**Case Study Template - Capturing Good / Notable Practice**

|  |  |
| --- | --- |
| **Name: Alison Eden** | **Organisation / Site:** |
| **Job title: Clinical Lead, Specialist Speech and Language Therapist, Adult Service** | **Gateshead Health NHS Trust, Community Services. Based at Queen Elizabeth Hospital, Gateshead** |
| **Telephone: 0191 4452599** |  |
| **Email: alisoneden@nhs.net** |
| 1 | **Provide contact details – introduce the organisation and site**The Adult Speech and Language Service comprise 12 clinical staff, 7.4 WTE therapists and 1.5 WTE assistants serving a population of approximately 202,600. We have 2 WTE therapists hospital based, 1.3 WTE working within the Community Stroke Rehabilitation Team, 0.8 in voice and fluency. We have a Parkinson’s specialist therapist - 0.56 WTE and the rest work with a general community caseload with referrals very much weighted towards dysphagia.  |
| 2 | **Title** Implementing the International Dysphagia Diet Standardisation Initiative. |
| 3 | **Description – understanding the problem***(the problem or challenge faced and brief description of the improvement initiative)*The challenge was to find a means of implementing the changes across hospital and community ensuring minimum risk to patients. The changes in terminology could cause confusion in interpretation by patients, carers, and professionals, and a risk in errors in prescribing and labelling. We needed to consider an approach that would address all the possible risks, reduce anxiety and consider all the stakeholders we needed to involve.  |
| 4 | **Solution - Aims & Objective***Describe the aim and main objectives of the initiative.*The objective was to find the best means of transferring to the new fluid and food descriptors within the nationally set timescales. We wanted assurance around the following areas:* ensuring everyone receives the necessary information
* everyone who needed training received the necessary training
* all documentation was changed
* delegation of tasks
* all our partners work alongside us to the same outcome i.e. protecting our patients and minimising risk.
 |
| 5 | **Method and approach***Describe approach to implementing / making the changes to achieve the objective**Include any successes / barriers you overcame* **Meetings:**We started with a Stakeholder meeting – the first meeting was held on 15.03.18 and has met approximately monthly with regular contact via email.Involved:SLT Adults – clinical lead and community and ward based band 7 therapistsSLT paeds, special needsSLT Adult LDLead clinical pharmacist for hospital pharmacyDietician - Care homes LeadNutrition nurse specialist Older Person’s nurse specialist - Care homesPharmacist representing Phamicus: Providers of clinical pharmacists to work as integral members of the primary health care team across the North East of England.Nestle repWe used the Implementation Checklist BDA/RCSLT which provided a helpful structure**Documentation:**1. Letters sent to all patients on thickener. Pharmicus ran a report on all the people who live in Gateshead who were receiving a prescription for thickener. This then captured all the patients we have discharged and would not be able to source. We sent the letter to our link person and she sent the letter out with a copy of a patient information leaflet.
2. Letters were sent to all care home managers. This was sent out by our administrator with a copy of the IDDSI conversion chart.
3. Advice and conversion charts to all areas who care for dysphagic patients,
4. Development of a trust wide patient safety alert via the Patient Safety and Incident Manager. Endorsed by the Director of Nursing and Midwifery and the Clinical Director
5. Guidance has been prepared for the Newcastle Gateshead CCG GP bulletin which will feature in the Gateshead specific section.
6. A screen saver was prepared with key information and this was uploaded to show on all computers as they became idle for the month of May.
7. An article was published in the in the staff bulletin QE Weekly.
8. Our referral forms ask for information about the patient’s current eating and drinking including any modifications previously made by ticking the current recommendations. The terminology has been changed and sent out to all those who refer to us.
9. We train nurses to screen swallowing in hospital and community. All the nurse screen documentation has been altered
10. All new information sent by SLTs and dietitians, for example Dysphagia Care Plans, reports and diet advice sheets, are being changed.
11. To reduce the risk of mistakes, we will include the old descriptions for a number of months. We will always state the number of scoops of thickener required.

**Training:**1. A joint approach to training and education was carried out on the wards and is taking place in all the care homes. The bulk of the training initially was carried out by a team of Nestle representatives who worked through a training programme on the wards and are rolling this out to all the care homes currently. SLT provided a list of wards and care homes with graded priorities.
2. Training in the hospital was supplemented by ward walkabouts – SLTs delivering 10 minute snapshots of information to staff on duty that shift. This was repeated on each ward at least x2. All staff were issued pocket sized conversion charts.
3. Liaison and hands on involvement with QEH catering. One of our SLTs has led on training the lead chef on the required textures. Many of the foods prepared for modified diets have been syringe tested for compliance with IDDSI levels and methods of preparation altered to ensure they are safe for our patients.
4. SLT and dietetic staff attended as many meetings as possible to raise the profile of IDDSI. This included Band 6/Band 7 clinical lead nurses, the Northern Nutrition Network, hospital matrons, ward housekeepers, community nursing e.g. Older Person’s specialist nurses.
5. The team manned a stand in the QE restaurant to capture as many passing staff as possible and we plan to repeat this targeting food changes.
6. We do have some clients (paediatric and ALD mainly) who use a different thickener. Those teams have had to ensure they carry out training and contact all their clients about the changes.

**Pharmacy:**1. The link pharmacist within QEH monitored the stocks of thickener and identified when the tins with the new guidance arrived.
2. Systematic change across wards. She ensured that the wards with the greater use received the new tins first, removing all old tins to ensure they working with 1 set of guidance via the product. Old tins were diverted to other wards until stocks depleted across these wards until we were fully compliant.
3. We have electronic prescribing within the hospital (JAC). This is an electronic version of the old Kardex. Pharmacy IT set up all the new levels with the old stages in brackets and this also states the number of scoops per level.
4. Speech and Language Therapists are enabled to add thickener to the JAC.
5. As a result of joint working pharmacy suggested creating weekly reports listing all the patients who are in hospital who have thickener listed on the JAC. This is now sent to SLT every Monday and enables us to audit the following:
	* Identify known patients from community who have been admitted but not referred. **Action:** We phone the ward and check any requirement to be seen.
	* Identify anyone in hospital on thickener not known to the service. **Action:** We contact the ward to investigate and check if patient requires assessment.
	* Cross reference the level of thickener issued matches the SLT recommendations, whether this error may be related to IDDSI or not. **Action:** We correct any discrepancies on JAC and alert the ward. If there has been a risk to patient safety we report this via Datix, the incident reporting system.
	* Identify missing patients. Anyone on our caseload who should be on thickener but is not on the list. **Action:** We contact the ward, check this is just an error on JAC and add thickener to JAC ourselves if required.

NB: Although this is not specific to IDDSI it has occurred as a result of the IDDSI project.1. The lead pharmacist with Phamicus (community) provided us with a report detailing the numbers of people in care homes on thickener. This helped us prioritise care homes for training.

**Other:**1. We are assessing supplements as a team involving dietetics and liaising about which supplements meet which criteria.
2. Alteration to videofluoroscopy labelling. The equipment in radiology allows us to label the consistency being assessed so this shows on the image. This has been changed to the IDDSI levels.
3. Liaison with local hospitals who refer patients to our service to ensure information passed between services includes new descriptors as well as old.

By April 2019 all information will use the new framework and descriptions. |
| 6 | **Impact***Brief description of progress and impact (figures/ values extremely useful)** All wards now trained
* Care home training ongoing
* Hospital prescribing system altered
* Attendance at multiple meetings, local and regional
* Raised profile of guidance changes
* Raised profile for the department and the trust
* Good joint working and development of closer relationships across professional groups.
* In particular the changes have created even closer liaison with catering with changes being made to menus and textures. We are working to improve the overall compliance of the food provided as this has been a challenge for a number of years.
* Compliant with fluid descriptions since May 2018
* Food descriptors were to be implemented from September in line with changes to the advice on the products we use, however we are using the new terminology in the community and pushing forward with the food descriptors in hospital in the light of the patient safety alert raised by NHS Improvement, reported on the BBC news. We will be moving to the new food descriptors in hospital as soon as catering can alter the patient menus.

**Prescribing accuracy on JAC raised from 47% to 95%:*** When we started receiving the reports from pharmacy we were concerned to find that the accuracy for correct prescribing of thickener was so low. In practice we found the wards were usually giving the correct recommendation but the entry on the electronic prescription was frequently different and this would transfer to the discharge summary.
* As a result of the actions put in place to correct the prescription and alert the ward the accuracy has increased dramatically and is now going to be a separate audit project.
 |
| 8 | **Key learning points**1. The joint approach is crucial. This has enabled us to delegate work and discover how much other staff groups could do to help the project develop and flow.
2. Involvement of pharmacy both hospital and community was invaluable
3. Creating links with others has helped us consider routes to get the information out there that we would not have considered.e.g. Screen saver, safe care alert, meetings such as the Northern Nutrition Network where we could reach medics, AHPs and nurses, CCG bulletin for GPs
4. The project naturally falls into manageable chunks once you start
5. How supportive and helpful everyone has been.
6. The weekly reports from pharmacy highlighted far more discrepancies in prescribing than we could have known and has helped us to address this.
7. Using Nestle resources and Representatives to aid our training programme for fluid changes has meant we got the training going rapidly and with a time commitment we would have struggled to achieve from our service alone.
8. We know we were lucky that we tend to use 1 thickening product. The product was not changing the scoop size. This has been less problematic than other areas that use different products.
 |
| 9 | **Plans for Spread***Any plans to share with others? Any awards or recognition?** Article planned for RCSLT bulletin
* Gateshead plan to host a catering conference for staff in Newcastle, Gateshead, South Tyneside and Sunderland, hopefully in early September. This will target staff that work in hospital and care home kitchens and will involve demonstrations about food preparation and compliance with the guidance on how the texture should be. This will be led by Nestle, the adult SLT team and hopefully involve dietetics.
* Continued liaison with Speech and Language Therapy Managers in the Northern Region
 |
| 10 | **Key Contacts** Alison Eden: Clinical Lead, Adult Speech and Language Service: alisoneden@nhs.netJennie Morgan, Highly Specialist Speech and Language Therapistjennie.morgan2@nhs.net Sarah Fraser, Highly Specialist Speech and Language Therapistsarah.fraser8@nhs.net Victoria Curtis, Highly Specialist Speech and Language Therapistvictoria.curtis1@nhs.net  |