

Supporting Quality Improvement within the Stroke and Rehab Therapy Team

Erin Tsang (Therapy Quality Improvement Lead)

Abstract:

NHS Staff Survey results, staff listening events and informal feedback indicated reduced levels of staff engagement and opportunities for Quality Improvement within the inpatient therapy teams at PRH and RSH. Despite embedding national job planning initiatives within the Therapy Centre, staff reported feeling unable to take their allocated Supporting Professional Activities (SPA) time and felt unable to meet the conflicting demands of their job. A model of monthly Quality Improvement Half Day (QIHD) was trialed in October and November 2022 in the Stroke and Rehab Therapy team to offer therapy staff an opportunity for regular, protected SPA time as a whole team. As a result 90% of the team felt that the sessions allowed them to develop and demonstrate their leadership skills and the team were able to implement a number of service improvement projects.

Project Aim

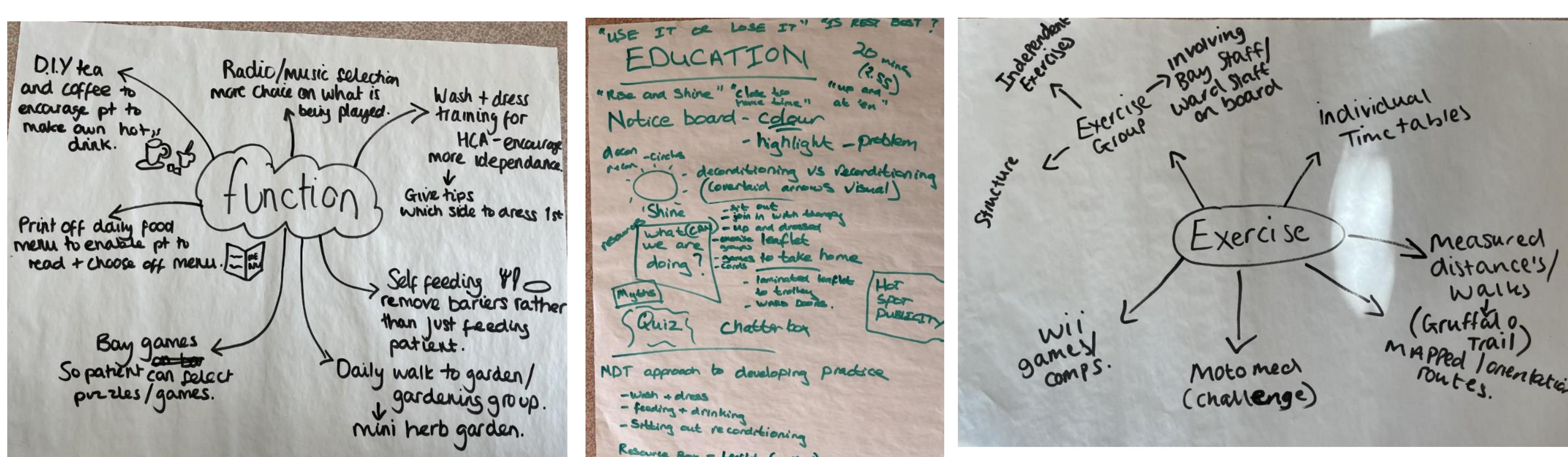
To improve staff engagement and embed Quality Improvement and Leadership at all levels of the Therapy Centre by December 2022.

Plan

Quality Improvement Half Days (QIHD) have been used by another West Midlands NHS Trust for some time with positive results and therefore it was felt that this would be a good model to replicate within one inpatient Therapy team at SATH. Due to ongoing service improvement projects within the Inpatient medical teams at both RSH and PRH, the Stroke and Rehab team were selected to trial this model. A survey was completed by staff within the team to establish a baseline of engagement levels and any areas of concern. The results reflected previous staff surveys and listening events with staff feeling like they could not take their allocated SPA time and felt unable to make improvements within their workplace. Physiotherapists within the team scored particularly low in these areas as well as struggling to meet the conflicting demands of their work. The first QIHD was organised and chaired by the Therapy Quality Improvement Lead with subsequent sessions chaired by members of the team. The QIHD's structure was designed to consist of sessions including: Feedback on Datixes, Complaints and Clinical Portal data, Trust/ Therapy Centre 'hot topics', design and implementation of service improvement projects and opportunities to share learning.

Do

The first QIHD was held in October in the Paul Brown gym and had the theme of Deconditioning to link in with the NHS initiative of the 'Reconditioning Games'. The Band 5 Physiotherapists presented on the topic of Falls, Frailty and Deconditioning which then set the scene for the Band 4s to lead subgroups on service improvement ideas around Reconditioning. Each group had a focus of either 'Education', 'Function' or 'Exercise' – see pictures for some of the ideas generated. The rest of the afternoon was spent developing these ideas and creating an action plan. The following QIHD in November focussed on ensuring these actions were implemented. For example, the team have created an eye-catching display board at the entrance to the Stroke unit with Myths and Facts about Deconditioning in order to educate staff, visitors and patients. Another exciting development is a PDSA project around implementing a 'Mobility Trail' for patients to follow around the ward. The team have started with yellow tape marking out a 40m trail and are collecting data about the impact this will have on patients activity levels throughout the day. If successful, they hope to develop the trail to include floor stickers, local landmarks on the wall and a map for patients to follow different trails to supplement the rehab the Therapy team deliver.



Study

Following the first two QIHDs, staff were asked to complete a repeat survey and some additional questions with more qualitative information. The results found that the team felt more able to make improvements, had more opportunities to show initiative and were given more feedback regarding Datixes and Complaints. Interestingly, the team scored lower on ability to take SPA time on a regular basis. This may be as a result of external factors including increased rates of sickness absences and higher demand on established team members to induct new staff in November. The Qualitative data showed that 90% felt that it was a good use of SPA time and that it allowed them to develop and demonstrate their leadership skills. It is important to note that this positive feedback came from all levels of Banding from 2 – 7 which was one of the primary aims. The profession that scored lowest on the qualitative aspect was Speech and Language Therapy so this will be an area to focus on in the future.

Act

The Stroke and Rehab team are keen to continue the monthly Quality Improvement Half Day and are starting to consider topics for 2023 including 'Civility and Respect' and 'The importance of Sensation in Stroke Rehabilitation'. Next steps will also include discussions with the Speech and Language Therapists in the team to ensure the sessions are meaningful to all involved. The outcomes of this 2 month trial will be shared with the Therapy Centre Management team for discussion and consideration of expansion to other clinical teams within the Therapy Centre.

