

Quality Improvement Project Charter

Your name:	Madi Chaney
Your contact details: (tel & email)	Madi.chaney@nhslothian.scot.nhs.uk 0131 536 6383
QI project team members: (please provide full names)	Madi Chaney, Anne Glover, Nina Szmaitz
Project Title:	Wellness Group
Clinical team(s) involved:	OPRA, AHP + nursing
Number of teams involved:	1
How are you getting Service Users/Carers involved?	evaluation
Directorate/Service: (please delete as appropriate)	OPRA

How does your project align with the six aims for improvement? (please tick which aim(s) your project aligns with – you may choose more than one)

<i>Safe</i>		<i>Person-centred</i>	<input type="checkbox"/>
<i>Effective</i>		<i>Timely</i>	
<i>Efficient</i>		<i>Equitable</i>	

1. What are you trying to accomplish?

Topic or issue you would like to improve (1-2 sentences):

Setting up a MDT treatment group for the patients of OPRA to replace the previous OT led falls group. The aim of the group will be to improve general physical and mental wellbeing which as a result would decrease falls risks

Aim statement (How good do you want to be by when?) (1 sentence):

OPRA "Wellness Group" Pilot will be daily by the end of December 2018

Why is this an important issue to tackle? Why does it matter to your service users/staff/directorate/ organisation? (4-5 sentences):

Group work is cost effective way of treating patients with many additional benefits to patients such as increased socialisation. There is a lot of overlap between goals of OT, PT and nursing interventions which could be addressed in a group work format. Patients spend a lot of time waiting to be seen by each professional in OPRA - attending a group would be good use of patient time, providing active treatment rather than waiting. Previous groups have failed due to being having a complex running order with patients being on week 1,2 or 3 of attendance, and have had strict inclusion/exclusion criteria for participants. This made it confusing for nursing staff to know how should be attending when etc.

It was also dependent on one group of staff, OT's so stopped if that group becomes too pressured Patients often report enjoying the social aspect of attending OPRA and want other groups to link into Increasing activity levels and social interaction and tackling anxiety and low mood are major factors in reducing falls, OPRA patients tend to fall into the category of high or medium falls risks

Scope project - what specific processes will need to change to achieve your aim/goals? Types and numbers of patients/clients whose outcome will be affected:

No existing processes will need to change other than an increased awareness of time management to ensure staff are available to run the group and were possible patients are available to attend. There will be a need for increased MDT working. Design of new group format and design of evaluation measures to replace the old evaluation sheet

Could this have an impact on cost and what could be measured to help us understand that?

It is hoped that providing therapy in a group work setting with be cost effective – rather than a nurse or OT doing anxiety management with five separate patients in a day five patients could attend the group. or a group looking at movement and exercise could provide additional strength/balance work for patients. It would be an aim of the group that teaching self management skills and linking into

community resources would improve overall wellness and therefore reduce re-attendance. This would be in contrast to the previous group which was very “expert led” and one-way educational focused.

Looking at re-attendance of patients at OPRA could be a potential measurement. We could look at the number of patients who link into community groups after OPRA.

Do you have data that can tell you the current performance of the process and outcome?

Previous evaluations from patients – which reported patients' fear of falls actually increased. Subjective staff feedback of previous falls group. Paper work from previous groups, aims and objectives.

2. How will you know that a change is an improvement?

Measures

How will you monitor your progress toward your goal(s)? List the process and outcome measures you plan to track.

- **Outcome** - how you will track the progress of your improvement aim
- **Process** - how you will know how the parts of the system you need to change (to get you to your improvement aim) are performing and the impact of your changes on these.
- **Balancing** - do you need to keep watch in case your action has an unintended impact on other parts of the system or to see if something unrelated to your project is influencing project success?

Outcome - number of days group is run, number of patients attending each day. Number of staff participating. Number of patients who go on to attend a community resource that they previously did not.

Process - staff feedback. Patient evaluations.

Balancing - is group work impacting on other areas of work? Are other essential things not getting done? Are staff stressed or finding it difficult to contribute to the group.

3. What changes can you make that will lead to improvement?

What change ideas would you like to test (the more the better)? What evidence is out there about what works?

Group work is an effective use of patient and staff time
Group work is an effective treatment method and provides opportunity for holistic assessment of patients abilities in physical, cognitive and emotional realms
MDT working improves team cohesion
Increased movement, improved mental health and opportunities to socialise are shown to decrease risk of falls in older people.
Supported self management skills reduce re-attendance at services and keep patients healthier for longer
Seeing the patient as their own expert is more effective than a traditional expert led model of treatment
Asking patients what matters to you? Is more effective than "what's the matter?"

4. *What initial activities do you have planned?*

These are the tasks associated with your project (not to be confused with change ideas) e.g. setting up an improvement team, gathering baseline data, conducting exercises and applying improvement tools to help you understand how the system is working and generate change ideas

Gather baseline data. Meet with Long Term Conditions team for input with QI measures, Visit another day hospital to see what is already being done. Design an evaluation sheet based around SFBT/What matters principles. Meet with nursing team lead Fiona Stratton re evaluation methods
Gather information on wellness, mental health and increased activity from existing national programmes – ALIP, CAPA (care inspectorate)
Explore resources available at the resource library at AAH for group work materials
Speak with community groups to see if there is any scope for them to run a session and to find out what we can link patients into.. e.g. one group planned is seated yoga so find out what seated yoga classes are available in north east.
Develop a resource pack for the group, including handouts for patients
Develop an up to date resource of community groups

5. List any barriers that you can identify to getting this project going?

Staff time and commitment. Staff not used to MDT working, quite embedded in professional roles
Myself being short of time – only work 2 days a week so cant over see the other three days
Reluctance to change ways of working

6. What ring-fenced time have you agreed for your team to meet?

(Should be weekly or fortnightly, for 30-60 minutes, with all improvement team members present)

We have not ring fenced time to meet – which was maybe a mistake. We have decided to try and just start the group running as and when staff have time and review on an ongoing ad-hoc basis. Meeting regularly is a challenge due to staff working on different days. Informal discussions have taken place regularly and been shared with others by email.

7. Name of line manager who has approved this project (if applicable):

Hazel Webb and Fiona Stratton

8. Date charter submitted:

20/12/18