NIHR | Yorkshire and Humber Patient Safety Translational Research Centre

Summer 2019 Newsletter

NIHR Yorkshire and Humber Patient Safety Translational Research Centre

Welcome to our Summer 2019 newsletter. This edition showcases the innovative work of one of our PhD Students Lauren Ramsey who is exploring how online feedback is used to inform improvements to the quality and safety of care. She also talks about her experiences on one of the NIHR Academy's SPARC award placements. We hear from our new patient and public involvement and engagement lead and our Safe Use of Medicines researchers present their experiences of patient and public involvement and engagement in developing a film to inform intervention co-design. Our newsletter spotlight is on modelling winter pressures in hospital which reports on some of the pioneering work of our Digital Innovations theme. Finally, our Workforce Engagement and Wellbeing theme discuss their work to support healthcare staff in developing resilience. Their project involves testing an intervention designed to equip participants with knowledge and psychological skills to cope with patient safety incidents.

We hope you enjoy reading about our work. If you would like to find out more about our PSTRC you can view our website at www.yhpstrc.org.

Meet our new PPIE Research Fellow Olivia Joseph

Olivia joined the Yorkshire and Humber Patient Safety Translational Research Centre (PSTRC) and Partners at Care Transitions (PACT) team in June 2019 as a Research Fellow specialising in Patient and and Public Involvement and Engagement (PPIE) - so many acronyms!

She has three years of experience working in PPIE, developing strategies, applying for funding, measuring and evaluating impact and delivering creative approaches to both PPI and PPE; innovating across the two disciplines. Her research interests include exploring democratic approaches to understand how to meaningfully involve patients/ public, exploring how people practice inclusion and developing methods to involve seldom heard groups in health research.

Olivia graduated with a BSc (first class honours) in Biomedical Science and received a funded scholarship for an MRes in Inflammation: Cellular and Vascular aspects. Working in Cancer Genetics and Medical Information before pursuing a career as a PPIE specialist.

In her spare time she is on the Huddersfield Carnival Committee and a member of a debate group called Conflab to explore bridging the gap between cultural differences. When she is not protesting against injustice - a self-proclaimed 'social justice warrior', she will be reading, watching Netflix and weightlifting.

Applying dramaturgical thinking to healthcare research: An online patient feedback perspective

By Lauren Ramsey, PhD student

Lauren is a PhD student working in the Patient Involvement in Patient Safety theme. Lauren's PhD explores how healthcare staff respond to and use online patient feedback to inform improvements to the quality and safety of care. In this article Lauren describes how she is considering applying the sociological perspective of dramaturgy to her research.

Background

Increasingly patients are publically reporting about their healthcare experiences, and reading feedback from others online. This increase has been influenced by a national digital culture, a growing focus on healthcare transparency and a patient desire to provide feedback anonymously.

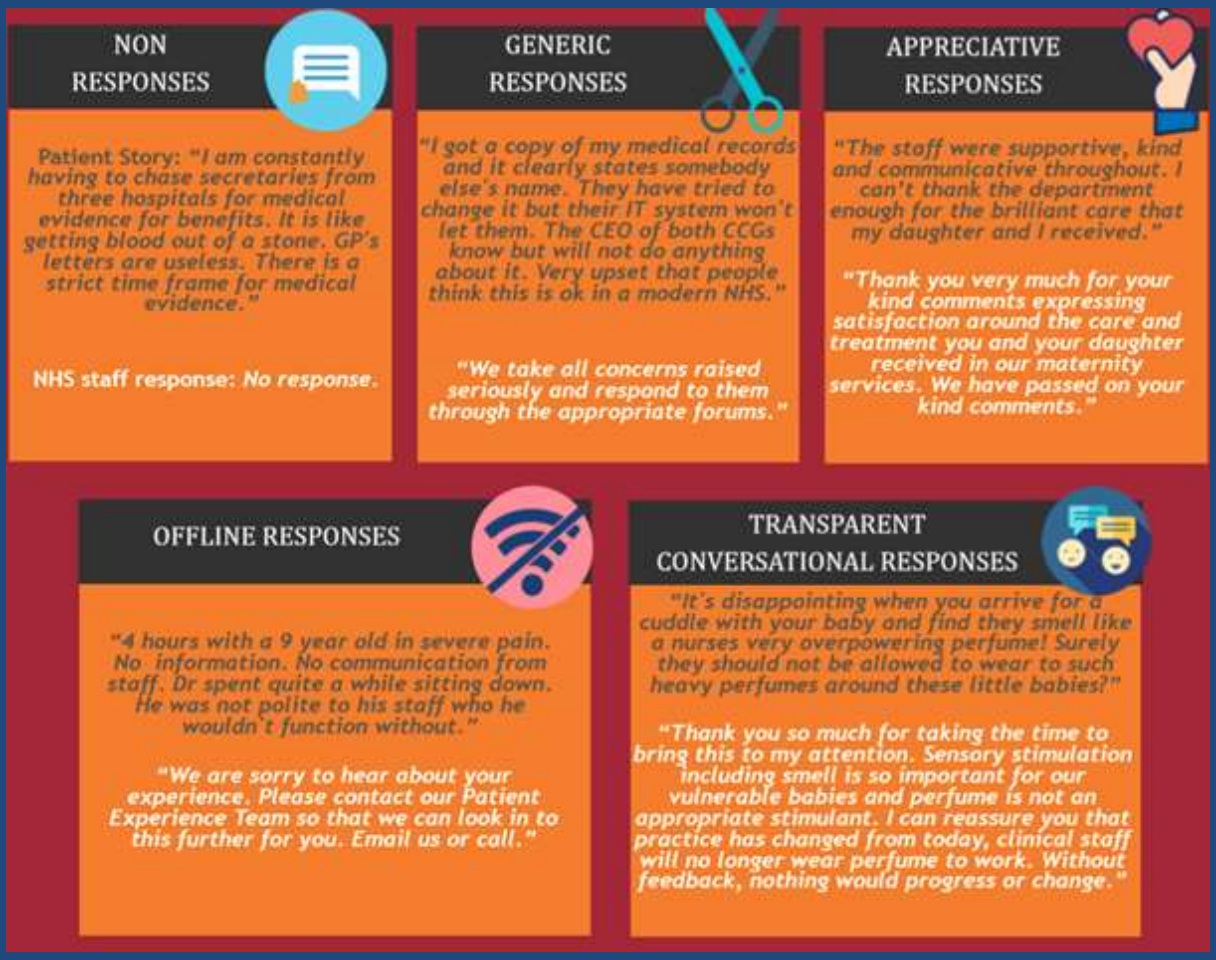
In comparison to more traditional paper-based feedback mechanisms, online methods potentially provide a relatively low-resource intense opportunity to gain real-time patient experience on a larger scale, breaking geographical barriers. However, some staff have concerns around reputational damage, respond defensively to negative feedback and are overwhelmed by the volume of unfiltered data received and delivering change based upon it.

How do healthcare staff respond?

Based on the various challenges highlighted, I conducted a qualitative study exploring how healthcare staff respond to patient feedback on Care Opinion, which is a not-for-profit online platform where patients report about health or social care experience via free-text narrative. Using framework analysis, I analysed almost 500 stories and their responses. Five key response types were identified (*detailed overleaf*).

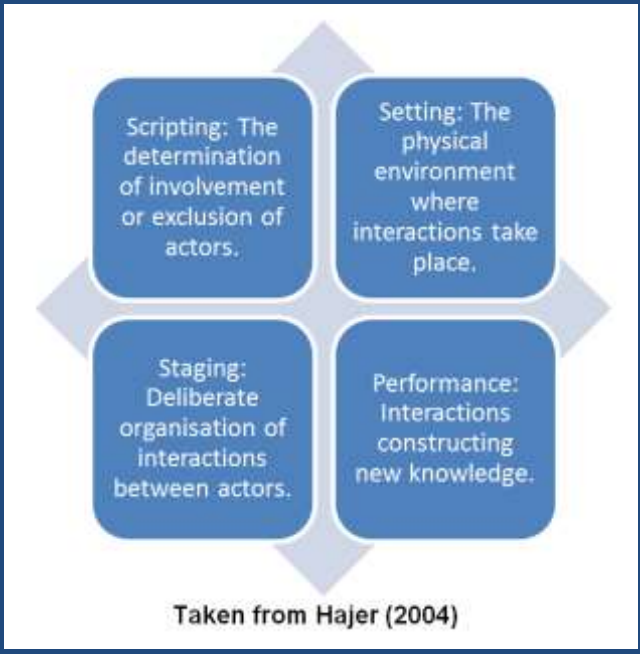
Using this typology, I have begun fieldwork adopting ethnographic methods in NHS Trusts which typically respond according to these types, with an aim to explore the cultural context of daily work around online patient feedback in practice.

Five key response types



Dramaturgy 101: Healthcare research is becoming more interdisciplinary, with sociological insight enabling a more thorough understanding around wider socio-cultural and political structures. Based on this premise, I am considering applying Goffman's dramaturgical thinking to my PhD, which considers a theoretical metaphor of a theatre performance to social interaction. The four main concepts provide a framework for qualitative analysis.

Dramaturgical thinking has been previously applied in a healthcare research setting, used to explore beyond frontstage staff-patient interactions, to uncover more about staff-staff backstage communication, which is often crucial to accomplishing patient care goals. Additionally, it was used to identify the types of governance activities with regard to ensuring safe care in healthcare organisations.



Taken from Hajer (2004)

Thinking workshop: As part of an NIHR Short Placement Award for Research Collaboration (SPARC), I collaboratively ran an interactive workshop with the South London CLAHRC and Kings College London. Here attendees explored how dramaturgy may be considered in the context of my PhD.

Dr Tim Freeman presenting his work on dramaturgy

While this approach traditionally explains face-to-face interactions, the uniquely transparent nature of online conversation provides a more obvious front and backstage. Adding further complexity, interactions are potentially permanently available to be viewed by unknown and varying audiences, making it difficult to tailor a performance.

"Problems sometimes arise in those social establishments where the same or different members of the team must handle different audiences at the same time" (Goffman).

Goffman suggests that by dramatizing the social role in publicising feedback, pressure may cause energy to be moved away from the 'doing' (using feedback to meaningfully improve services) to the 'communication of the doing' (providing a response to patients online). In sacrificing the most legitimate ideal for the most visible ideal while under constraints, the impression that both goals are still in force can be maintained.

"The tentative pupil who wishes to be attentive, his eyes riveted on the teacher, his ears open wide, so he exhausts himself in paying the attentive role that he ends up no longer hearing anything" (Goffman).

Conversely, work may be going on backstage that is not able to be communicated to the audience frontage.

"Those who have the time and the talent to perform a task well may not, because of this, have the time or the talent to make it apparent they are performing well" (Goffman).

The role of the responder is also important. For instance, a communications manager may 'window dress' by playing a purely performance role in communicating activity, yet not have any involvement in the activity itself. Whereas frontline staff may only be concerned with activity, rarely appearing before the online audience. Goffman further suggests that it is important for performers to maintain a clear separation between the front and backstage, hiding the 'dirty work' that goes on behind the scenes.

"The back region will be the place where a performer can reliably expect that no member of the audience will intrude" (Goffman).

Allowing the audience to view backstage performances not intended for them may also cause team members to lose trust in the actor to maintain team secrets, and cause the audience to be disillusioned about both what was and what was not meant for them. The backstage region has been defined as:

"A place, relative to a given performance, where the impression fostered by the performance is knowingly contradicted. It is here that the capacity of a performance to express something beyond itself may be painstakingly fabricated… illusion and impressions are openly constructed." (Goffman, 1978).

Invitation to join the conversation

While this workshop gave us opportunity for vibrant discussion between a team of interested people, we would have loved more time to develop the discussion. This is where you come in.

If you are interested in joining our conversation around applying dramaturgical thinking to healthcare research please contact me directly via email: l.ramsey@leeds.ac.uk or on Twitter @LaurenPRamsey

References

Hajer, M. (2004). Setting the stage: a dramaturgy of policy implementation. Amsterdam School for Social Science Research working paper no. 04, 6.

Goffman, E. (1978). The presentation of self in everyday life (p. 56). London: Harmondsworth.

Spotlight on: Winter Pressures Modelling

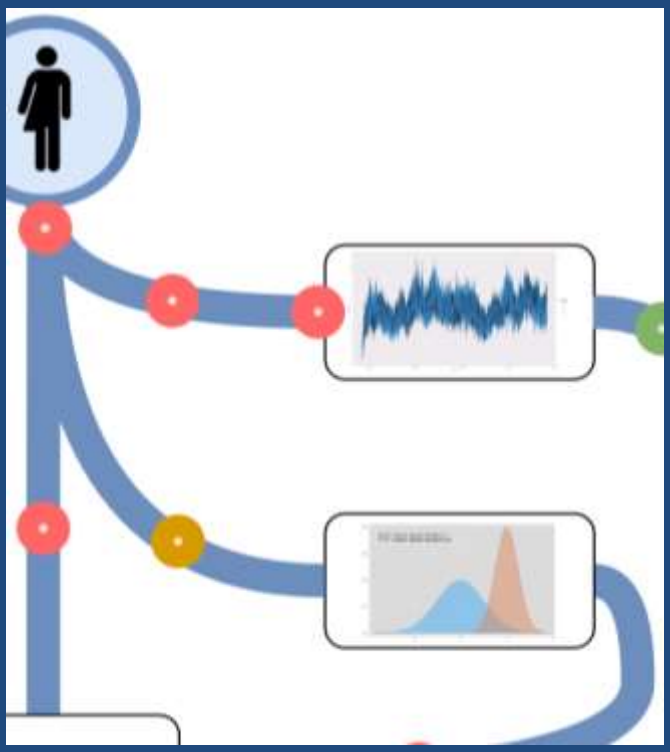
By Tom Lawton, Consultant Critical Care & Anaesthesia

Simulation modelling is used extensively in industry, but relatively little in the NHS. We have a single shot to respond to each winter spike, and tend to do it on the basis of what seems sensible or worked last year. Modelling could let us safely test out scenarios and ideas, and even investigate whether a particularly bad winter was down to chance or some other factor.

We know hospitals are very complex systems and patients differ in many ways. This means that most modelling solutions aren't suitable. That's why we are developing ways to build simulation models of patient flow using routinely-collected data, and demonstrating that these techniques can be applied to an entire hospital to model winter pressures.

Traditional methods would infer details of populations from samples of smaller groups, inventing a fictitious patient to represent an "average" patient. As patients are often anything but "average" this can lead to making too many assumptions, or to inventing more and more fictitious patients to cover all the angles. In the era of "big data", however, the size of our samples can be so big that it is no longer necessary to do this, and we can use a real patient from historical data each time we would have had to invent one.

Our Winter Pressures model has been built, and already correctly predicted a big spike in demand in Bradford earlier this year. The next stage is to use it to test different ways of responding to these demands.



Patient-flow models can simulate the decisions made in hospitals

Modelling allows us to test even the strangest ideas without ever putting a patient at risk. After extensive testing, we can work with patients and healthcare providers to translate our models into hospitals. We hope that this demonstrator project, in conjunction with the NHS-R community, will help increase the use of this technique in the NHS.

Contact details

If you have any questions about our simulation modelling research, please contact Tom Lawton via email: Tom.Lawton@bthft.nhs.uk

Top tips for including PPIE in the development of an Experience-based Co-design Trigger Video

By Dr Iuri Marques, Senior Research Fellow and Dr Daisy Payne, Research Fellow

Recently we used Experience-based Co-design (EBCD)[1] to identify priorities to improve the process of stopping medicines in primary care (for more information about this project , visit our blog here) (Donetto et al. 2014).

One component of EBCD is the development of a 'trigger' video that we used to generate discussion about the topic at hand.

In our research, we video-recorded interviews with patients and supporting peers, which we used to develop our trigger video. We asked one of our Patient and Public Involvement and Engagement (PPIE) representatives to help us edit the footage from our interviews and develop the video. We felt that this provided us with an independent view of the footage to that of the research team. Whilst we experienced the benefit of including PPIE in this process, there were some aspects we would have done differently, based on the experience we gained. Amongst the challenges were:

1. Involving the representative reviewing the footage at an earlier stage of our research. If our PPIE representative had been involved in developing of the interview schedules, and had seen some interview transcripts beforehand, they would be more familiar with the topic, which might have facilitated the identification of important video excerpts.

2. Additionally, we learned that our editing sessions would have benefited from being shorter and more frequent. This is because our PPIE representative found longer sessions more challenging.

3. Finally, whilst the PPIE representative enjoyed identifying important excerpts at the early stages of video development, they found the process of reducing the footage to a manageable length to be time-consuming. For example, in our case, even after identifying all the important clips from over 16 hours of footage, we were still left with over three hours, and we needed to reduce this to 25 minutes or less. Therefore, perhaps the use of PPIE in this process is more beneficial at the beginning of the process than at the end.

Based on our experience, we came up with four tips for involving PPIE in the development of an EBCD video:

1. Involving PPIE at the most strategic point in the research may increase engagement during development of the EBCD video. For example, if the person reviewing the footage is included in the development of interview schedules and the setting up of the interviews, they will already have knowledge of what the research is about, which they can use when identifying important video excerpts.

2. Before agreeing on the video sessions, it is important to agree the level of input. For example, some people may prefer more frequent, shorter sessions. Managing and agreeing on expectations beforehand will increase engagement.

3. Ensuring that the PPIE representative is physically and emotionally comfortable during the video sessions. Although these may be interesting, they require a high level of focus and it can be very difficult to review long sections of footage. Even small details like lighting, heating, sound volume and distance from the monitor can change the experience. It is also important that the room is accessible and that seating is appropriate.

4. It may be more productive to involve PPIE at the early stages of video excerpt selection and not at the later stages. PPIE representatives will be able to draw from their experience to select the clips that convey the most powerful messages. However, once this step has taken place, the process of whittling it down to a manageable length by excluding clips from a pool of previously agreed all-important clips might be more onerous.

References

Donetto S, Tsianakas V, Robert G. (2014). Using Experience-based Co-design (EBCD) to improve the quality of healthcare: mapping where we are now and establishing future directions. London: King's College

Supporting healthcare professionals involved in patient safety incidents

By Dr Judith Johnson, Lecturer and

Ruth Simms-Ellis, Theme Manager

From a healthcare professional perspective, being involved in a patient safety incident can be incredibly difficult to deal with personally and professionally. Given the suffering that such incidents frequently cause patients and their families, healthcare professionals describe experiencing shame, guilt, sleep difficulties and significant mental health problems such as anxiety, depression and burnout in their aftermath. These symptoms in turn increase the risk of future incidents, creating a vicious cycle of mental distress and poorer patient care.

Whilst this very human problem is well recognised, few interventions have been developed to support healthcare professionals. Peer support programmes – largely tested in the US –have gone some distance to providing support in the wake of an incident. However the issue of preparedness has been overlooked. The 'Promoting psychological resilience in the health professions' project aims to address this issue by preparing healthcare professionals for involvement in patient safety incidents. The project involves testing a prophylactic intervention designed to equip participants with practical knowledge and psychological skills to help them cope with patient safety incidents and thereby reduce the detrimental personal impact.

The intervention consists of a half day workshop for between 6 and 14 healthcare professionals, followed by a one-to-one, hour-long phone call with the facilitator. It is delivered to discipline-specific groups using carefully tailored, clinically-based resources.

The course material draws upon adverse event research, psychological resilience research and cognitive-behavioural principles.

To date, the intervention has been delivered at various locations across Yorkshire to trainee Physician Associates, trainee Sonographers, Midwives, Paramedics, trainee Paediatric doctors and trainee Obstetric and Gynaecological doctors. Informal feedback suggests that this type of support is welcomed by healthcare professionals, who describe it as an opportunity to explore issues which is not routinely available in clinical settings. The demand we have experienced for this intervention has outstripped the scope of the research, which further highlights the receptivity to this approach. A research study is evaluating the effectiveness and impact of the intervention on participants and their practice. While data collection and analysis has yet to be completed (final results will be available Autumn 2019) initial findings indicate the intervention has had a positive impact and it is clear that there is an ongoing demand for psychological interventions to support the healthcare workforce.

For further information please contact:

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or Ruth Simms-Ellis:
R.Simms-Ellis@leeds.ac.uk

Contact us

To find about more about us you can visit our website at **www.yhpstrc.org** or get in touch with us via email **pstrc@bthft.nhs.uk**

Register for the Improving Patient Safety: New Horizons New Perspectives conference

We are delighted to be co-hosting **Improving Patient Safety: New Horizons New Perspectives at the Cloth Hall Court in Leeds on 15-16 October 2019**.

The draft programme for the event is now available (*see over the page for full details*). We have some fantastic speakers, workshops and presentation sessions so don't miss the chance to register your place. You can do so by completing the registration form available on the **Improvement Academy website**.

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CONFERENCE PROGRAMME – DAY 1

Improving Patient Safety

New Horizons | New Perspectives

A high energy, forward looking conference aimed at sharing knowledge and creating a new vision for patient safety research and practice.

Tuesday 15th October 2019 | Cloth Hall Court, Leeds

P = Presentation | W = Workshop

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09.15	Day 1 - Registration and poster set up
10.15 – 10.30-	Welcome from Professor Rebecca Lawton, *Director, Yorkshire Quality and Safety Research Group*
10.30-11.30	**Keynote speaker:** Suzette Woodward, *Senior Advisor, Department of Health and Social Care* **Joy, positivity, gratitude and wellbeing: lessons from the Sign up to Safety campaign**
11.30-12.45	**Breakout Session A** (choose one session below) **A1. Supporting safety at transitions for older people (P)** **A2. Supporting the second victims of patient safety incidents (W)** **A3. Using safety data differently (P)** **A4. Researchers working in the NHS: Building skills and experience (W)**
12.45-14.00: Lunch and poster viewing	
14.00-15.15	**Breakout Session B** (choose one session below) **B1. Setting an agenda for improving patient safety in mental health services (P)** **B2. Managing patient deterioration (P)** **B3. Thinking about safety at transitions differently (W)** **B4. Workforce engagement and wellbeing (P)** **B5. Caring for patients with complex medical needs (P)**
15.15-15.30: Break	
15.30-16.00	**Keynote speaker:** Tessa Richards, *Senior Editor, The British Medical Journal (BMJ)* **Sharing ideas, decisions and power with patients and the public**
16.00-16.30	**Keynote speaker:** Philip Lewer, *Chairman, Calderdale and Huddersfield NHS Foundation Trust* **Looking Back: Looking Forward**
16.30-18.00	**Breakout Session C** (choose one session below) **C1. Mindfulness for Patient Safety (W)** **C2. What can the PSTRCs do for you? (W)** **C3. Digital innovation in the NHS: is it safe? (W)** **C4. From collection to action: co-creating solutions to the patient experience feedback conundrums of our time (W)** **C5. Improving wellbeing4safety: Drawing on the collective wisdom of human and veterinary medicine, emergency services and offshore navigation (W)**
18.00– 19.00: **Drinks Reception**	

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CONFERENCE PROGRAMME – DAY 2

Improving Patient Safety
New Horizons | New Perspectives

A high energy, forward looking conference aimed at sharing knowledge and creating a new vision for patient safety research and practice.

Wednesday 16th October 2019 | Cloth Hall Court, Leeds

P = Presentation | W = Workshop

#IMPSAF2019

08.30	Day 2 - Registration
09.00-10.30	**Breakout Session D** (choose one session below) **D1. Innovative methods in health research and evaluation (P)** **D2. Whose leg is it anyway? When engaging with a limb doesn't get the right response (W)** **D3. Exploring online patient feedback: new possibilities and new challenges (W)** **D4. Research surgery: everything you wanted to know about research but were afraid to ask**
10.30-11.00: Break	
11.00-11.45	**Keynote speaker:** Mary Dixon-Woods, *Director, The Healthcare Improvement Studies (THIS) Institute* **Voice and safety in healthcare organisations**
11.45-13.00	**Breakout session E** (choose one session below) **E1. "Open Space" facilitated session** **E2. Co-design: developing safety interventions with patients and staff (P)** **E3. Quality and safety improvement (P)** **E4. Teams, professionalism and safety (P)** **E5. Exploring and improving quality and safety for those whose voices are seldom heard (W)**
13.00-14.15: Lunch and poster viewing	
14.15-15.15	**Keynote speaker:** Adam Kay, *British Comedy Writer, Author, Comedian and Former Doctor* **Highlights from "This is Going to Hurt"**
15.15-15.30: Break	
15.30-16.45	**Breakout Session F** (choose one session below) **F1. Making a difference on the frontline through improvement projects (P)** **F2. Reducing opioid prescribing in primary care (P)** **F3. Technology for patient safety: from idea to solution (W)** **F4. Safety in mental health services (P)**
16.45-17.15: **Poster winner announcement and conference close**: Michael McCooe, Consultant Anaesthetist, BTHFT/Clinical Director, Improvement Academy	

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