Department of
Health, Social Services
and Public Safety

An Roinn
Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí

www.dhsspsni.gov.uk

PROMOTION OF SAFE, HIGH QUALITY HEALTH AND SOCIAL CARE IN UNDERGRADUATE CURRICULA

JUNE 2007

DHSSPS

320-134-001

CONTENTS

INTRODUCTION

Section 1 - Screening of students undertaking healthcare and social work studies 2

Section 2 - Safe practice as part of clinical and social care governance 5

Section 3 - References and sources of further information 14

APPENDICES

1a	Example of POCVA consent and declaration form	15
1b	Example of POCVA self declaration at commencement of academic year	17
2	Effective patient and user involvement	19
3	Maintaining high standards through appraisal and professional regulation	20
4	Examples of early warning assessment tools in health and social care	21
5	Examples of communication tools	28
6	Key elements of medication safety	29
7	Basic life support and first aid for medical and nursing students	30

PROMOTION OF SAFE, HIGH QUALITY HEALTH AND SOCIAL CARE IN UNDERGRADUATE CURRICULA

Introduction

This guidance aims to build on the publication *"Safety First: A Framework for Sustainable Improvement in the HPSS"* (March 2006 DHSSPS) in relation to undergraduate education. The aim of this guidance is to promote the concept of safe, high quality care across all healthcare and social work curricula and instill a culture which recognises patient / client safety as *the* number one priority. It is recognised that much work has already been undertaken within specific curricula to promote both multidisciplinary and uni-disciplinary education on the topic of high quality care but what is needed is an *explicit* focus on safety and quality. It is further recognised that to gain essential skills and competencies in safe practice a student on placement needs to be accepted and recognised as a member of the multidisciplinary team and not merely as an observer.

This guidance builds on discussion which has taken place with academic leaders from both the Queen's University of Belfast and the University of Ulster. The key stakeholders involved were those responsible for the teaching of students of dentistry, medicine, midwifery, nursing, pharmacy, professions allied to medicine and social work. Safe, high quality care is the common thread which crosses all undergraduate curricula in healthcare and social work.

The guidance is divided into three sections:

1. screening of students undertaking healthcare and social work studies;

2. safe, effective practice as part of clinical and social care governance; and

3. supporting documentation including useful references and further information.

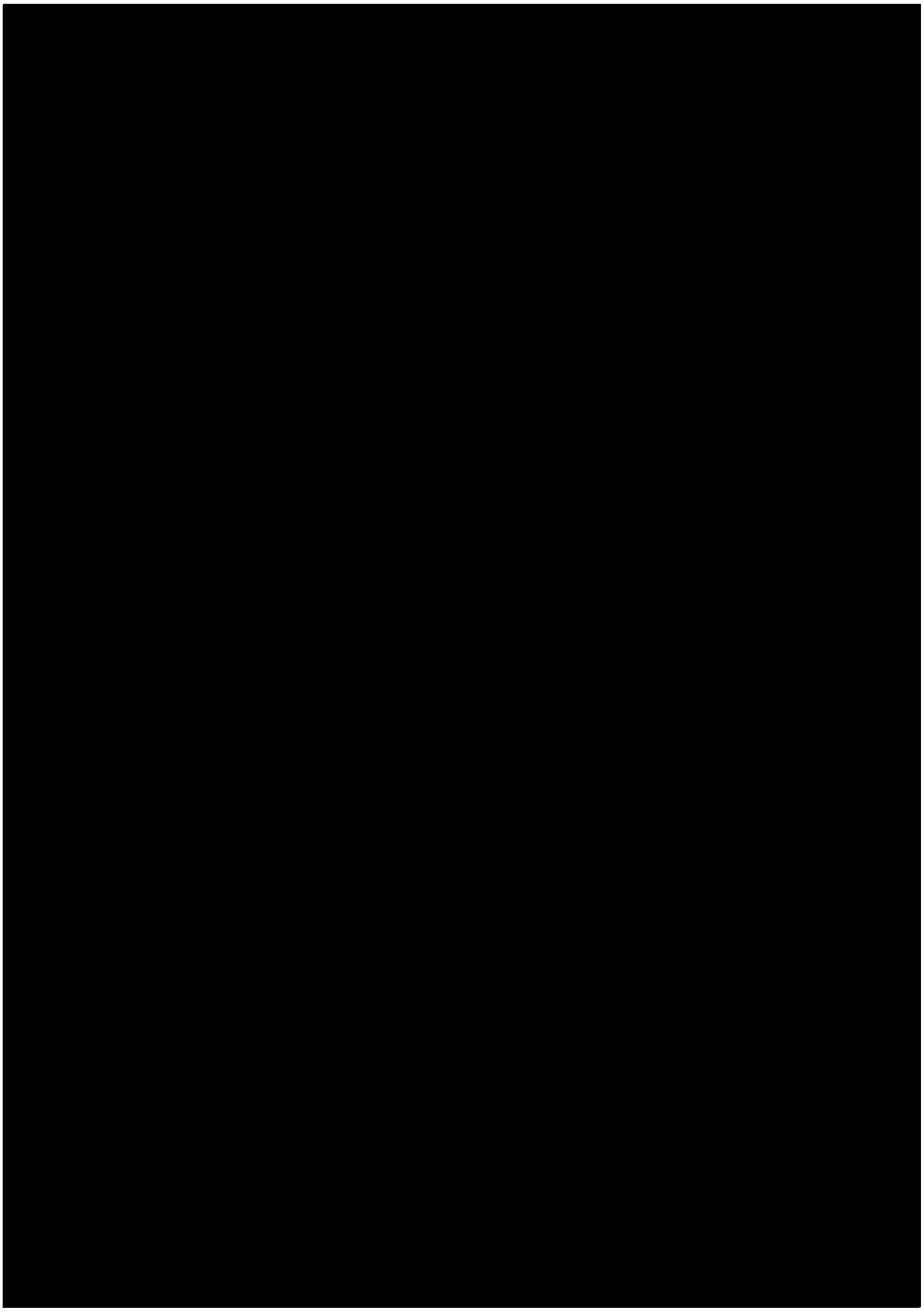
A number of annexes are included which provide more detail and examples to support the above three sections.

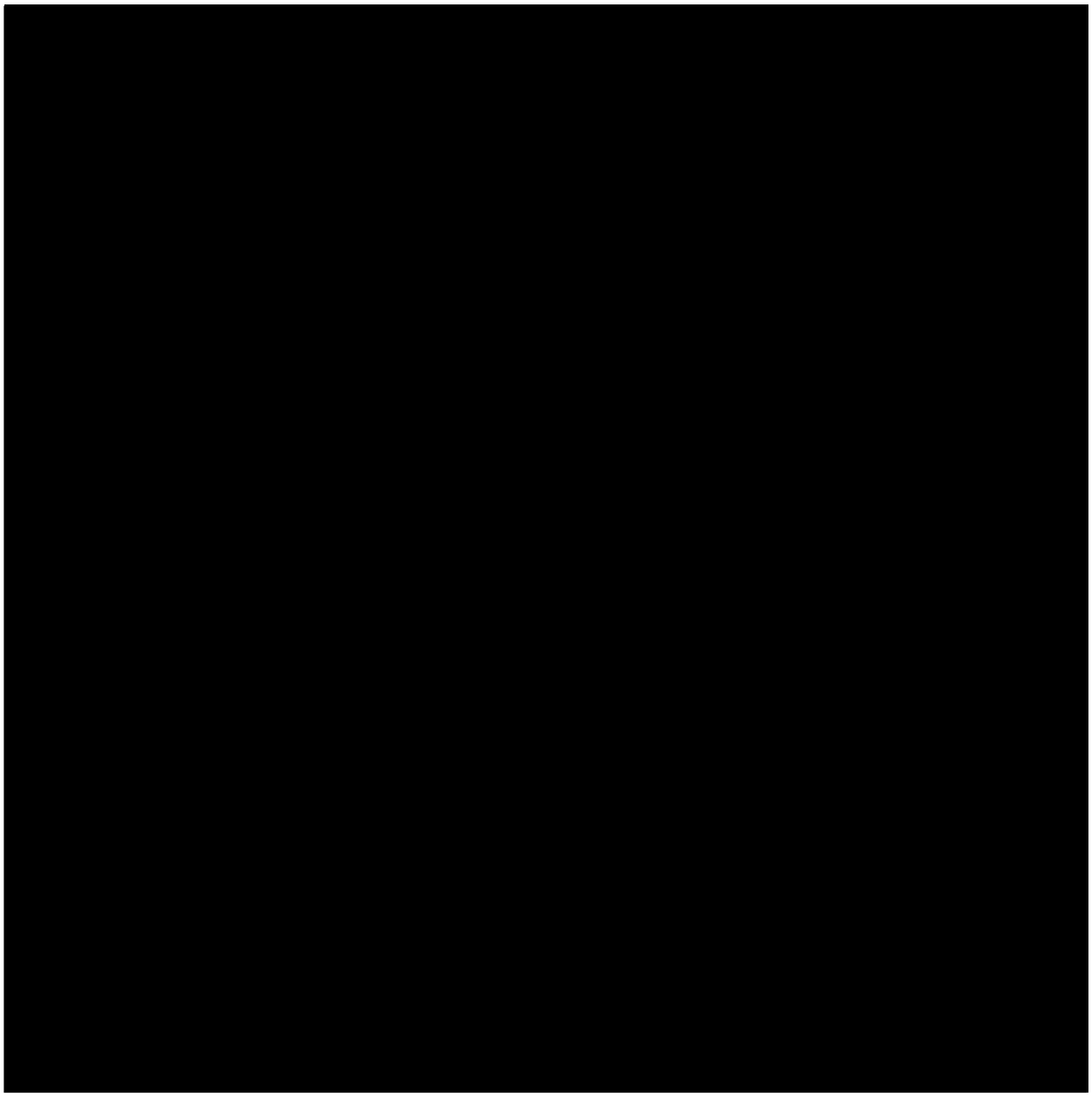
Conclusion

This document and appendices are aimed at promoting an understanding of how to ensure safe, high quality health and social care. It is a generic document applicable to all core disciplines in healthcare and social work and is designed to assist universities in a structured, coordinated approach to their teaching of Clinical and Social Care Governance to undergraduates.

[redacted]

* POCVA will be replaced by a new vetting and barring scheme





SECTION 2 – SAFE PRACTICE AS PART OF CLINICAL AND SOCIAL CARE GOVERNANCE

2.1 An explicit focus on safety

Much material relevant to improving patient and client safety is already implicit in undergraduate curricula but it is recognised that there needs to be an *explicit* focused and coordinated approach to instill the knowledge, skills and attitudes needed for safe practice. Fundamental to this is instilling in undergraduates:

- recognition that health and social care is not as safe as it should be and that we need to significantly improve. Recognising that there *is* a problem is an important basic step for teachers as well as students;
- recognition of the risks involved in healthcare and social work;
- the primary importance of patient and client safety; and
- recognition that social work has specific legal duties to promote the welfare and safety of children.

2.2 The problem with health and social care

The average healthcare organisation performs many very complex and risky procedures in a time pressurised environment every day. The same applies in social work although the procedures are different – social workers work with some of the most vulnerable and excluded people in society and their daily practice involves assessing and managing risks in volatile and complex situations primarily in the community. *The human beings carrying out these complex tasks in these environments will make errors.* 95% of errors that cause harm involve conscientious competent individuals trying hard to achieve a desired outcome – only 5% of harm is caused by incompetent health and social care professionals or poorly intended care. The traditional equating of errors and mistakes with personal failure or incompetence leads to ignorance about or denial of the circumstances that result in mistakes and harm. *There is a great need to move from the assumption of error free performance if highly trained to how to ensure errors are minimised and those that occur are detected and mitigated before they cause harm i.e. a safety environment.*[1]

2.3 Components of a safety environment

The fundamental components of a safety environment[1] include:

- effective teamwork and collaboration between disciplines;
- structured systems;
- open communication surrounding errors and shared learning; and
- patient/client involvement.

Much is already taught in undergraduate curricula about teamwork, communication and patient/client involvement but traditionally little if anything has been taught about the systems of healthcare and the necessity of respect for these systems. Similarly while the statutory basis for social work practice is

addressed in teaching, there would not be the same emphasis on teaching about the systems to support safe and accountable practice.

Undergraduates need to be taught about systems that help ensure protection against error/avoidable harm by decreasing reliance on memory and cognition and *respect for these systems needs to be instilled*. Systems include legislation and low tech systems such as written guidelines, protocols, reminders, visual prompts and standardised forms for completion. High tech systems include infusion pumps, bar coding and computerised medication systems.

Anaesthetics utilises highly standardised systems and it is no coincidence that anaesthetics is the safest healthcare specialty.

It is important to instill recognition at undergraduate level that patient/client safety is *the number one priority* in healthcare and social work. In addition, students should know that the internationally recognised key dimensions of a high quality service include that it is:

(a) safe – avoidance or reduction of actual or potential harm;
(b) effective - practical examples of how interventions achieve desired outcomes, the use of evidence based practice, delivered to established standards with practical examples of this e.g. National Institute for Health and Clinical Excellence, Social Care Institute for Excellence;
(c) patient/client centered – based on and responding to patient / client's needs with dignity, respect, confidentiality and an understanding of the principles of consent to treatment;
(d) timely - the right care at the right time delivered seamlessly, topics covered should include the need for integrated working across different programmes of care, with practical examples of the benefits and risks for patients and clients;
(e) efficient; and
(f) equitable.

2.4 Clinical and Social Care Governance (CSCG)

Clinical and Social Care Governance (CSCG) is the framework through which HSC organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. Undergraduates need to learn about and understand the key components of CSCG which include:

- recognition of the crucial role of patient / client involvement in delivering a safe, high quality service. Most patients and service users want to play an active role in decisions about their treatment or care plans. They want information about the choices open to them, they want fast, effective advice and care when they need it, they want to know what they can do to help themselves and they want to decide what's best for them and not to be told what to do. Patients and service users are also a valuable source of information about the quality and provision of the

services they receive and often have simple, yet effective, ideas about how services can be improved. Further information is provided at Appendix 2;

- the importance of evidence based practice in reducing unacceptable variation in healthcare and social work;
- the necessity to keep up to date via continuing professional development;
- individual accountability and "speaking-up" as part of a safety culture. Once students set foot in a health and social care setting they join the front line. Like the healthcare and social work professionals they will become, students have the opportunity to contribute to the safety and quality of care provided. This includes speaking up when things go wrong although it is recognized that this may be difficult for students in our hierarchical structures;
- the importance of risk assessment and risk management including adverse incident / near miss reporting and complaints management;
- the imperative of learning lessons from what has gone wrong (including from regional and national reports such as Murtagh, McCleery, McClarnen, Briggs, Bristol, Shipman and Climbe) and addressing deficiencies so as to prevent reoccurrence;
- the importance of supervision / support and mentorship;
- the principles of audit and the necessity to 'close the loop; and
- appraisal and professional regulation (Appendix 3).

The Northern Ireland Clinical and Social Care Governance Support Team[4] is available as a resource to the universities. Materials available include practical guides/workbooks such as a portfolio for GPs and a practice workbook for social care governance.

2.5 Why things go wrong

Undergraduates should be helped to understand the common reasons why care is not as safe as it should or could be:

- failure to recognise;
- failure to rescue / act;
- failure to communicate; and
- failure to plan.

2.5.1 Failure to recognise

Assessing Deterioration of Condition or Circumstances

It is recognised that most changes in health or social status are not sudden or unpredictable. The Resuscitation Council (2006) suggests that in many instances progressive physiological deterioration occurs over a period of time and "is either not noticed by staff or is recognised but treated poorly." The consequences are that "many cardiac arrests, deaths and unplanned admissions to intensive care are associated with the failure to establish appropriate and early preventative treatments."[5]

Likewise in social work, failure to assess the deterioration of circumstances and instigate appropriate action can lead to significant harm or even death; examples include situations of domestic violence, child abuse or potential for self-harm. In these situations the same principles apply, ie early detection of increased risk or changed circumstances requires prompt intervention and effective management.

Proper care of the 'at risk' patient/client requires a multi professional approach and demands good teamwork. [5]

Student responsibilities and learning outcomes

- recognise the factors associated with risk of deterioration in the physical, psychological or social well being of patients or clients and/or their circumstances, to facilitate early detection of deterioration;
- prioritise and act effectively to prevent deterioration of physical, psychological or social well being of patients/clients;
- be aware of the signs and symptoms of deterioration or indicators of abuse and apply this knowledge to identify the 'at risk' patient or client;
- use recognised and agreed early warning scores or assessment tools to aid early identification and assessment of risk. Specific tools are available for different client groups and some examples are given at Appendix 4. *It is important to note that those given are examples only of what is accepted currently- a good tool today may be out of date tomorrow. Universities need to ensure that curricula encompass current best practice and / or Departmental guidance in respect of any tools/procedures taught;*
- acknowledge own limitations and promptly identify the most appropriate person within the Multi Professional Team to carry out a comprehensive assessment of risk and work with the patient/client so as to ensure that any immediate necessary action is taken;
- demonstrate effective communication to initiate timely and efficient management of the situation (SBAR tool recommended, see Appendix 5); and
- where appropriate, ensure involvement of line management in planning and responding to identified risk.

2.5.2 Failure to rescue/act

'Rescue / Action' will be very specific to the clinical / social work situation in question and management of these situations will already be covered in undergraduate curricula.

2.5.3 Failure to plan

Failures often occur because organisations have not put in place specific structures, protocols, policies and guidelines that underpin the provision of safe care. Failure to plan can also occur because of the action / inaction of individual professionals, for example, in relation to making a diagnosis / assessment, drawing up a treatment or management plan or in relation to specific interventions such as calling a rescue team or planning an admission to care.

2.5.4 Failure to communicate

Effective communication is an underpinning theme of the clinical and social care governance agenda and poor communication is often cited as a key factor when things go wrong in healthcare and social work. It can be difficult for staff to ensure that all professionals engaged in a patient's or client's care are fully informed and kept updated of any changes.

Common communication failures that result in harm to patients/clients include:

- failure to communicate known patient/client/carer information to professional colleagues and other members of the multidisciplinary team. This can occur for many reasons including:
    - information not recorded in care records;
    - assuming wrongly that information has been passed on; and
    - recognising a problem but afraid to "speak up" and / or presuming that the other person must know about it.

- providing care where information is incomplete or missing including:
    - poor record keeping eg allergy status not documented, respiratory rate not recorded, suicidal risk assessment documentation incomplete; and
    - records unavailable.

- poor hand over of care so that key information is not communicated; this can occur in a variety of situations including:
    - shift change;
    - from one professional to another;
    - transfer of care to another team;
    - admission to care; and
    - hospital to community (including GP) and vice versa.

- communication with patients/clients/carers about important aspects of treatment/management/care plan which has not been fully understood; examples of resultant problems include:

    - mistakes with medication (wrong dose, drug interactions);
    - unprepared for a medical procedure (eg eating / drinking before an anaesthetic); and
    - necessary supervision does not occur (child protection and mental health settings).

The following quote refers to patients but equally applies to clients and carers:

"*The active role of patients in their care should be recognised and encouraged. Patients have a key role to play in helping to reach an accurate diagnosis, in deciding about appropriate treatment, in choosing an experienced and safe provider, in ensuring that treatment is properly administered, monitored and adhered to, and in identifying adverse events and taking appropriate action.*" [6]

Student responsibilities and learning outcomes

Students should be able to:

- communicate effectively with patients, clients and their carers;
- understand the importance of effective team working and the role they play in the multidisciplinary team;
- identify the barriers to good communication; and
- understand their obligations in relation to good record keeping.

Skills requirement

In order to demonstrate their competence students must demonstrate that they have the following skills:

- explain their role and purpose of contact;
- involve all key people, including carers, in the decision making process;
- listen actively to what people have to say;
- inform people about what steps need to be taken;
- give information about treatment / care options and likely outcomes;
- seek and gain consent for treatment or care;
- clearly explain reasons for any action to be taken without consent (eg under the Mental Health Order or legal action in child protection);
- seek and gain consent for treatment or care;
- be honest if they cannot offer the treatment or care needed;
- recognise the expertise of patients or service users about their own situation and have regard for their wishes; and
- encourage and support people to give feedback about the quality of services, and where appropriate, to make a complaint.

(A very effective communication tool for patients / clients is *Ask me 3* described at Appendix 5)

2.6 Making Care Safer

Solutions and tools/techniques to make care safer will be discipline specific but all undergraduates should receive teaching on human factors, communication skills[2] and team working. All students should be able to carry out basic first aid and health care students should be competent in cardiopulmonary resuscitation (CPR).

Two causes of harm in particular are internationally recognised as meriting special attention. These are:

- harm from medication; and
- healthcare associated infection.

2.6.1 Medication harm

Medication errors are the most common single preventable cause of patient injury and adverse drug events (harm from medication) present the single greatest risk of harm to patients in any setting. Likewise, many social work clients are at risk of harm from medication and social workers need to be aware of the importance of the safe management of medication.

Reducing the incidence of adverse drug events is not just the job of pharmacists, nurses or doctors but is the job of anyone who interacts with patients and clients. Organisations that have been most successful in reducing harm from medications have made changes for improvement in four fundamental areas in parallel:

- culture;
- high-hazard medications;
- core medication processes; and
- reconciliation.

A few key points about each of these four areas are provided at Appendix 6 along with a reference to good practice in social care; the different undergraduate schools should major on specific topics in detail, as appropriate. The Northern Ireland Medicines Governance Team already contributes to undergraduate curricula and alerts students to medication related risks.

2.6.2 Healthcare Associated Infection (HAI)

Healthcare associated infections are a major cause of morbidity, mortality and excess costs despite work on infection control that has been ongoing for the last fifty years. In recent times treatment of these infections has become more complex due to an alarming rise in antibiotic resistance. Infections caused by methicillin- resistant Staphylococcus aureus (MRSA) are particularly problematic and their incidence has steadily increased over the past decade. The intensive

antibiotic therapy used to treat MRSA and other antibiotic-resistant pathogens predisposes to infection with Clostridium difficile (C. difficile) which itself can then be transmitted from patient to patient via the hands of staff and the environment. The incidence of C. difficile is also increasing and, worryingly, a new and more virulent strain is circulating internationally.

Reducing MRSA infection (and other HAIs) is multifactorial and components include:

- hand hygiene;
- decontamination of the environment and equipment;
- active surveillance;
- contact precautions for infected and colonised patients; and
- fastidious care of invasive devices such as central venous lines and ventilators.

The details of these components will be taught in the various schools as appropriate but Hand Hygiene warrants special emphasis in the teaching of all health and social work students. MRSA (and other infections) are not confined to hospital settings and can also be found in the community (e.g. residential/nursing homes) and in patients' homes.

Student responsibilities and learning outcomes

Students must:

- understand that MRSA infection is serious and causes needless morbidity and mortality;

- be aware that they are individually accountable for reliable performance of basic infection control practices such as hand hygiene;

- realise that by far the principal mode of spread is via the contaminated hands of caregivers and that even casual contact with the patient / client or their immediate environment can contaminate the caregiver's hands. MRSA can survive for hours or even days on inanimate objects such as table tops, bed rails, computer keyboards etc;

- be aware that whereas gloves provide some protection, hands are frequently contaminated in the process of removing gloves;

- understand that *hand hygiene is of pivotal importance in preventing the transmission of MRSA from patient to patient, even if the patient is on contact / barrier precautions and gloves are worn;*

- understand that personal equipment such as stethoscopes, thermometers etc if inadequately disinfected, can become an inadvertent source for transmission of MRSA to other patients; and

- be made aware that alcohol hand rubs rapidly kill bacteria including MRSA but have no effect on C. difficile spores.

Clinical teachers and, where appropriate, social work practice teachers, must ensure that all students:

- understand key elements of hand hygiene practice (and demonstrate knowledge); and

- use appropriate technique when cleansing their hands (and demonstrate competence).

2.6.3 Basic Life Support and First Aid

Sudden cardiac arrest, particularly from coronary heart disease, remains one of the commonest causes of death in the United Kingdom. Many of these deaths occur outside of the hospital setting in the community. All healthcare and social work professionals may be called upon to assist in the management of a cardio–pulmonary resuscitation. The aim is to increase the chances of survival of the arrest. *The single intervention that improves the prognosis in a cardio-pulmonary arrest is early external defibrillation.* Many public places now have automated external defibrillators (AED) and many lay people have been trained as "first responders". Whilst the level of knowledge and detail will vary depending on the primary role of the student in healthcare or social work, all students should have a working knowledge of how to assist in cardio-pulmonary resuscitation. It is recommended that social work students are trained as 'First responders.' Learning Outcomes (appropriate to medical and nursing students) are provided at Appendix 7.

All students should be taught basic first aid.

SECTION 3 – REFERENCE AND SOURCES OF FURTHER INFORMATION

1. Achieving Safe and Reliable Healthcare: strategies and solutions. Leonard et al 2004. ACHE Management Series, Health Administration Press, Chicago

2. Maguire P, Pitceathly C. Key communication skills and how to acquire them. *BMJ* 2002; 325:697-700 (28 Sept)

3. Medical Errors and Patient Safety: A curriculum guide for teaching medical students and family practice residents. New York Medical College Dept of Family Medicine (2003) Available at www.nymc.edu/fammed/medicalerrors.pdf
   NB Much of the material is generic and applicable to other disciplines particularly nursing and dentistry.

4. Northern Ireland Clinical and Social Care Governance Support Team:
   Unit 243 St John's Court
   Upper Newtownards Road
   Dundonald
   Belfast
   BT16 1RJ
   Tel: 02890 480066

5. Smith, G. (2003) Acute Life-threatening Events - Recognition and Treatment (2nd edition)

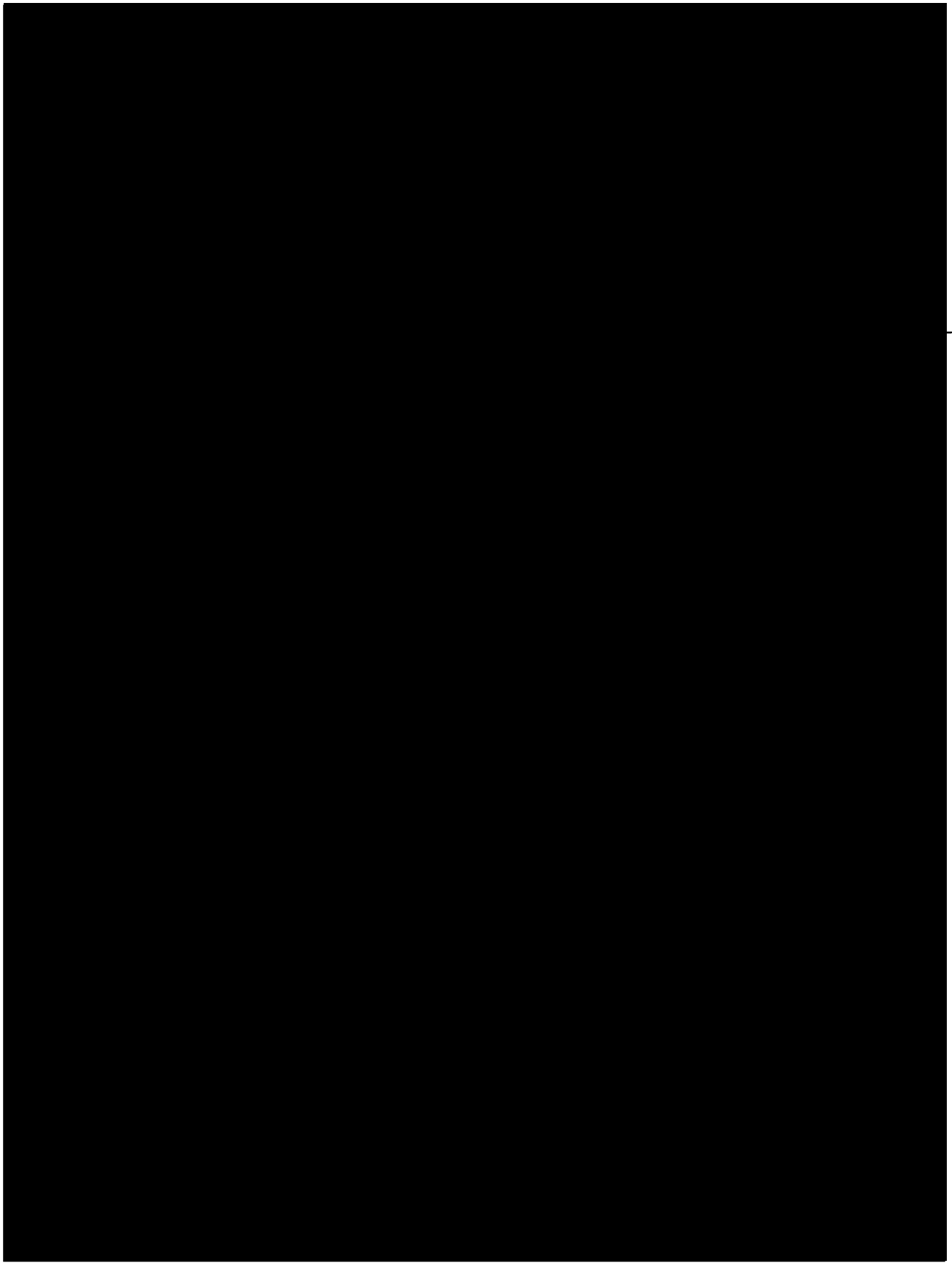
6. Vincent, C and Coulter A. (2002) Patient safety: what about the patient? *Qual and Safety in Healthcare;* 11: 768-70

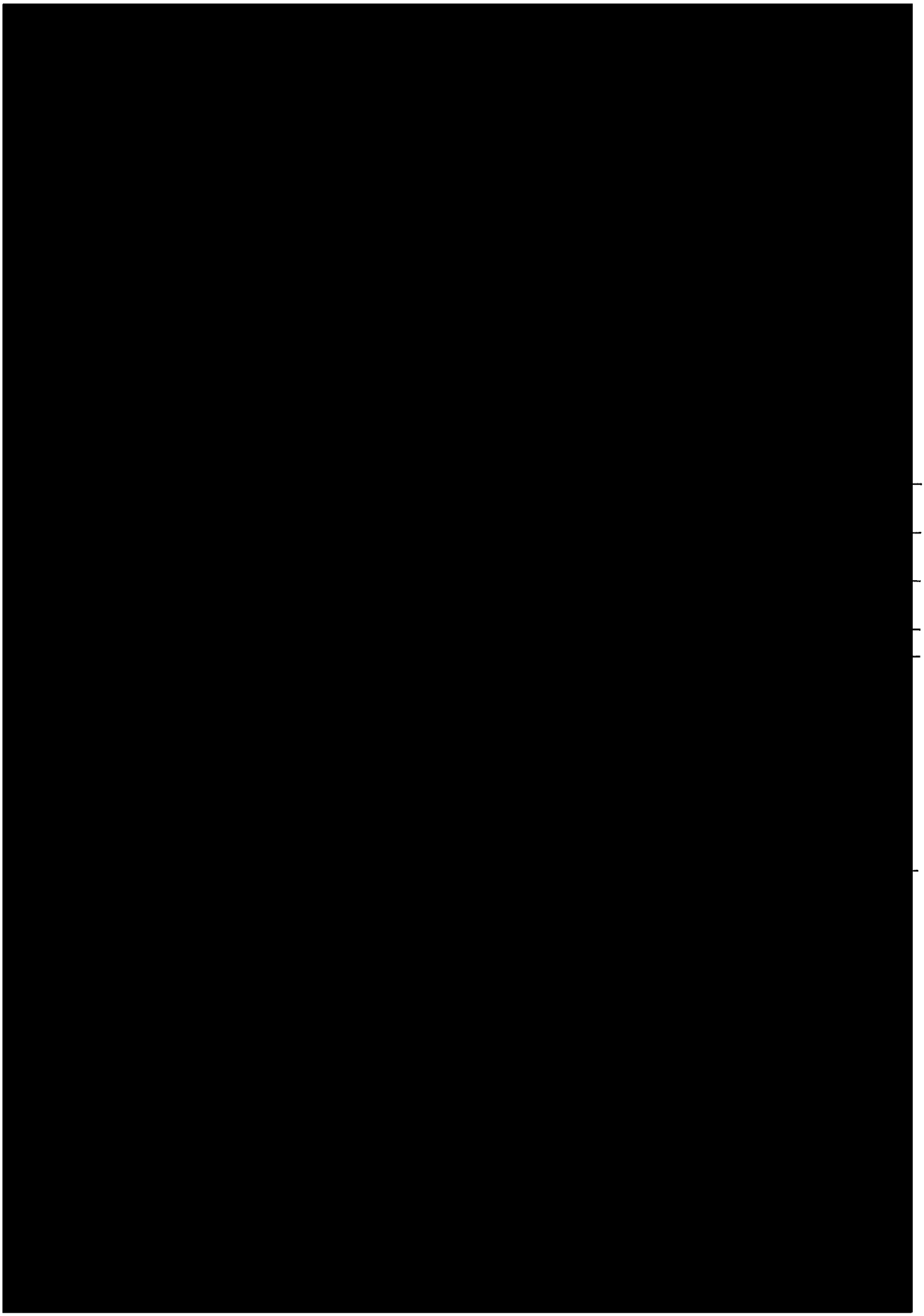
7. National Patient Safety Agency – www.npsa.nhs.uk

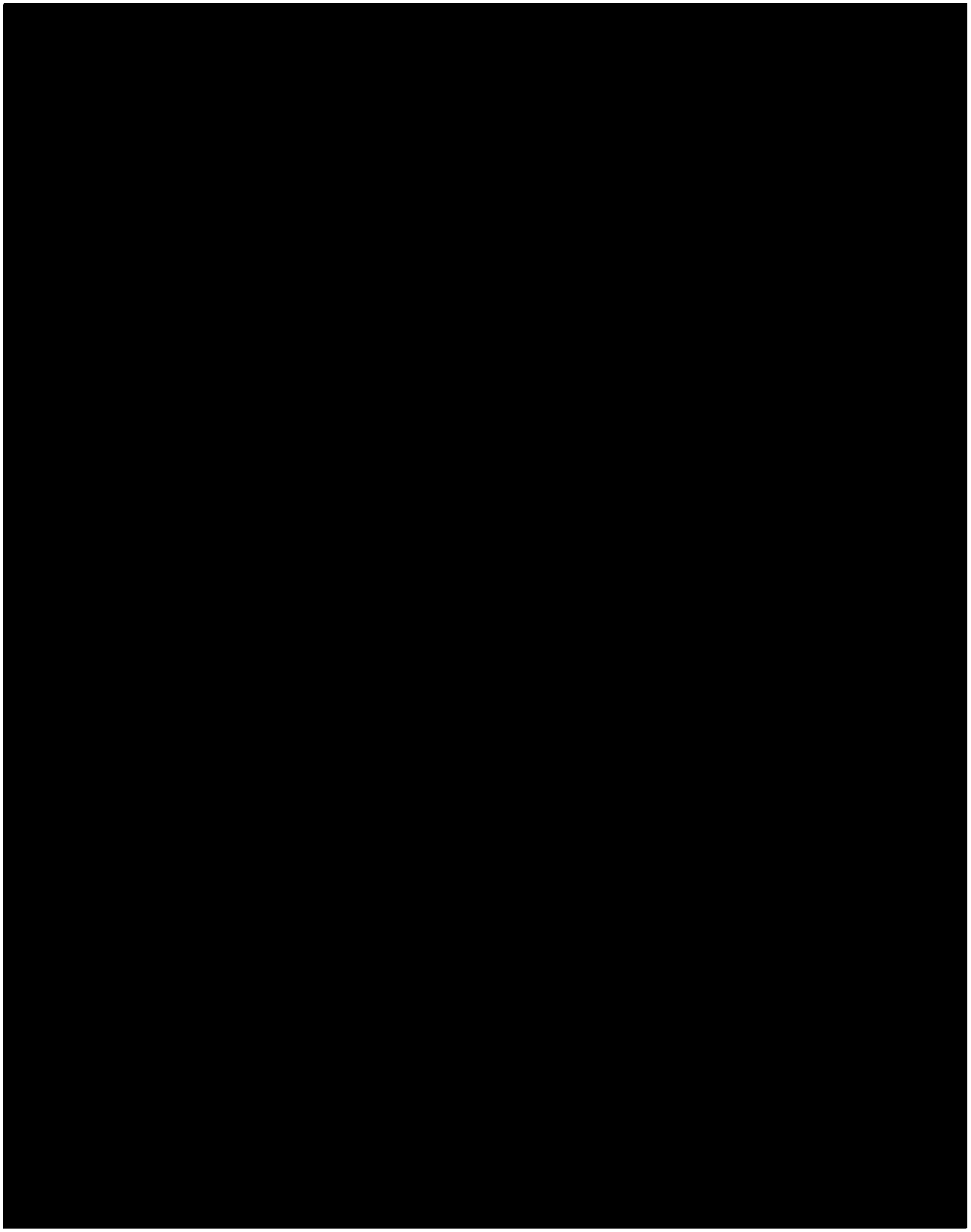
8. Institute for Healthcare Improvement – www.ihi.org

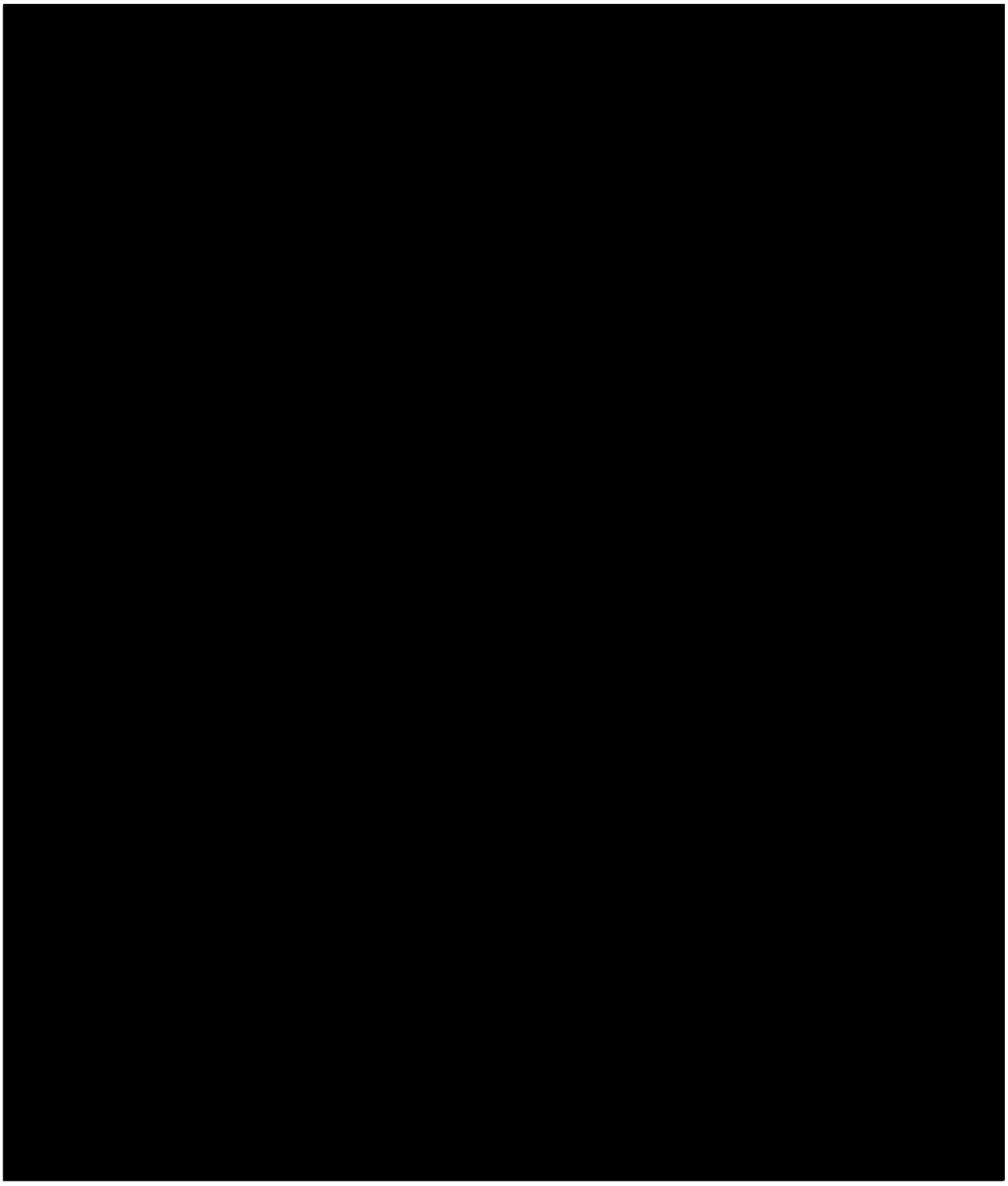
9. National Institute for Clinical Excellence - www.nice.org.uk

10. Social Care Institute for Excellence - www.scie.org.uk









APPENDIX 3: APPRAISAL

Appraisal is a professional process in which the individual being appraised has a formal structured opportunity to reflect on his / her work and to consider how his / her effectiveness might be improved. It is a positive employer led process to give employees feedback on their performance, to chart their continuing progress and to identify individual needs. Appraisal processes may change following publication of *Trust, Assurance and Safety* (DH 2007).

Maintaining High Standards of care through professional regulation

The purpose of regulation is to protect, promote and maintain the health, wellbeing and safety of the public by ensuring that appropriate standards of practice are in place. For individuals it is about their individual performance and their conduct, behaviour and health, all of which have the potential to impact on the quality of care provided.

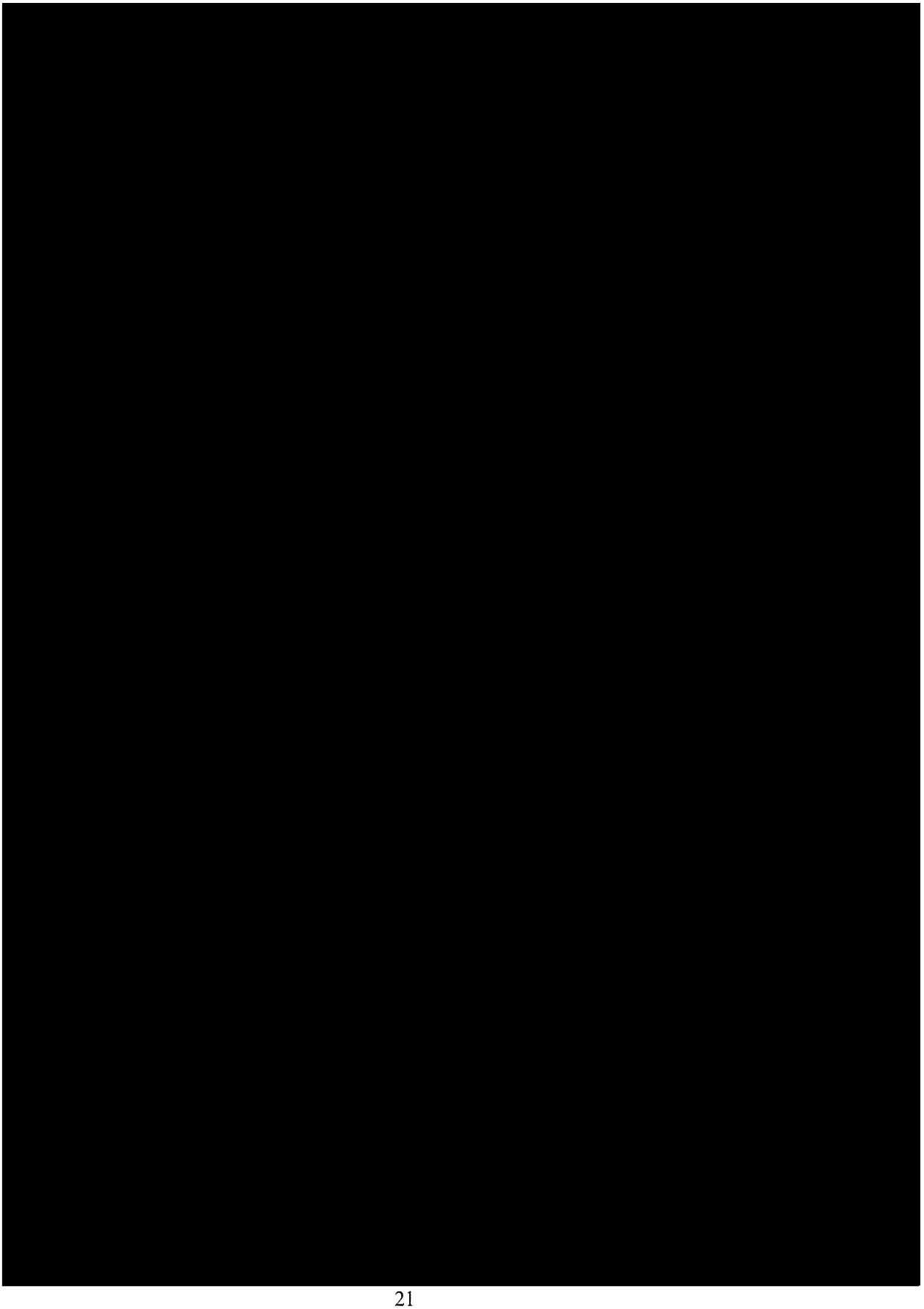
Generic Learning Outcomes

Students should understand the general functions of a professional regulator in respect of:

a) standard setting for professional practice, including at undergraduate level;
b) administering systems for registration and licensing of professionals and controlling entry to a profession; and
c) dealing fairly when fitness to practise is called into question.

Students should have a working knowledge of regulation that takes place at different levels:

a) personal level - based on a commitment to quality and care including putting patients / clients and safety first. They should understand their obligations as students in their chosen professional field, particularly in relation to conduct, performance, health and behaviour;
b) team level - based on the concept of the importance of team working, the requirement to take responsibility for the performance of the team and to act if an individual's conduct, performance or health is placing the public at risk;
c) workplace level - which reflects the responsibilities of health and social care organisations to ensure that staff are appropriately equipped and trained to undertake care to an appropriate standard; and
d) professional level - the role of the statutory regulator already described above.



Example of an early warning score observation chart