NIPEC

Northern Ireland Practice and Education Council

for Nursing and Midwifery

Recording Care

PACE Care Planning

Spread Plan

March 2017

CONTENT

INTRODUCTION

Since 2009, under the commission of the Chief Nursing Officer(CNO) for Northern Ireland, NIPEC has been taking forward a project, Chaired by Mr Alan Corry-Finn, Executive Director of Nursing, Western Health and Social Care Trust, the aim of which is to improve the standard of nurse record keeping practice in the region. An element of this project was the development of a new approach to planning nursing care, known as the 'PACE' framework as a method to improve the quality of nurse care planning.

BACKGROUND

The process of developing the 'PACE' framework began in January 2014 as an improvement initiative focusing on the standard of record keeping practice, specifically care planning, in the nursing profession.

The framework was first piloted September 2015 in small scale, across four Health and Social Care (HSC) Trusts. Following approval from the Chief Nursing Officer, Chief Executive NIPEC and Executive Directors of Nursing, the structure, format and utility of PACE was further tested via a pilot in February 2016 in four of the HSC Trusts. The duration of the second pilot was 12 weeks, with an increased number of participating wards. The evaluation tools were expanded from the first pilot and the subsequent findings presented to the CNO and Executive Directors of Nursing in July 2016. There were three wards from each trust participating in the pilot, all adult acute inpatient with the exception of one that was children's inpatient.

A fifth HSC Trust had taken an alternative approach to care planning which was piloted at the same time. Following the July regional meeting, the two approaches have been blended, however there are currently no areas in the fifth HSC trust that are using the PACE framework.

The three pilot wards in the four HSC trusts continued to use the PACE framework with the support of local facilitators and regional support from NIPEC. One trust enabled further spread through resourcing of a full time facilitator in the organisation.

All trusts have support at local level , the degree of this support, however, varies in each trust, with only one trust having a full time facilitator, which is on a temporarily basis. Staff nurses and ward sisters/charge nurses who have expressed an interest in the practice area, have been identified as champions in the clinical settings using PACE. There are no champions above ward manager level.

Summary of the care settings that are currently using PACE:

- O – one trust
- 3 – two trusts
- More than 3 – two trusts

Established organisational structures/operating systems and learning from testing demonstrate that there are a number of factors that enable the spread and adaption of PACE.

Established organisational structures/operating systems

- Geographical proximity to active change sites
- Organisation of care processes and physical environment
- HSC trust communication channels
- Regional communication channels – Recording Care Steering group, Working group, Facilitators Group
- Regional assessment and plan of care documents
- Regional measurement system – NIPEC Online Audit Tool (NOAT)

Learning from testing

- Regional support
- Strong leadership particularly sisters and charge nurses
- Appetite for change in record keeping practice
- Recognition that PACE facilitates safe, effective and person centred nursing care
- Evidence of increased patient and nurse satisfaction
- Support from clinical champions and local facilitators
- Having a robust resource pack readily available
- Training on PACE and NOAT with longer lead in times
- Protected time to enable staff to engage, learn and implement
- Wider trust awareness of the framework
- Intra and inter-trust collaboration, cross site working
- Engagement of the Higher Educational Institutions (HEI)
- Feedback on improvements and improved standards

In conclusion, the five HSC Trusts have expressed an interest to begin spreading the PACE framework to in-patient settings and to also consider other care settings.

SCOPE

The scope of this spread plan is all adult and children inpatient wards across the five HSC trusts.

AIM

To further implement and embed PACE framework in practice and improve the standard of nurse record keeping practice.

OUTCOME MEASUREMENT

There will be two methods of measuring the outcome of the implementation of the PACE framework.

- NOAT
- Staff feedback

NOAT is an established audit tool designed to determine the standards of nurse record keeping practice. Staff feedback was successfully used in the previous testing; it will take the format of focus groups and feedback ward 'blog' boards.

In addition, it has been agreed that two HEIs will evaluate the outcomes of the implementation of PACE, the point at which this will commence has yet be confirmed due to unconfirmed funding opportunities. Evaluative data sent by the HSC trusts will be held in summary format with NIPEC.

METHODOLOGY

The methodology describes a process to support implementation and ongoing maintenance of the PACE approach under the following three areas:

- General communication/engagement and knowledge transfer
- Measurement and feedback
    - *Process measures*
    - *Mechanisms and Frequency of reporting*
- Knowledge management

General communication/engagement and knowledge transfer

Good communication processes enable knowledge transfer and engagement, relating to raising awareness and understanding of how PACE works.

Varied methods of communication should be employed, for example, e-mail, teleconference and face to face meetings. The purpose will be to raise awareness, stimulate interest, enable engagement and share knowledge regarding how to use the PACE framework. Similar approaches should be utilised to co-ordinate the spread of the PACE framework.

A range of resources from previous pilots will be shared through a variety of means to convey the evidence from the small scale testing, highlighting the improvement that PACE makes.

Spread initiation will take place via information sessions. Each HSC Trust will be responsible for convening the required number of information sessions to enable identified staff in each clinical area to attend, which should include sisters/charge nurses, staff nurses and potential champions. This will also an opportunity to invite service managers and lead nurses. Outline content for these sessions can be found at **Appendix 1, page 7**.

Inclusion criteria should be disseminated at these sessions to recruit wards that wish to participate in the improvement initiative.

Inclusion criteria:

- Expression of interest
- Sponsorship from Executive Director of Nursing, Assistant Director of Nursing (ADN), Service Manager and lead Nurse
- Sister/charge nurse must demonstrate:
    - Understanding of the commitment and motivation to change
    - Resilience and commitment to drive change despite challenges
    - Able to facilitate even if experiencing other pressures/changes including ongoing improvement work
- Wards with 'high volume of transfers' of patients
- Physical environment needs can be addressed i.e. writing trolleys, note storage
- Champions have been identified

The information session is intended to evoke voluntary joining of wards if this is unsuccessful then extra effort will be required to secure engagement.

The following roles and responsibilities will be discussed at the information sessions and reinforced through-out the process:

- *Staff Nurses*
  Responsible for accessing training and appropriate resources, seeking support from champions, sister/charge nurses and facilitators. Reporting any issues to sister/charge nurse.
- *Ward Sister/Charge Nurse*
  Take a direct clinical leadership role, agreeing to the inclusion criteria before committing to implementation of PACE (see page 3).
- *Lead Nurse*
  Champion the implementation of PACE, motivate and support ward staff including sisters/charge nurses. Feed back to managers on the progress of the implementation process and encourage celebrating areas of success.
- *Champions*
  Available on the ward to motivate and support the staff through the process. They will be a role model for good practice, feeding back to the ward sister/charge nurse and local facilitator, working with the local facilitator to drive training. The ward sister/charge nurse will apportion the champion the required authority to be effective.

  Facilitators are at local and regional level.
- *Facilitators*
  At local level they will be responsible for training and measuring the outcome of the process, reporting findings back through the specified trust and regional channels. Regionally a facilitator will be responsible for the co-ordination of the implementation process. Facilitators will link with NIPEC to ensure regionally uniformity, offering the same standard of training. Training will include NOAT, specifically care planning section.

Pre-registrant awareness will be achieved through the Higher Education Institutes (HEI) – Queen's University Belfast (QUB), University of Ulster (UU) and Open University (OU). It will be the responsibility the members of the Recording Care Working Group to raise awareness in the pre-registrant population.

General awareness sessions will be convened by each HSC trust, the purpose of which is to raise awareness in the trust about the PACE framework.

Trust and ward visits are an opportunity to appreciate how the PACE framework works in a ward environment and view the experience of implementation. Each HSC trust can organise intra trust visits and NIPEC will be responsible for organising inter-trust visits.

Resources permitting, a collaborative and forum will be established and facilitated by NIPEC.

The regionally developed resource pack should be used, promoting consistency. This can be accessed from the NIPEC Recording Care Micro Site: https://nipec.hscni.net/mircosites/recording-care/

Local facilitators can also supply a hard copy if required. The NIPEC microsite can also be hosted on trust intra net i.e. shared drive.

It is an expectation that 90% of staff are trained in PACE framework prior to commencing. A greater lead in time has been factored in – an extra 2 weeks - to facilitate this in care settings that have a high number of staff to train.

Measurement and Feedback

NOAT and staff feedback are the methods through which outcomes will be measured. The desired outcome of implemented change is an improvement in the record keeping standard, particularly care planning.

NOAT is an established audit tool for measuring the standards of nurse's record keeping practices. It has been in place prior to this improvement initiative. Section three: care planning will be used to measure improvements. A baseline of the standard of recording will be taken before the implementation of PACE, mid-implementation and at end of the implementation process.

Staff feedback will take the format of feedback blog' boards in ward areas, where staff will be able to manually record feedback on posters, and focus groups. The feedback boards will be in place for the duration of the implementation phase (cycle two and three) and the focus groups will be convened by each HSC trust at the end of the process. Data from NOAT and staff feedback will be summarised by each HSC trust and reported through the following Recording Care groups: Facilitator, Working and Steering.

Process measure. The extent and rate of spread will be captured by each HSC trust through-out and at the end of the implementation process. Each trust will determine goals for implementation and monitor achievement against the targets for implementation.

Mechanisms and Frequency of reporting. Groups will continue to meet as scheduled, Steering Group – quarterly, Working Group – 8/10 weekly and Facilitators, monthly. Data will be reported back to quarterly Steering Group meetings in a formal format. Templates for reporting will be agreed in advance.

This will enable monitoring of improvements, detecting need for additional support and feedback to staff on the progress of the implementation of the PACE framework***.***

Knowledge management

The knowledge that has been generated relating to maximising improvement outcomes through the implementation process, including current spread and previous testing, shared learning and tips for success, will be communicated through HSC trust channels. This will also be communicated regionally through the NIPEC Recording Care website utilising methods such as podcasts.

The continual process of improvement will be continually monitored in order to identify how to further develop the methodology and sustain improvement.

IMPLEMENTATION PROCESS

The spread plan (**APPENDIX 2**, page 8) is intended to span 12-14 weeks, running three cycles, two of which are change management. The first cycle will focus on training staff in the PACE framework and NOAT, specifically the care planning section and include baseline measurement using NOAT. This cycle has the option of extending an extra two weeks, allowing more time for training in care settings that have a larger number of staff.

In the second cycle, completed over four weeks, PACE will be introduced and it is expected that nurses will record all patient plans of care using the PACE framework. At the end of this cycle, measurement using NOAT will be taken. Feedback boards will be available on commencement of this cycle.

In the third and last cycle, again completed over four weeks, PACE will continue to be used and once more in the last week NOAT will be used to measure outcomes of change. Feedback boards will continue to be accessible.

Following the implementation the local facilitators will convene focus groups, summarise and submit data to NIPEC.

STANDARDS GROUP

A nursing practice standards group will be convened by NIPEC to complement the PACE framework. This will develop and articulate expected standards of nursing care and is anticipated to be a substantial regional work stream.

CONCLUSION

In conclusion, previous testing has provided a foundation for this spread plan. Each HSC trust is at different stages of implementation therefore the rate and extent of spread will vary between each HSC trust. This plan is specifically for in-patient care settings and a separate spread plan will be required for care settings outside these settings.

APPENDIX 1

CONTENT OF INFORMATION SESSION

- Development of the PACE process
- Principles of PACE
- Feedback from champions
- Feedback from facilitators
- Feedback from pilot reports
- Available resources
- Implementation process – GANTT
- Role expectation – staff nurses/sister and charge nurses/champions/lead nurses
- Inclusion criteria

This will provided via standardised power point presentation.

APPENDIX 2 **GANTT CHART**

12 WEEK SPREAD

WEEKS	1	2	3	4	5	6	7	8	9	10	11	12	Post Implementation
CYCLE	***ONE***				***TWO***				***THREE***				
Training NOAT & PACE													
Audit - NOAT				***baseline***				***mid***				***end***	
Implement PACE													
Staff Feedback													
Summarise data													
Focus Group													
Data report													

14 WEEK SPREAD

WEEKS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Post Implementation
CYCLE	***ONE***						***TWO***				***THREE***				
Training NOAT & PACE															
Audit - NOAT						***baseline***				***mid***				***end***	
Implement PACE															
Staff Feedback															
Summarise data															
Focus Group															
Data report															

NOAT	Facilitator & staff trained in NOAT	5 records	The audit is to be completed by 2 people, facilitator and a member of staff on ward that is trained in using NOAT.

For further Information, please contact

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This document can be downloaded from the NIPEC website
https://nipec.hscni.net/

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