Community Hospital Pilot Thornhill & Newton Stewart Triangle of Care Audit

05/03/18- 28/09/18

Engaging With Carers as Partners in Care

Triangle of Care

In order to improve Carer engagement Carers Trust Scotland adapted "The Triangle of Care" resource, originally developed by Carers and Carers Trust in England, and with support from Scottish Government, a Scottish version was launched in 2010. A Guide to Best Practice for Dementia Care was adapted from the original document to meet the needs of Carers of people with dementia, the aim being to promote consistent meaningful involvement and inclusion of Carers, leading to better care for people with dementia. A pilot was undertaken in Midpark Hospital and due to it's success, funding was received from Scottish Government to do a test of change in two of the regions community Hospitals.

Background

A pilot project to implement the Triangle of Care was undertaken over a six month period in two wards at Midpark Hospital between May – November 2016. An Improving Patient & Carer Experience Group (IPCEG) in the Mental Health Directorate was set up to work collaboratively with partners in statutory services, the Carer Trust Scotland and local service users and carers organisations.

Following completion of the Triangle of Care self assessment within the pilot areas a TOC Carers Pathway was developed and implemented within both wards. Following the successful outcomes an Action plan was developed to implement the TOC Carer Pathway and supporting documentation across all inpatient services within Midpark Hospital and to implement a test of change within two Community Hospitals – Thornhill and Newton Stewart by March 2018.

Thornhill & Newton Stewart Hospital

Jacki Ishmael S/N – Carer Lead identified and delivered Triangle of Care training for 2 Carer links in both Thornhill and Newton Stewart.

Ward staff were provided the opportunity to attend Triangle of Care informative sessions with the Carer Lead. 5 -10 staff members attended.

Staff completed Learnpro EPIC level 1 – Carer Aware, Epic Level 2 – Caring together

Information leaflets for visitors, family and Carers were reviewed and updated.

A photo album was developed and displayed in Thornhill, Newton Stewart are in the process of developing this. A Triangle of Care/Carer information display poster was also developed.

All Carer information leaflets/display information was reviewed and updated with support from Agnes Somerville (IT personal).

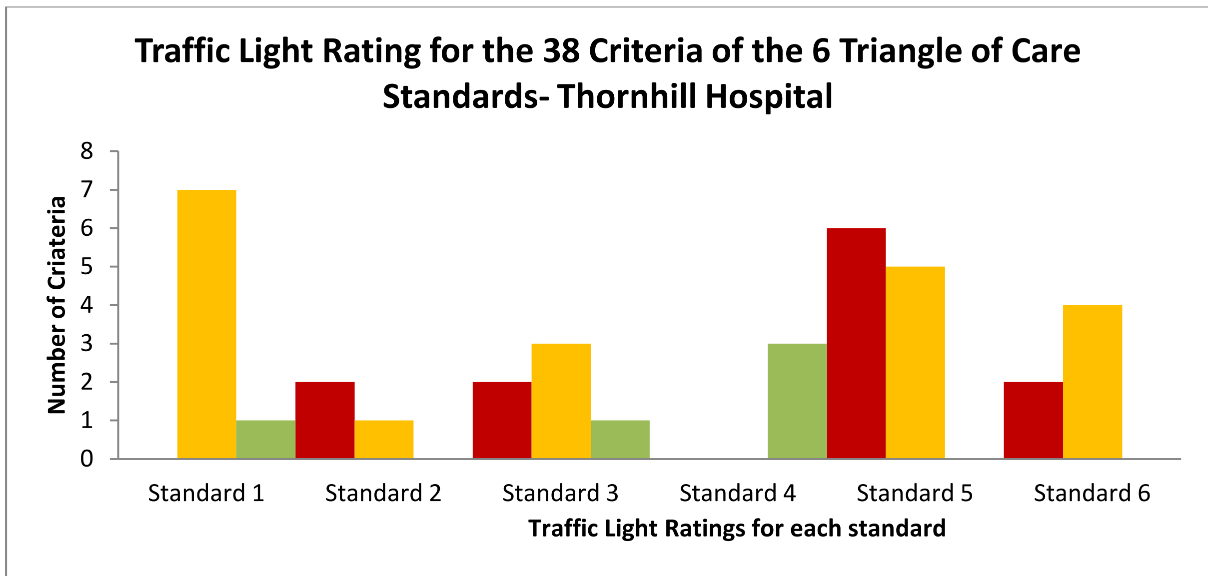
Staff completed Learnpro EPIC level 1 – Carer Aware, Epic Level 2 – Caring together

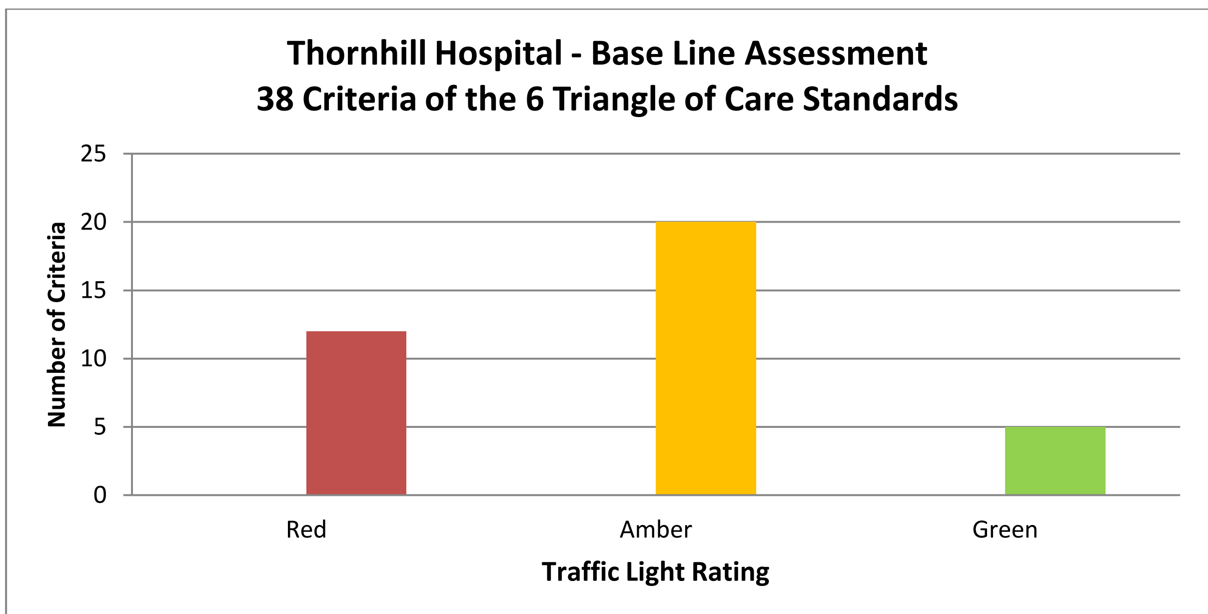
Triangle of Care Self Assessments

A base line Triangle of Care self assessments were completed by: J Ishmael (Carer Lead), SCN and Carer Links.

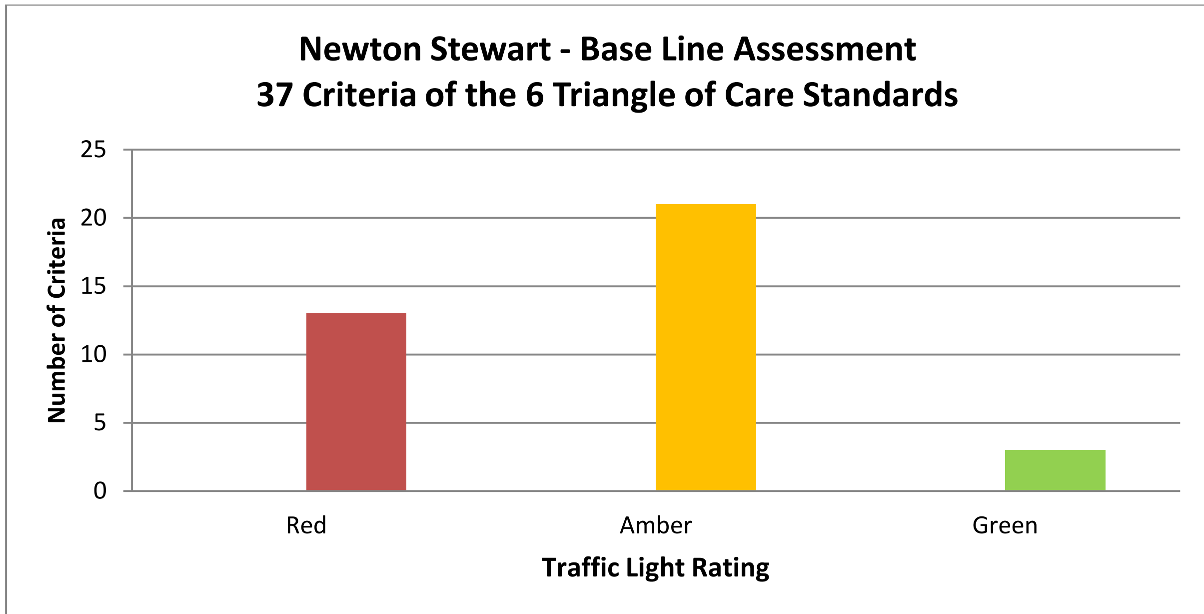
The outcomes of the self assessment traffic light ratings were as follows:

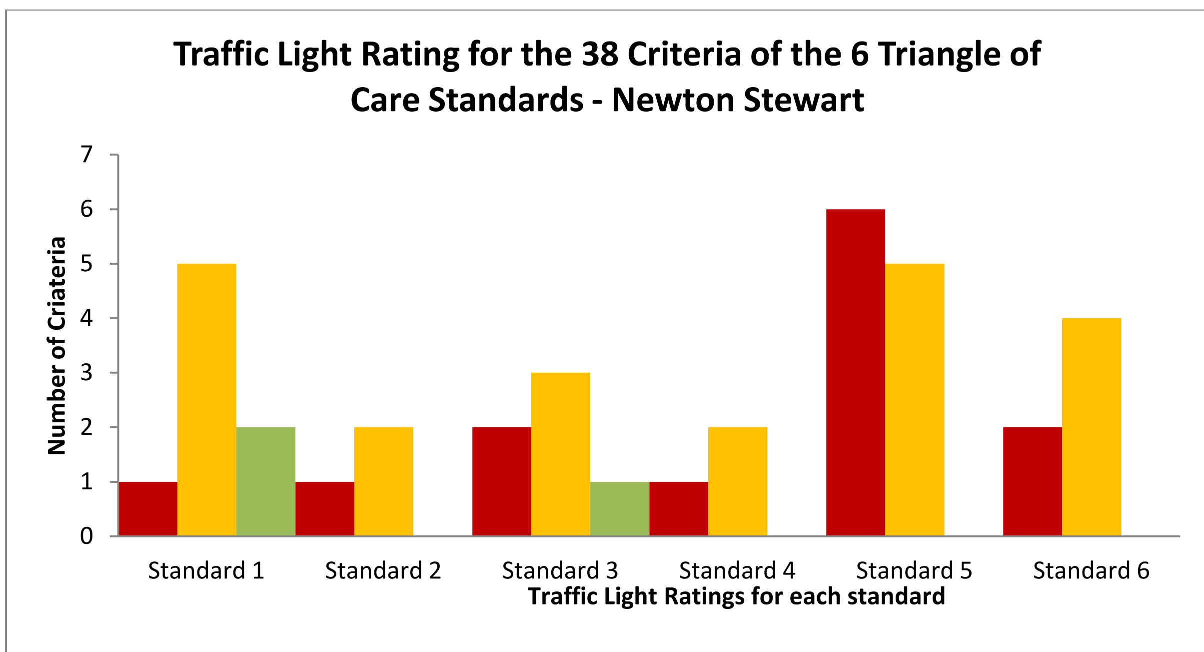
Traffic Light Ratings: Red – Below 50%, Amber – 50% or over, Green – over 80% success rate.





Newton Stewart Hospital ToC Self Assessment





Carer Pathway and Carer Checklist

The developed Carer Pathway and documentation were implemented for all new admissions from the 05/03/18 for 6 month period.. This included the updated recommendations/adaptations made from the initial audit within Balcary and Dalveen. The pathway and checklist were updated to include recommendations as set out within The Carers (Scotland) Act 2016 legislation which took effect from 1st April 2018:

Carers Checklist - Carers Act Scotland (2016)

DISCHARGE/TRANSITION PLANNING			
PRE DISCHARGE			
Carer Checklist	Comments/Where documented?	Print name and initial	Date
Has carer been informed of Estimated date of discharge (EDD)? Yes/No			
Has carers views been sought re future needs for patients care/ support? Yes/No			
Has carer been invited to attend pre-discharge/transfer meeting? Yes/No			
Carer has been involved in: . Discussion about future care options Yes/No . Visited care setting/rehab care unit where possible? Yes/No			
Is carer in agreement with discharge date/plan? Yes/No			
Has carer returned Carer feedback document? Yes/No			

DISCHARGE			
Carer Checklist	Comments/Where documented?	Print name and initial	Date
Carer been given notice that the person is being discharged Yes/No			
Has carer been provided with the following post discharge information? 1) Agreement on how the patient and carer will be supported in the community Yes/No 2) Information on medication Yes/No 3) What to do in the case of an emergency including Out of Hours contact details Yes/No			
Has GP and any other supporting service been informed of the patients discharge? Yes/No			
Has the carer been contacted and informed that the patient has now been discharged and left the hospital Yes/No			

TRIANGLE OF CARE PATHWAY

PATIENT CAPACITY

YES → IDENTIFY CARER

POWER OF ATTORNEY IN PLACE → IDENTIFY CARER

NO → DISCUSS AT MDT

IDENTIFY CARER

Does the patient consent to contact and notify carer of their admission/transfer?

NO → Document and Review consent weekly

YES →

Has the patient given consent to share information?

YES / NO →

Issue Carer's Letter to invite them to meet with the Named Nurse/member from Primary Nursing Team

If consent has been given to share information:

Share all information with Carer

If no consent has been given to share information:

Only general information to be given. No information should be shared re: Patient Care

- Give Carers the "Family, Carer and Visitors information" leaflet and discuss the information within the leaflet.
- Show the carer the Ward Photo Album.
- Carer referral form for an adult Carer Support Plan offered (When required nursing staff will support to complete)
- Offer carers the opportunity to complete Patient Information document either independently or with

Discharge from Hospital:

- Carer involved in discharge planning process throughout admission
- Carer in agreement of discharge date/plan
- Has the carer be signposted to other agencies for support?
- Have appropriate resources been put in place to support

Developed by:
Ishmael, J. And Mundell, F. 2018

Thornhill Hospital Audit Outcomes

05/03/18 – 28/09/18

During the audit period there were 49 patients either admitted or transferred to Thornhill Hospital.

This comprised of:

10 patients who remain inpatients therefore will not be included in the audit as these patients were not discharged within the audit period.

This leave 39 checklist that was included in the audit outcomes.

4 patients are N/A (consisting of 2 Palliative and 2 patients transferred to other areas within 24hour period).

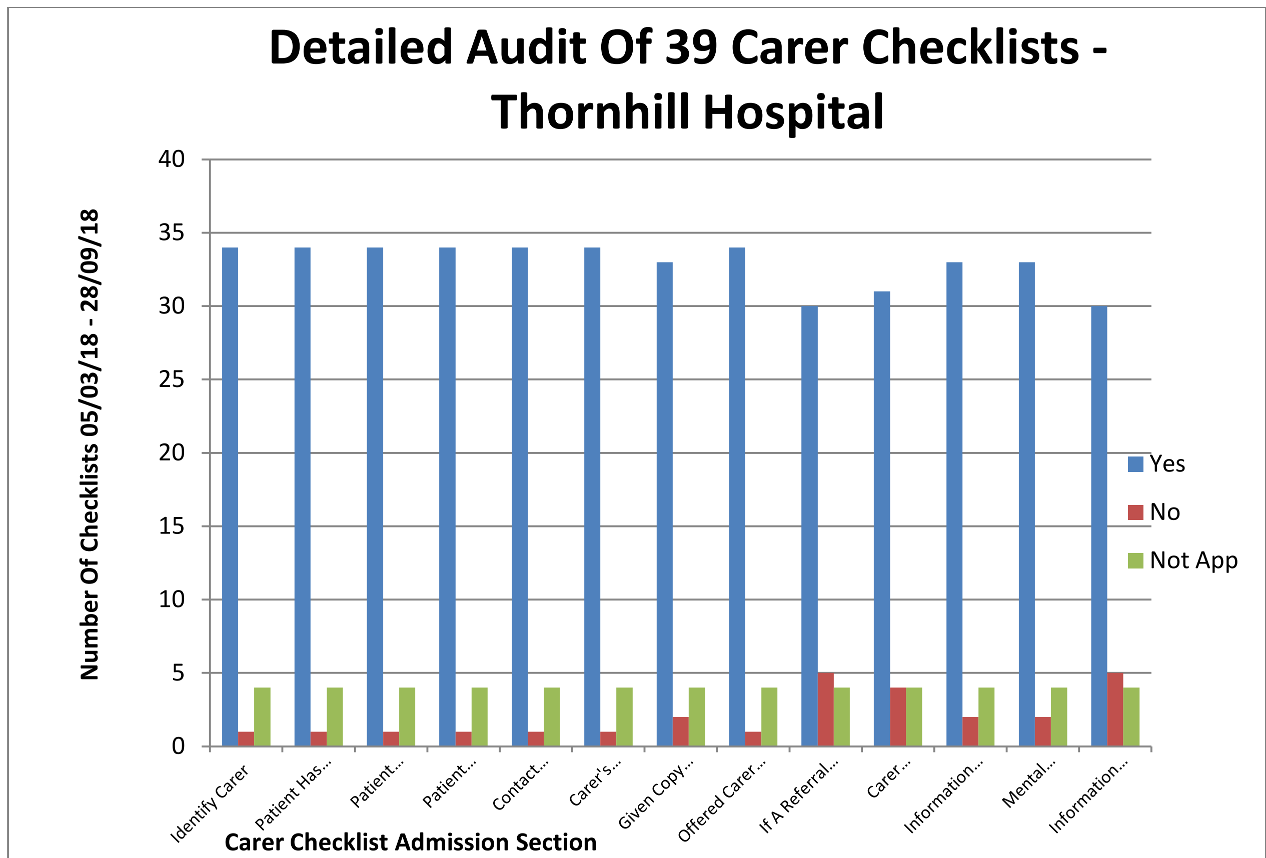
Audit outcomes for the 39 patients:

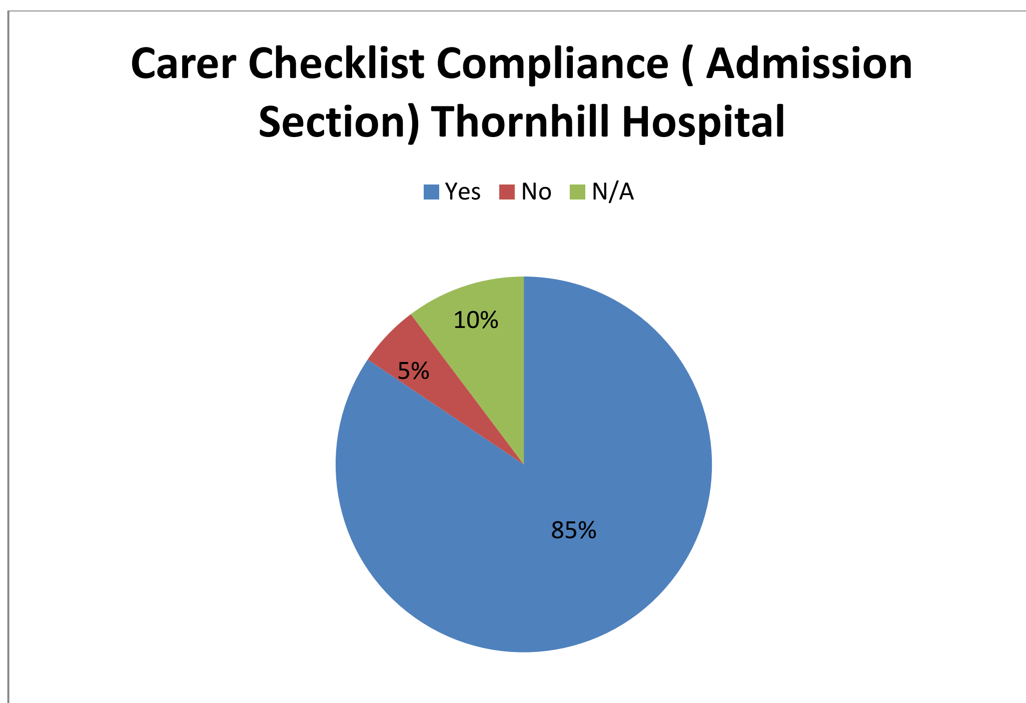
Audit method consisted of: each patients records being audited in terms of compliance with the pathway and documentation. Also audit of the outcomes from the repeat Triangle of Care self assessment which staff have still to complete (therefore cannot be included within this report).

There was evidence for all 39 patients having a Carer Checklist in place – 100% compliance.

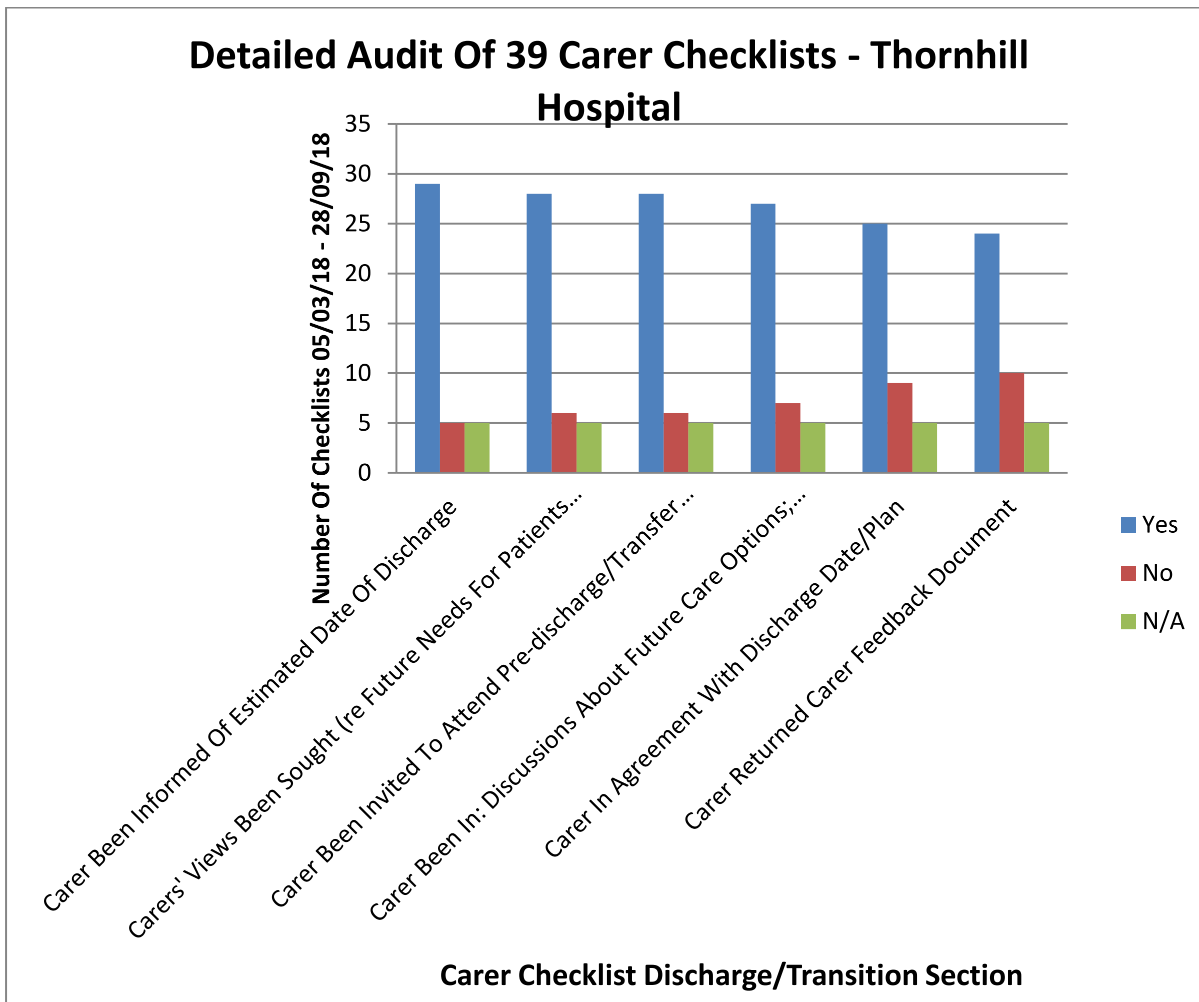
Further evaluation of each of the Carer Checklists in relation to evidencing whether these were partially or fully completed is as follows:

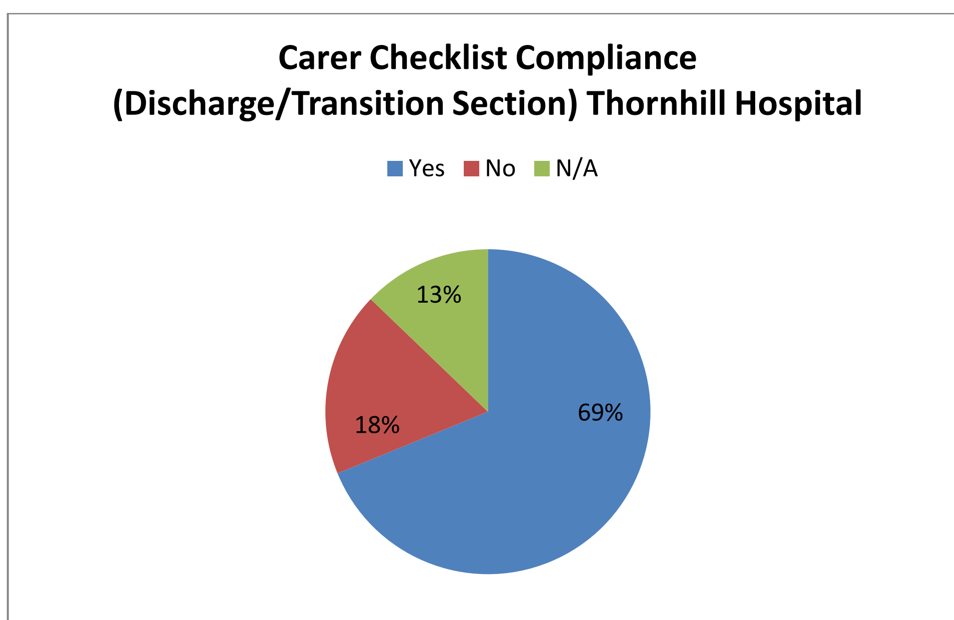
Admissions Section:



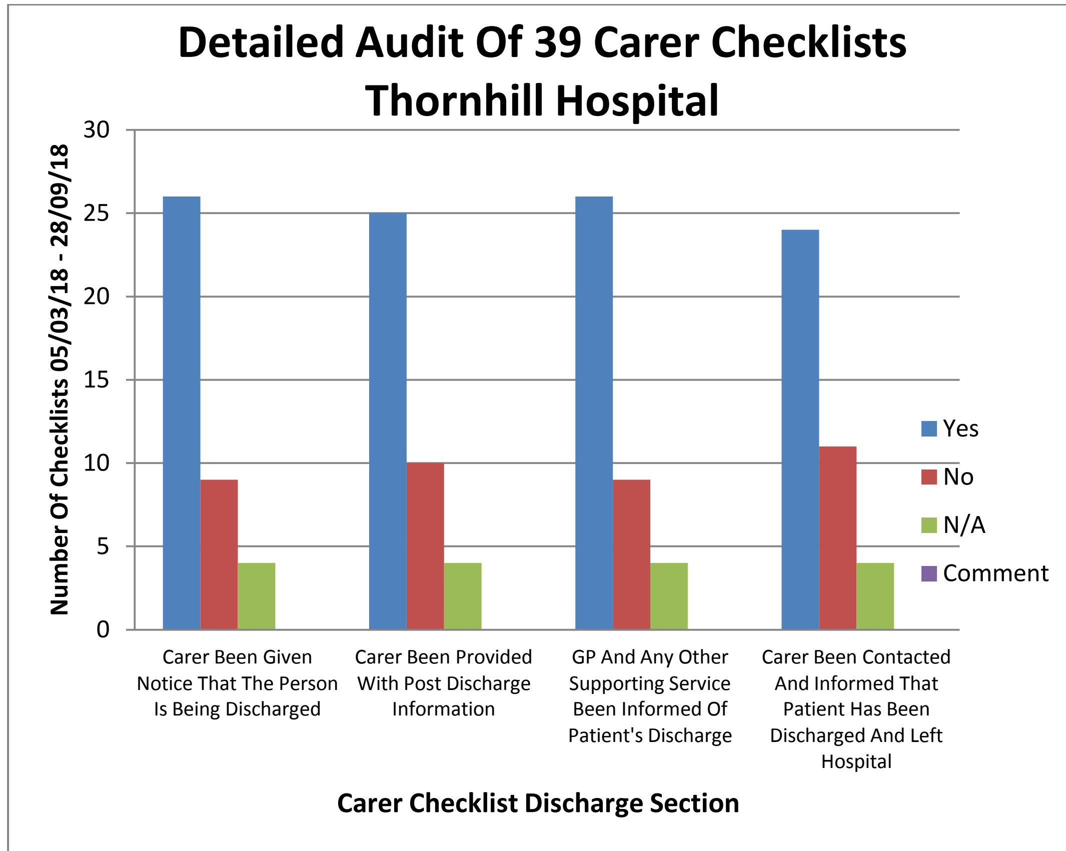


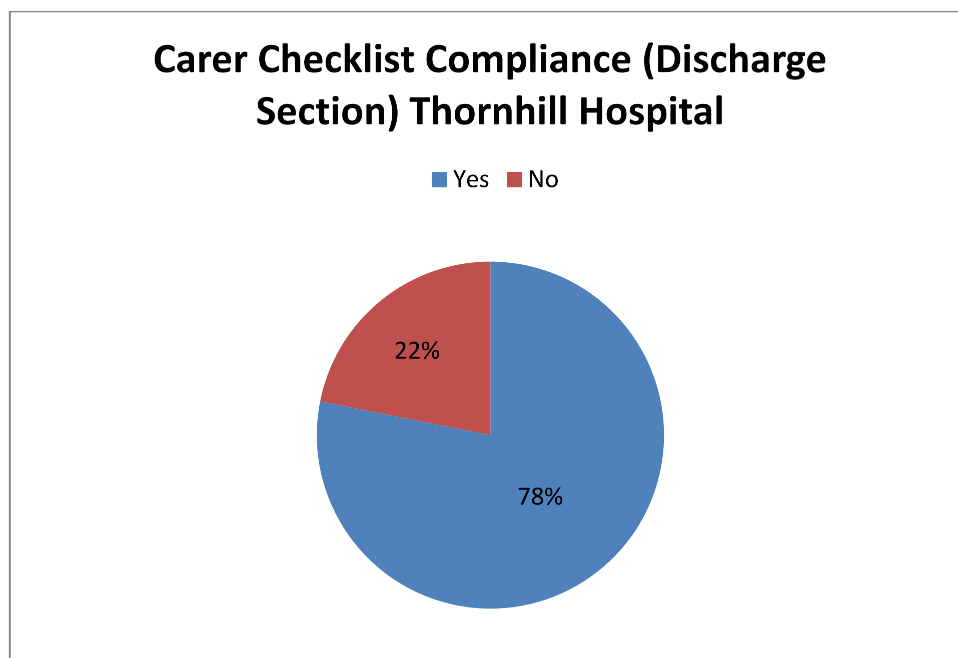
Discharge/Transition Planning Section





Discharge Section





Newton Stewart Hospital Audit Outcomes 05/03/18 – 28/09/18

During the audit period there were 34 patients either admitted or transferred to Thornhill Hospital. :

4 patients are N/A as they remained inpatients at end of audit

Audit outcomes for the 34 patients:

Audit method consisted of: each patients records being audited in terms of compliance with the pathway and documentation. Also audit of the outcomes from the repeat Triangle of Care self assessment which staff have still to complete (therefore cannot be included within this report).

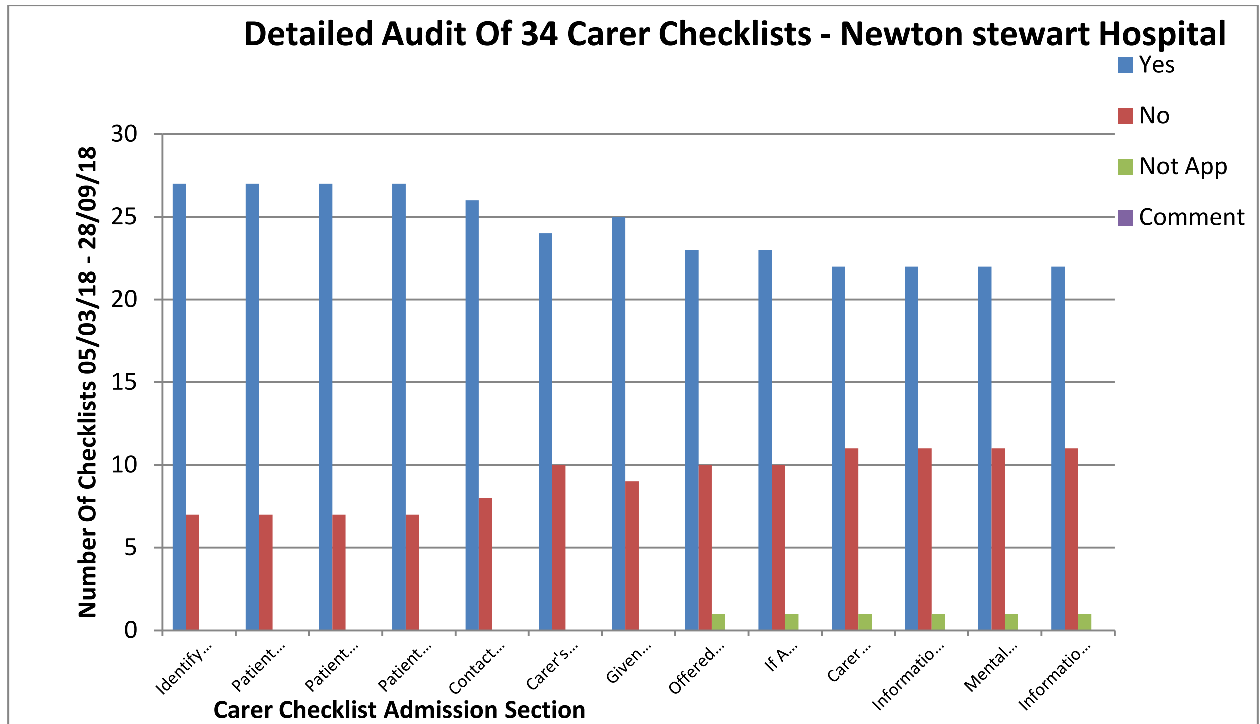
There was evidence for all 34 patients having a Carer Checklist in place – 100% compliance.

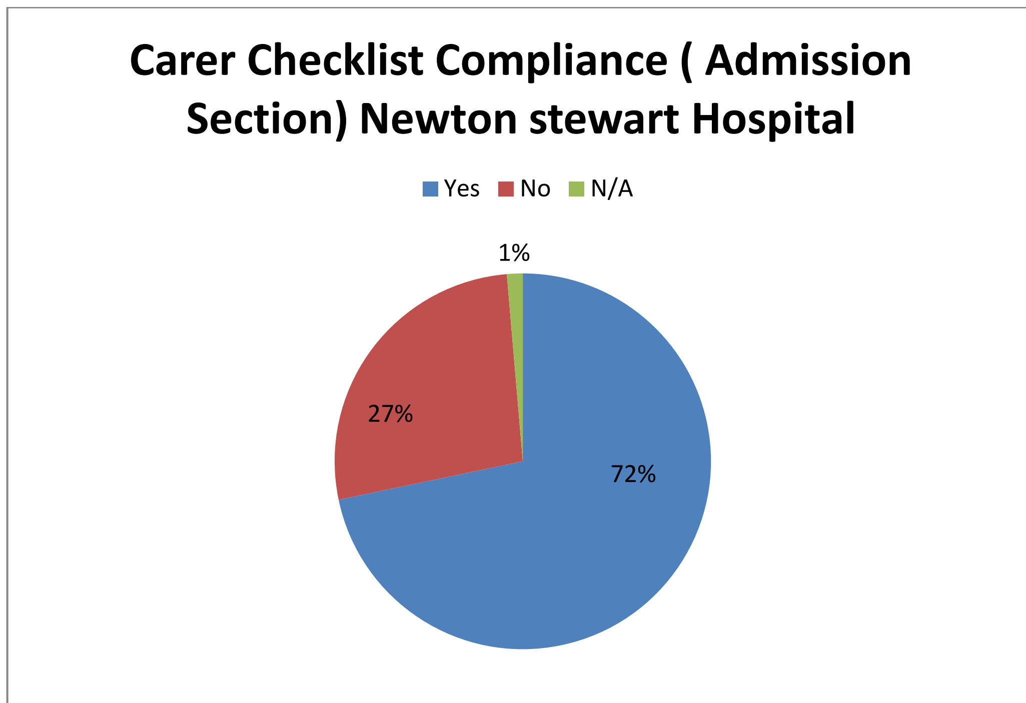
Further evaluation of each of the Carer Checklists in relation to evidencing whether these were partially or fully completed is as follows:

6 patients' Carer Checklists documented `Residential Care` as the reason for non completion. Within the evaluation they have been scored as NO due to inadequate information/explanation evidenced. Carers of Patients identified for transfer/discharge to Residential Care should still be included within the ToC. If there is no identified Carer or the Carer does not wish to be involved then this must be documented.

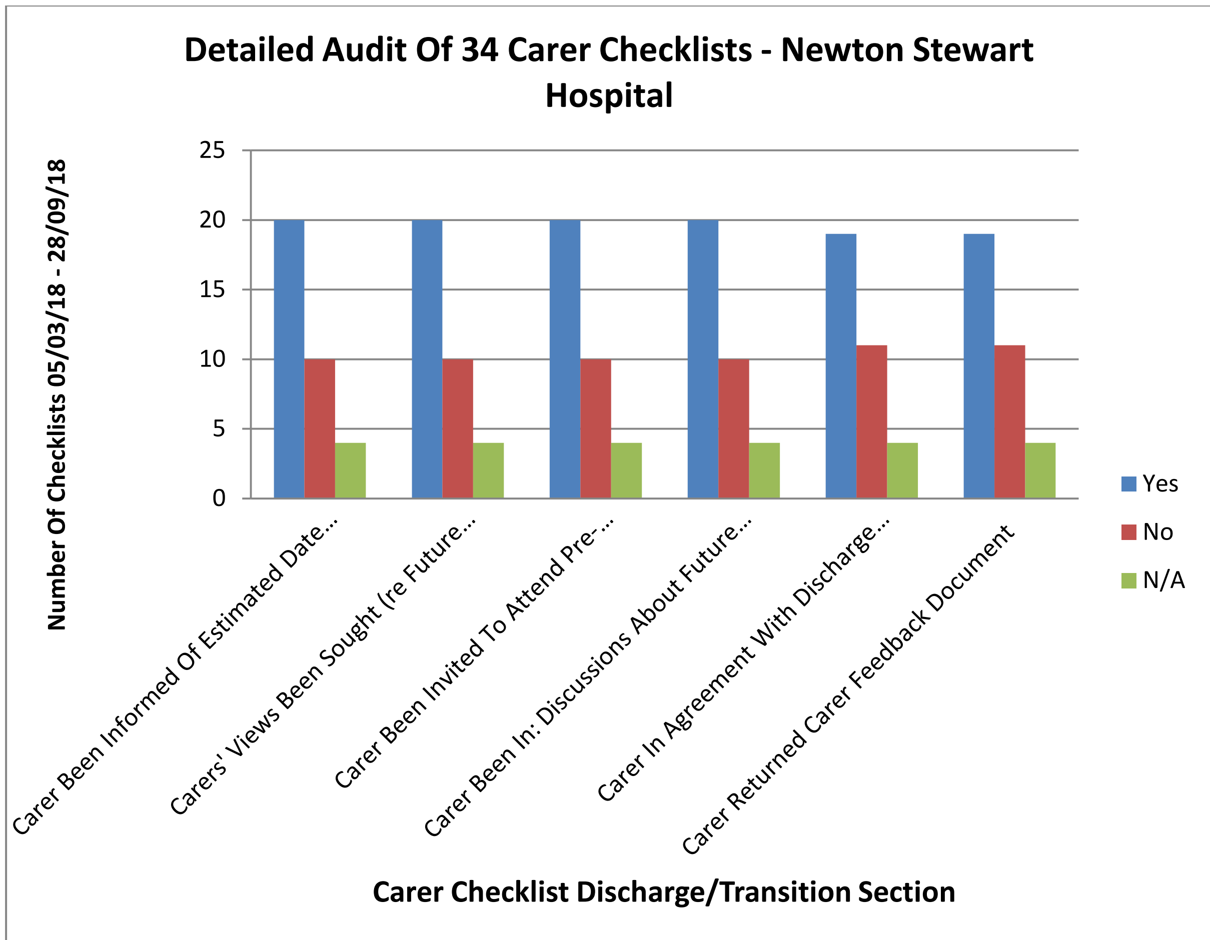
4 Patients` Carer Checklists documented that they were not completed due to ward constraints/clinical activity.

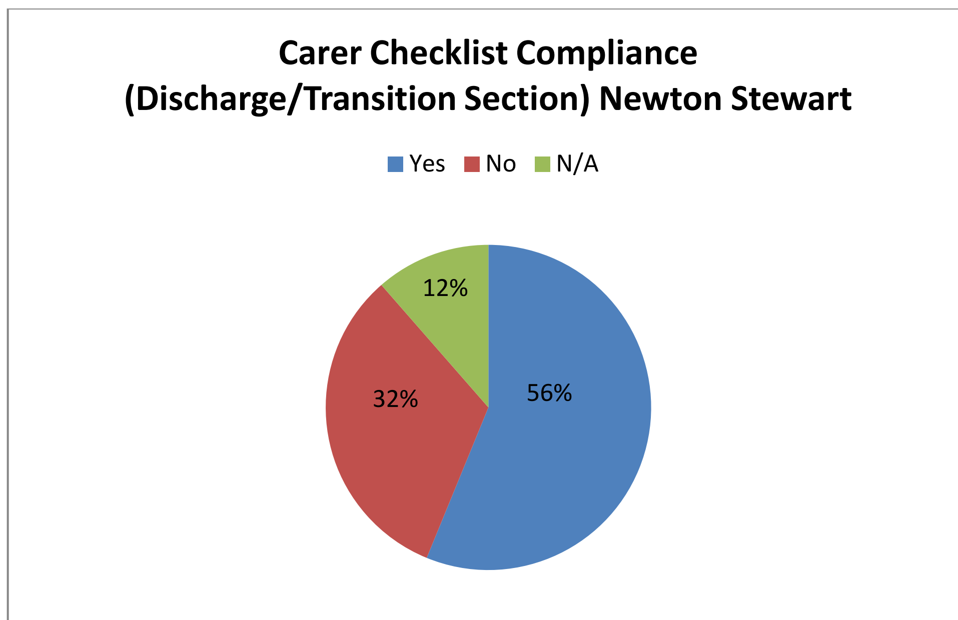
Admission Section



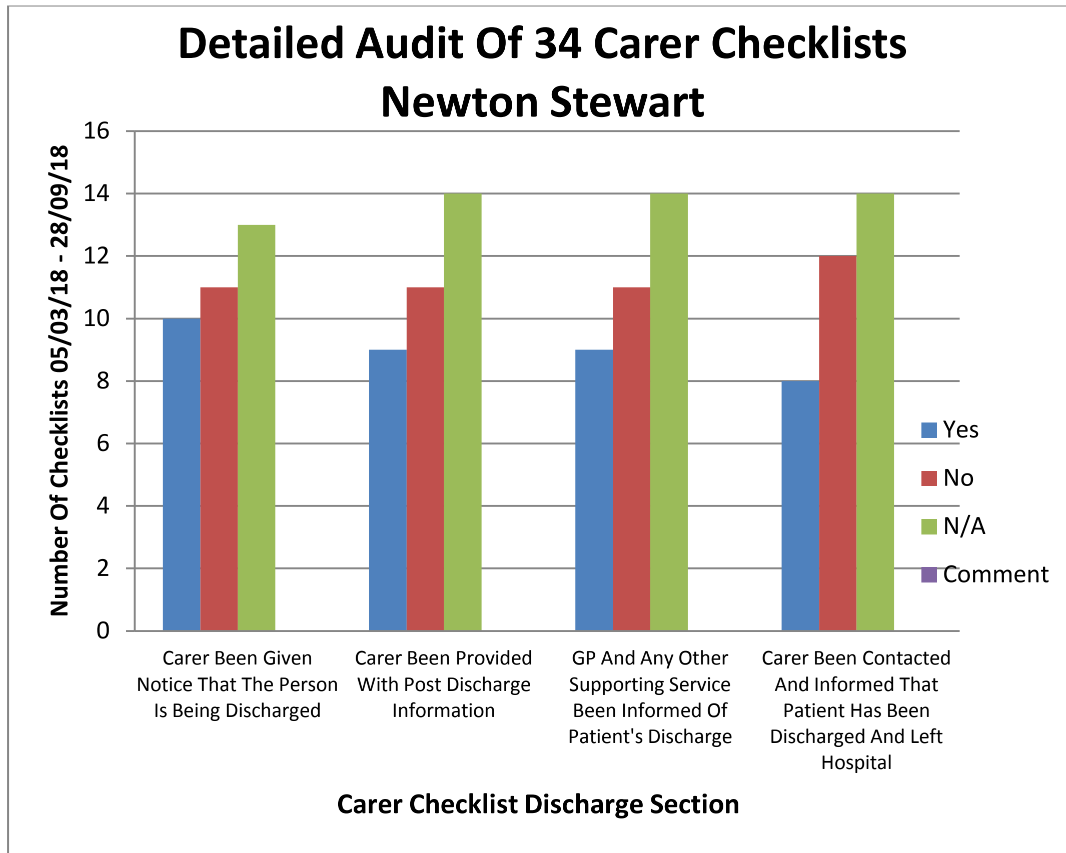


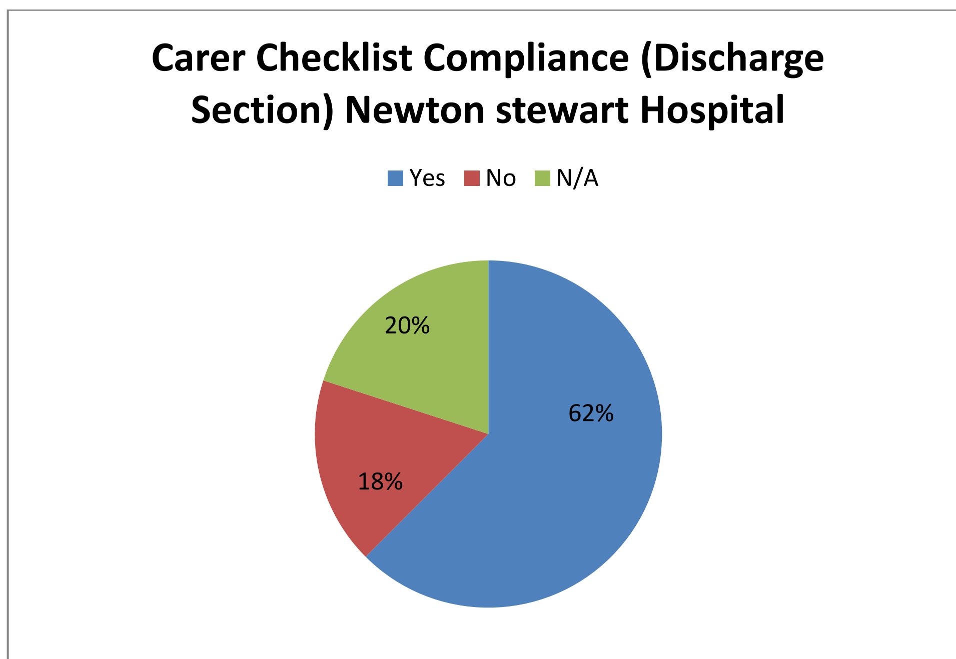
Transition Section:





Discharge Section:





Recommendations

Identify any staff members that are still to attend a Triangle of Care informative session with the Carer Links.

Record Keeping – Improvements required: accurate documentation of staff signatures, dates within every section of the Carer Checklist.

Record Keeping – If any section within the Carer Checklist is N/A due to either there being no identified Carer, the Carer does not wish to engage or issues regarding information and consent, this must be clearly evidenced/documented.

Carer feedback documentation was given to carers but not returned therefore need to review this process.

Advise staff that for patients transferred from other inpatient services (where the Carer Pathway, Checklist and supporting documentation is being utilised) that even if the following sections have been completed within the Carer Checklist prior to transfer, this must be repeated : Contact the Carer within 72hrs of transfer, Verbal and/or written invite to be offered for the Carer for an appointment/meeting with a member of the nursing team, provide a copy of the Hospital visitors, family and Carers information leaflet, show the Carer the ward photo album. Staff should then proceed to address all areas which were not completed on Transfer.

When patients are identified as moving on to residential care there must be evidence recorded of carer involvement

Band 6`s and Team leads to monitor completion of the Carer Checklist for each patient during weekly patient reviews. From review: allocate/delegate any outstanding tasks to the patient's primary team.

Discuss ToC discharge Checklist being added to the "discharge checklist" which is completed when a patient is discharged from the Hospital.

ToC paperwork be taken into pre-discharge/MDT meetings and relevant sections completed to promote documented evidence of meeting the Carers Scotland Act (2016) legislation recommendations (which came in to force on the 1st April 2018).

Inform/educated staff members regarding the importance of compliance of completing the discharge/planning sections within the Carer Checklists to implement other local and National legislation: For example, Clinical Governance/Quality Improvement and risk management, including, Scottish Patient Safety Programme, Mental Health Strategy and Scotland's National Dementia Strategy 2017-2020.

The identified Carer Links will be the point of contact for all staff requiring support to implement the Carer Pathway and supporting documentation for each patient.

All Staff to address competencies during supervision/PDPs: Triangle of Care, Implementation of the Carer Pathway and supporting documentation. Email identified Carer Links should any staff require additional learning/skill development.

Funding for the ToC Carer Lead (Jacki Ishmael) came to an end in December 2018.

The repeat post audit ToC traffic light rating self assessment for both Community Hospitals remains outstanding, therefore have not been included within the report. The Carer links have been requested to complete these.

The post audit evaluation of the `Carer Checklists` have demonstrated positive outcomes towards achieving the 6 standards within the Triangle of Care.