A HANDY APPROACH - QUICK WAYS OF LEARNING IN TIME LIMITED ENVIRONMENTS

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Tower Hamlets Community Heath Service Teams are rich in social capital. Effective clinical leadership can enable all teams to deliver person-centred care.
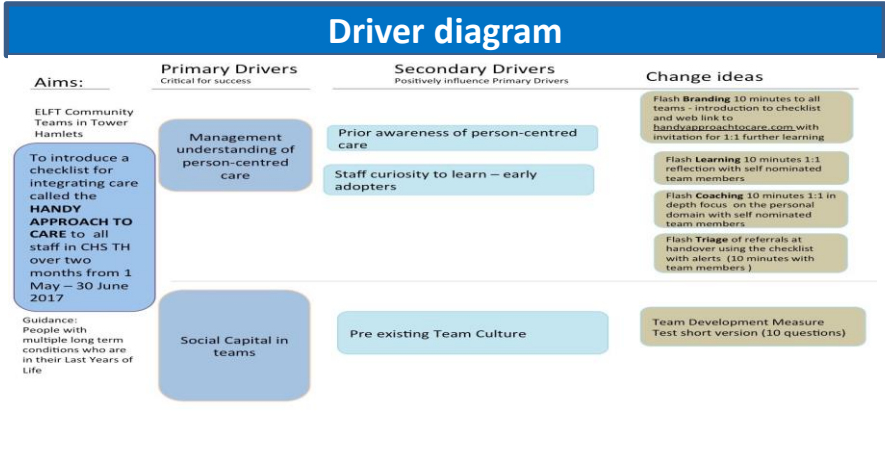
Aim

To introduce a safe, quick person-centred check list, called the Handy Approach, to all teams in Community Health Services Tower Hamlets from 1 May - 30 June 2017 as part of a test of scale up.

Why is this important to service users and carers?

Person-centred care is the first step towards developing collaborative care planning in partnership with service users and carers. The work done by VOICES has informed this project.

Tests of Change

A social network strategy of in-reach through early adopters, was used for each PDSA cycle to test diffusion of the Handy Approach check list into teams. A short version of the Team Development Measure was tested in the four Locality Teams.

Driver diagram

Aims:

ELFT Community Teams in Tower Hamlets

To introduce a checklist for integrating care called the **HANDY APPROACH TO CARE** to all staff in CHS TH over two months from 1 May – 30 June 2017

Guidance: People with multiple long term conditions who are in their Last Years of Life

Primary Drivers *Critical for success*
- Management understanding of person-centred care
- Social Capital in teams

Secondary Drivers *Positively influence Primary Drivers*
- Prior awareness of person-centred care
- Staff curiosity to learn – early adopters
- Pre existing Team Culture

Change ideas
- Flash **Branding** 10 minutes to all teams - introduction to checklist and web link to handyapproachtocare.com with invitation for 1:1 further learning
- Flash **Learning** 10 minutes 1:1 reflection with self nominated team members
- Flash **Coaching** 10 minutes 1:1 in depth focus on the personal domain with self nominated team members
- Flash **Triage** of referrals at handover using the checklist with alerts (10 minutes with team members)
- Team Development Measure Test short version (10 questions)

Data

Table 1: Self reported* use of HANDY APPROACH TO CARE by PDSA Cycle and Team

PDSA Cycle	LOCALITY TEAM			
	A	B	C	D
1 Flash Branding (N=72)	13	26	18	15
2 Flash Learning (N=14)	0	11	2	1
3 Flash Coaching (N=12)	0	7	4	1
4 Flash Team Development (N=72)	13	26	18	15
5 Flash Triage (N=20)	0	14	6	0
Self reported*use of HANDY APPROACH TO CARE 26/6/2017 (N=13)	3	8	2	0

* Emailed Survey question 'I have heard about and started using the HANDY APPROACH TO CARE'

Table 2: TDM Question: 'Roles and Goals, by Locality Team (shaded area indicates team behavior firmly in place)

ROLES AND GOALS Team Development Question	Team N= 72 (number of team members completing the question including bank staff)	Strongly Disagree (N=3)	Disagree (N=34)	Agree (N=24)	Strongly Agree (N=8)
There is confusion about how to accomplish the work of the team	A (N=13)	0	7	4	2
	B (N=26)	2	15	6	1
	C (N=18)	1	7	6	3
	D (N=15)	0	5	8	2

Learning and what next?

- This test of scale up confirms earlier work done in Newham published here: https://qi.elft.nhs.uk/resource/the-handy-approach-quick-integrated-person-centred-support-preparation/
- Learning can occur during periods of change if the training is adapted to the people (adult learning), the place (on site) and pace (short) of the workforce.
- The HANDY APPROACH TO CARE is safe, popular and easy to learn in 10 minutes https://www.youtube.com/watch?v=-p8v6I-eFqgSee
- The short version (10 questions) of the Team Development Measure can be used to identify strengths in teams.

Multiple barriers prevent staff in Community Health Services (CHS) from asking what matters to the people receiving care. A person-centred, safe and easy to use checklist with five questions, called the HANDY APPROACH TO CARE was previously tested successfully in a highly functional team in Newham CHS. As part of scaling up this checklist it was introduced into CHS Tower Hamlets at a time when the service was undergoing change and where time to learn was limited by competing demands. The checklist's five questions captures an impression of the lived life of the person receiving care. Components of care can be mapped on the hand starting with the thumb, to prompt teams in summarising information from five of the following core domains: Mental (cognition and consent), Physical (function); Social (setting) and Personal (what matters). The five questions are: **Is B… able to remember what s/he did yesterday? Does B…. give us permission to be involved in their care? Is B… able to get out of bed? Is B… alone at night? What matters to B… when s/he is having a good day?** *A strategy of in-reach into teams was tested using early adopters in teams to promote the use of the checklist. Our work shows that the checklist can easily be introduced into busy contexts. However there were differences between teams in their ability to engage with adopting this approach, which correlated with findings from a simple measure of team development. Highly functional teams learnt more quickly and more team members engaged with the novel learning approaches. The HANDY APPROACH TO CARE is popular with teams and can easily be learnt in time limited contexts using the PDSA cycles described but only if organisational attention is paid to the mission of the service and to fostering mutual regard in teams.*