaboration throughout all levels of a patients’ clinical care.
- To build respect, confidence and competence amongst staff.
- To reduce sentinel events, improve patient experience and improve patient outcomes.
- Promote clinical staff, patients and their Whanau’s involvement in discussions, highlighting the importance of determining, communicating and documenting shared goals of care.

Unrecognised and undertreated patient deterioration leads to serious adverse events and unplanned Intensive Care Unit admissions.¹ 60 percent of such patients have warning signs in the preceding 24 hours before ICU admission or cardiac arrest.² Nearly half of all rapid response calls at HBDHB are due to sepsis.³ Sepsis is the leading cause of death amongst hospitalised patients in the developed world.⁴ Early identification and appropriate management of sepsis improves outcomes.⁵ When studied, communication was the most common theme in adverse events related to clinical deterioration.⁶ As part of the HQSC 5 year Deteriorating Patient Programme⁷ a number of initiatives are being introduced at HBDHB. The ACT course aims to bring these themes together supporting staff in a practical approach to patient centred care.

1. Schein RM, Hazday N, Pena M, et al. 1990. Clinical antecedents to in-hospital cardiopulmonary arrest. *Chest* 98(6): 1388–92
2. Kause J, Smith G, Prytherch D, et al. 2004. A comparison of Antecedents to Cardiac Arrests, Deaths and Emergency Intensive care Admissions in Australia and New Zealand, and the United Kingdom; the ACADEMI study. *Resuscitation* 62(3): 275–82.
3. Patient at Risk Team 2018. HBDHB
4. Surviving Sepsis Campaign guideline (Sepsis-3): www.sccm.org/Documents/SSC-Guidelines.pdf Accessed 3.9.18
5. Mukherjee V, Evans L. Implementation of the surviving sepsis campaign guidelines. *Curr Opin Crit Care*. 2017 Oct;23(5):412-416
6. Health Quality & Safety Commission. 2015. Learning from adverse events. Adverse events reported to the Health Quality & Safety Commission: 1 July 2014 to 30 June 2015. Wellington: Health Quality & Safety Commission.
7. Patient Deterioration. <https://www.hqsc.govt.nz/our-programmes/patient-deterioration/> Accessed 3.9.18

Approach and process

The course took 6 months to develop and implement. A dynamic core Faculty was established from volunteers. Planning meetings identified the learning needs specific to HBDHB and key points from HQSCs 5 year programme.

ACT Course aims:

- Teach and reinforce the recognition of a deteriorating patient
- Build skills, confidence and appropriate escalation behaviours
- Strengthen communication between teams: medical, nursing, interdepartmental
- Teach a common language with which to communicate

- Communicate more effectively
- Improve patient experience
- Improve patient outcomes
- Reduce sentinel events

Our ACT course is based on a model created by Sonja English and Peter Groom at Waitemata DHB where it has been running for 12 years. HBDHB ACT Faculty visited Waitemata where Sonja and Peter were welcoming and generous in sharing their learnings/experiences. We thank them for their significant contribution towards our developing/implementing our ACT course here at HBDHB.

Our Faculty is truly multidisciplinary consisting of nurses, doctors from across specialities, theatre technicians and physiotherapists. All participation is voluntary. Faculty contribute at least three days annually. Our main strength is our diversity and skills mix giving the ability of each person to bring an extra perspective to the participants. For example Tristan's experience with simulation debrief has helped us 'train the trainers', Helen has provided organisational skills, liaison with the education centre staff, experience in simulation manikins and equipment, Saskia and her Patient At Risk team, our theatre technicians and doctors have helped create and deliver high quality workshops.

ACT philosophy focuses on a positive approach, inclusive attitude and recognition of the strengths of our participants. We use the course to further develop participant's expertise and create a common language of assessment and communication. This is done through reinforcing use of the 'DRSABCDE' assessment, the 'PACER' graded assertive communication tool and the 'ISBAR' communication tool through a full day of lectures, skills stations and scenarios.

Because teaching on the course is specific to HBDHB it allows ACT to stay fresh and constantly address current learning needs. Simulations involving deteriorating patients are all based on real life patients/events. Rapid response calls, sepsis and hypotension (low blood pressure) are areas targeted for further learning. The course incorporates this, including education on the new hospital-wide adult sepsis pathway (also developed by members of the ACT Faculty).

Run in the Skills Centre, great lengths are taken to ensure the learning environment is as close to real life as possible including equipment used and make up of ward teams that work together on the wards.

To remove pressure and allow total emersion in learning there is no formal exam. Participants are required to complete the e-learning course via Ko Awatea prior to attending the course. In addition to basic airway, breathing, circulation, pre reading is designed to explore in depth communications skills, goals of care, professional issues and managing pain.

To compete the course there is a 'kahootit' quiz to consolidate the learning. Shared access via phone/internet with anonymous log in makes for a fun, relaxed finish.

Benefits and results

Anonymous participant feedback questionnaires were overwhelmingly positive:

- 94% of participants on the initial ACT course said the course met all their learning outcomes and 100% of participants on the second ACT course said the same. Feedback comments included:
 - *I will use most in my workplace.....*
 - *"Closed feedback loops & ABCDE"*
 - *Communication tools and approach to assess unwell patients*
 - *Teamwork*
 - *All of it*
 - *Will use the ISBAR tool*
 - *Yes! ISBAR*
 - *How effective communication is important in team situations.*
 - *ABCDE*
 - *Communication*
 - *All – great review of important considerations in deteriorating patient.*
 - *New sepsis pathway. Early detection of deteriorating pain.*
 - *Auscultate lung sounds.*
 - *All of it. Every ward nurse should do this.*
 - *Modifying my communication skill'*

We are focusing on:

Number of participants that complete online training for the NEWS, ACT course, ISBAR tool.

Number of participants that complete pre reading education on assessment and management of problems relating to airway, breathing, circulation and disability.

- The course is able to take 20 participants at a time. Running monthly by the end of 2019 we aim to have 300 health professionals completed the course and associated pre reading and online education.

Number of adverse events related to deteriorating patients.

- A 75% reduction in the number of adverse events reported due to lack of recognition of a deteriorating patient between 2016/17 and 2017/18. ACT is part of the recognition and response for deteriorating patient programme targeting this.

We believe we can make a difference to patients, their families and staff. Simple interventions can have a big impact - Confidence to communicate and escalate. Humility and ability to thank others for asking for help. A simple 'thank you' for calling me and "how can I help?"

Working towards a change in culture through learning together and working together. Through the development of ACT it provides scope to develop a linked course focusing on communication within hospital teams and with patients and their relatives. Exploring goals of care, conflict management other professional issues in more depth.

Has this initiative improved equity for our population?

Yes, we believe so. The course philosophy and content reinforces the core HBDHB values of respect, improvement, partnership and care. It promotes a common language for communication between health professionals and a framework by which concerns or questions can be raised in a respectful supportive way. It teaches evidence based clinical skills

and communications skills for all members of the multidisciplinary team. Real staff, real patients, real differences.

Lessons learned

Are there any lessons learned along the way or things you would do differently next time?

It takes time to build genuine and strong relationships!

Putting teams who work together through the course together and exploring real life situations and experiences works best.

How will the improvements be sustained?

By conducting the following:

- Ongoing course and Faculty development to remain up to date and relevant.
- Maintain a Core Faculty, each member with the ability to deliver every aspect of the course. Strong participants who show genuine interest in further education and communication approached to train as Faculty.
- Continue to adapt the course to the needs on the wards. Use it to target areas identified for further learning. This will include use of feedback both participant and patient to shape the curriculum.
- Use of innovative and novel approaches to maintain interest and aid memory of key learnings.
- Ongoing use of real life scenarios through which to teach.
- Use of evidence based and up to date clinical resources.

By teaching people to 'ACT' to recognise and respond to a deteriorating patient.