

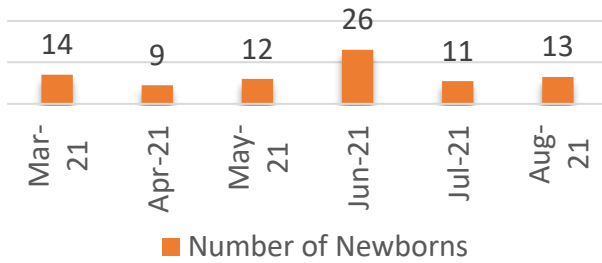
# DISCHARGE HOME ON SHORT-TERM NASOGASTRIC TUBE FEEDING FOR NEONATES

Dr Neha Sharma , Speciality Doctor, Neonatology , ABUHB

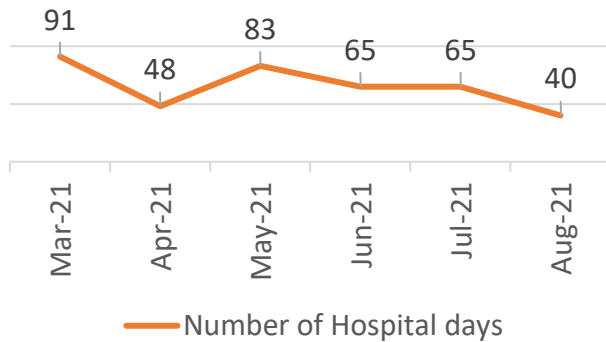
## Introduction

Short term nasogastric tube (NGT) feeding at home is to facilitate safe earlier discharge of babies from the neonatal setting.

## Audit : Eligible Newborns



## Audit: Hospital Stay



## Aims

- Reduce length of hospital stay
- Support family integrated care (FI care)
- Reduce levels of special care capacity
- Improve breast feeding rates
- Promote responsive / cue-based feeding
- Reduce aversion to oral feeds
- Minimise parental anxiety and family separation

## Challenges

- Increase NICU Outreach staff members
- Provide training and equipment to parents prior to discharge
- Development of Policies and SOPs
- Support in the community and increased home visits



## My 3D Journey

- Personality Assessment : Helped me understand my strengths and adapting them to influence change in workplace
- Organisational Cultures : Implementing the knowledge gained to propose the project as a business case to the decision making authorities
- Networking : Bouncing off ideas with other professionals keen to improve their working environment
- QI tools : Helped delineate influencing factors and data points to be collected to measure outcomes
- HEIW support : Support from the 3D and HEIW team kept me positive and resulted in the project being approved as a pilot

### References

- White BR, Ermarth A, Thomas D, Arguinchona O, Presson AP, Ling CY. Creation of a Standard Model for Tube Feeding at Neonatal Intensive Care Unit Discharge. JPEN J Parenter Enteral Nutr. 2020 Mar;44(3):491-499. doi: 10.1002/jpen.1718. Epub 2019 Sep 24. PMID: 31549429; PMCID: PMC7060820
- Lagatta JM, Uhing M, Acharya K, Lavoie J, Rholl E, Malin K, Malnory M, Leuthner J, Brousseau DC. Actual and Potential Impact of a Home Nasogastric Tube Feeding Program for Infants Whose Neonatal Intensive Care Unit Discharge Is Affected by Delayed Oral Feedings. J Pediatr. 2021 Jul;234:38-45.e2. doi: 10.1016/j.jpeds.2021.03.046. Epub 2021 Mar 28. PMID: 33789159; PMCID: PMC8238833.

### Acknowledgements

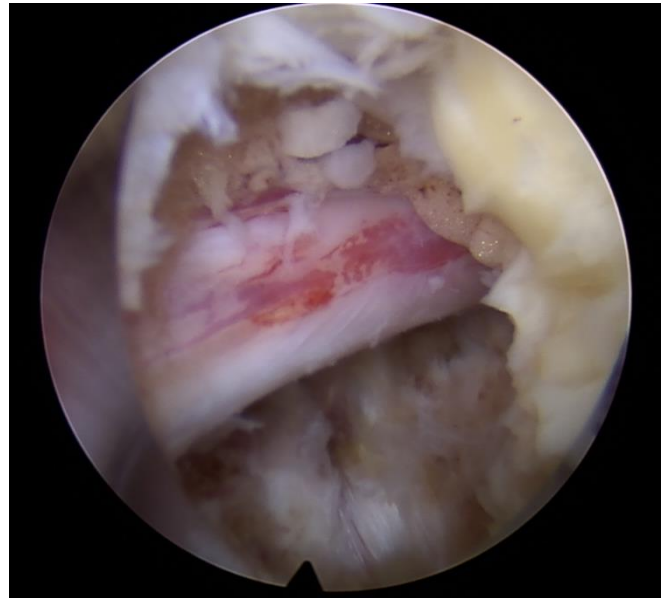
Becky Graves , Lead NICU Outreach Nurse , ABUHB

# Development of Spinal Endoscopic Discectomy as a day case procedure

Abdul Nazeer Moideen, Consultant Spinal Surgeon & Honorary Lecturer, University Hospital of Wales

## Introduction

- Lumbar disc herniation is a common cause of low back pain and radicular symptoms.
- Patients who fail conservative management require surgical intervention in the form of discectomy.
- Traditionally and in our hospital open microdiscectomy is performed for these patients.
- Post-operatively patients stayed in the hospital for 1 – 2 days after surgery.
- Endoscopic discectomy is gaining popularity with advantages like surgery under local anaesthesia, less damage to bone and paraspinal muscles, and fast post-operative recovery.



## Aim

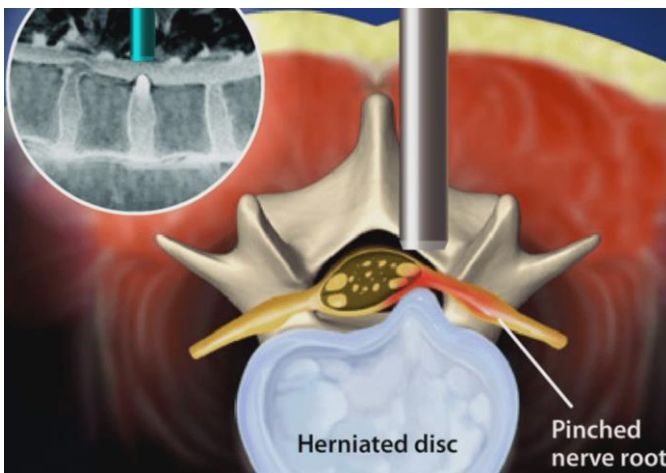
- Develop spinal endoscopic service to reduce length of stay, minimise pain, bleeding and morbidity.

## Methods

- Business plan to obtain funding for equipment.
- Attended a centre performing these procedure.
- Attended a cadaveric training course.
- Proctor visited our centre for the first case.
- Buddying up with consultant colleague to minimise complications.

## Discussion

- Long learning curve.
- Had a recurrence disc prolapse within 6 weeks requiring re-operation.
- 28% same day discharge.
- Cost saving of £280 per case.
- More number of cases per list once learning curve is over.



## Benefits of 3D Programme

- Learning to write up a business case.
- Better understanding of organisational structure.
- Influencing tactics of relevant stakeholders.
- Myers-Briggs report for Healthcare Professionals made me understand my strengths and how to utilise them.
- Networking and sharing good practice.
- Chairing meetings.

# Frailty care within Welshpool Medical Practice: Improving access and integration with community services

## Dr Emily Kingham

**Introduction:** Improving communication between community teams, primary care and secondary care is vital to keep patients at home and improve wellbeing. This is a priority for NHS Wales and the North Powys Cluster<sup>1, 2</sup>. In General Practice we can identify the frail patient early and involve the multi disciplinary team (MDT).

**3D skills:** The Project Clinics helped finesse my project aims and identify key people to involve in my work

**Method:** Clinical audit: data collection of patients reviewed via our practice- based Frailty List (n=46, May 22- Feb 23), and weekly MDT (n=20, Feb 23)

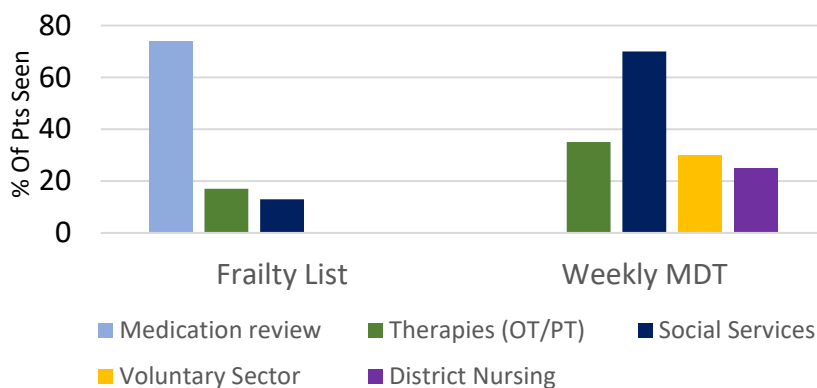
Qualitative data from our MDT members, as well as observing a local GP practice frailty MDT<sup>3</sup>.

**3D skills:** Peer networking influenced my choice of data collection and communication methods

### Project focus: Recognition of frailty

Welshpool Medical Practice supports our most vulnerable patients via a frailty list; as well as a daily virtual ward, and weekly MDT

### Common themes – clinical frailty review vs MDT outcome



### Project focus: Importance of the community role

Exploring how to keep the patient's care close to home

**Results:** Audits identified common clinical themes and involvement of community teams<sup>4</sup>.

Qualitative data from triage nurses, district nurses, social workers, GPs and frailty team. All appreciate the regular meetings, with a preference for face –to- face, though virtual meetings are important where time pressures impact scheduling.

**3D skills:** Importance of data collection in shaping the QI project and how to engage and influence others

**Discussion:** Audit data led to introducing a triage nurse to our daily virtual ward meeting.

The data highlights the high proportion of patients requiring a medication review, and involvement of social services. These findings support targeted pro-active clinical assessment and linking health and social care – both of which add to reducing acute emergency admissions<sup>5</sup>, and keeping care closer to home<sup>6</sup>.

**Next steps:** I have secured further funding for our frailty clinic, and hope to support face to face MDT meetings.

This Project has enabled audit work with Powys Teaching Health Board to investigate urgent admissions and frailty scoring in the community.

Further focus is to include individualised advanced care planning, and treatment escalation plans in frailty reviews..

**3D skills:** how to use feedback, run meetings and form a business plan to support gradual change in a complex system

*Thanks to the 3D team for running a fantastic course, and for all the support from Sr T Fitzgibbon from our frailty team.*

**Project focus: future of the community role**  
Advanced care planning and treatment escalation plans

References: 1 Right care, right place, first time: Six goals for urgent and emergency care - a policy handbook 2021-2026 gov.wales, 2 Primary Care integrated medium term plan North Powys Cluster 2020-2023  
3 Dr Melanie Plant, Lead GP Llanynllyn Medical Centre 4 Welshpool Medical Practice MDT reviews February 2023 5 NICE 2022 6 The Health and care strategy for Powys 2017-2027 Dr Emily Kingham May 2023

# Review of Prescriptions and Medication Review Processes

## Dr Emily Young



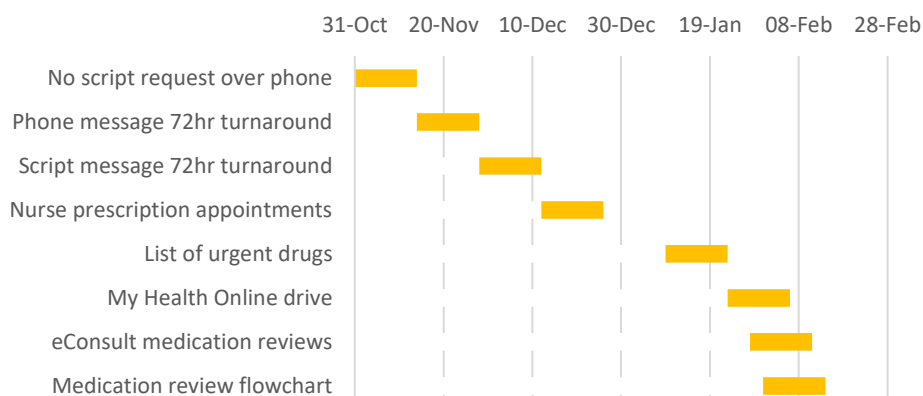
### Background

As a practice we were feeling overwhelmed by the amount of work generated by prescription requests and medication reviews. Enrolling on the 3D programme gave me the time and space to look at how this could be improved.

**Aim: To reduce GP prescription appointments by 30%**

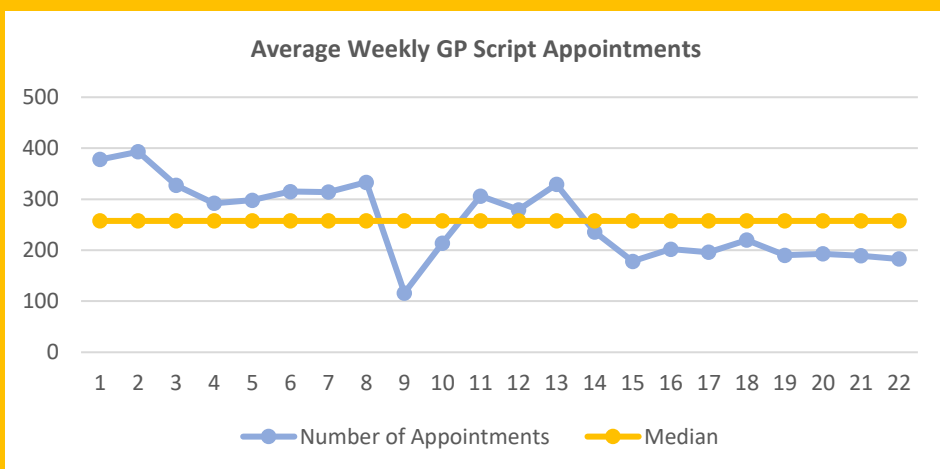
### Method

In total I completed 8 PDSA cycles between 31<sup>st</sup> October 2022 and 31<sup>st</sup> January 2023. Each cycle was agreed at regular partnership meetings. During this time I counted the number of GP prescription appointments on a daily basis and calculated weekly averages.



### Results

From week 1 to week 22 there was a 62% reduction in average weekly GP prescription appointments. The run chart opposite shows a significant shift following week 14. This is the point at which we introduced eConsult medication reviews.



### Next Steps

- Prescriptions clerk training
- Dedicated Prescriptions phone line with limited hours
- Dedicated prescriptions email for use by other Healthcare professionals and Care homes.

### What will I take away from the 3D Programme?

- A better understanding of organisational culture within the NHS and how I can work within it.
- How to run effective meetings-a work in progress!
- Reflection on personal strengths and how I can utilise these to be a more effective leader.
- Fantastic peer support and the opportunity to network.

# Reducing cancellations before hip and knee arthroplasty: utilising waiting lists as preparation lists

Claire Frank, Preoperative Assessment Pharmacist, Wrexham Maelor Hospital

## The Problem

Data collected at POAC  
Sept – Dec 2022 (n=176)

88%

Op date known  
before POAC

39%

Less than 14  
days until op

17%

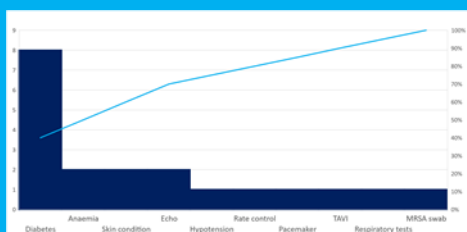
Less than 7  
days until op

11%

Cancelled  
(medically unfit)

## The Focus

40% of  
cancellations  
due to  
diabetes



## The Reason

Centre for Perioperative Care recommend HbA1c <69mmol/mol for elective surgery

Suboptimal glycaemic control increases complications (wound healing, infection) and length of stay; improving HbA1c benefits patient and NHS trust

## The Statistics

Of the 18% patients  
with diabetes...

19%

HbA1c not done  
>6months

26%

Known to be  
suboptimal

39%

Suboptimal  
POAC HbA1c

26%

Cancelled at  
POAC

£64,095

Annual cost if  
not backfilled

## The Waiting List

Worked with DHCW and local information team to obtain last known HbA1c for every patient awaiting arthroplasty. Data filterable by GP surgery, consultant, HbA1c date and result

909 patients waiting, 96 known to have diabetes, 17 HbA1c >69mmol/mol, 27 HbA1c overdue

## The First Action: HbA1c >69 Cohort

Primary care (stakeholders) preferred to optimise own patients and use as teachable moment

Email sent to GP or endocrinologist explaining need for HbA1c <69mmol/mol before operation (and discuss if not practical)

Note on WPAS to bring to POAC without operation date

## The Second Action: Empowering Patients

Bilingual letters sent to patients in NE Flintshire cluster educating about HbA1c and surgery, informing of their last HbA1c result and trend and requesting HbA1c if overdue

40% of overdue patients had HbA1c after request

Email received from patient unaware of diagnosis even though recorded at GP and on metformin!

## The Barriers

Unable to obtain estimate of timescale for surgery due to staffing problems in booking team - difficult to engage without this

Limited time for project as outside current job role

## The Next Steps

Now working with booking team for one consultant caseload to identify timescale for surgery to focus intervention

Funding bid for proof of concept time bound pilot

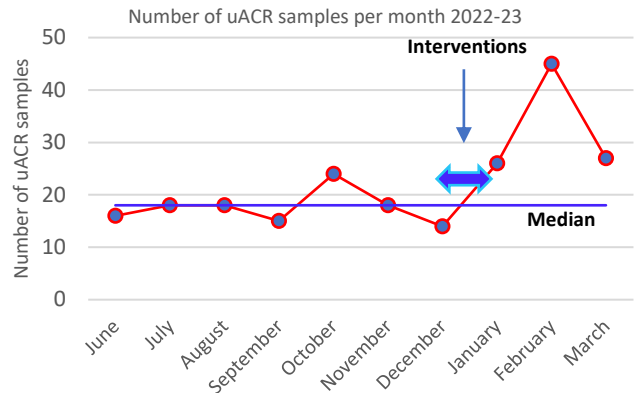
**The 3D Programme Reflection** As an introvert I used the 3D programme to legitimise engagement with others to prevent silo working. As course progressed, I was able to consider project from stakeholders perspective and describe benefits for them. Project clinics provided support and held me accountable.

# Improving the uptake of urine albumin- creatinine ratio (uACR) testing in Type-2 diabetic patients (T2DM)

Ceri Williams, Practice Pharmacist, Canolfan Goffa Ffestiniog

## Background

- Elevated uACR is an early warning sign for chronic kidney disease (CKD).
- However, it's the **least** completed essential processes of care for diabetes.
- Only 55% of T2DM patients at the practice had their uACR measured in the last 12 months – this is comparable with national data.
- Active detection and initiation of drug therapy can delay the progression of CKD.



## Aim – Identify & delay the progression of CKD

- Increase the number of patients who have an annual uACR test.
- Increase the number of patients who are offered drug therapy in the form of an angiotensin-converting enzyme (ACE) inhibitor/angiotensin receptor blocker (ARB) or sodium-glucose co-transporter-2 (SGL-2) inhibitor.

## Results

- 78% of T2DM at the practice had their uACR measured in the last 12 months to the end of March 2023.
- 97% of patients with a uACR  $\geq 3\text{mg}/\text{mmol}$  were prescribed an ACE inhibitor\*
- 67% of patients with a uACR  $\geq 30\text{mg}/\text{mmol}$  were prescribed a SGL-2 inhibitor\*

\* Excluded patients over 80yrs, with a systolic BP < 130mmHg and/or Diastolic < 80mmHg and those under the care of renal specialist. Sample collected between June 22-March 23

## Interventions



### Improved access

Correct sample bottles available to collect from:

- Local Pharmacies
- Reception

### Education

Invite letters explaining the value of uACR testing  
Raised awareness of the value of uACR amongst the healthcare team

### Reminders

Text Nudges/Reminder letters explaining the value of uACR testing

## Next Step:

- Apply the interventions used for this project to other health prevention services that have poor uptake.

## The 3D programme has helped me to...

- Recognise the importance of planning and starting small.
- Understand the basics around data display and interpretation.
- Be more effective at planning meetings.
- Gain the skills and tools needed to take on new projects and prepare business plans.

## Reference:

National Institute for Health and Care Excellence (NICE) (2021) Chronic kidney disease: assessment and management.

# AUDITING ANTIMICROBIAL STEWARDSHIP IN DENTISTRY: Baseline record keeping when ABs are prescribed - Katherine Mills

## INTRODUCTION

The spread of Anti-Microbial Resistance (AMR) threatens global development, health and security. One of the drivers of AMR is the inappropriate use of antibiotics (ABs), our key anti-bacterial drugs.

There are global, international, national, and local strategies and action plans in place as part of humanity's efforts to measure, manage, contain and control the spread of AMR. Good Anti-Microbial Stewardship (AMS) is a key part of our response. Dentists prescribe around 10% of NHS primary care anti-microbials, so dentistry must be part of the global reaction to AMR.

## THE STANDARDS

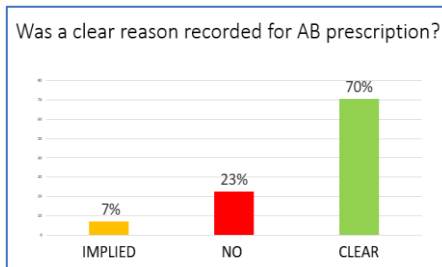
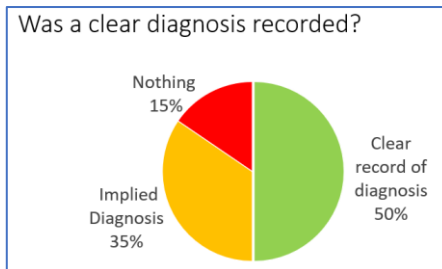


1. Record a diagnosis
2. Give a reason for prescribing AB

## METHODS

1. Confirmed the proposed audit was not research using the HRA tool, see <https://www.hra-decisiontools.org.uk/research>.
2. Obtained permissions, from health-board information governance officer confirming lawful basis to receive patient data from pharmacy team, and dental advisors / service managers to approach dentists to participate.
3. Researched then wrote the privacy notice, see <https://forms.office.com/e/99J6rtEuST>.
4. Recruited 10 dentists across GDS (including urgent sessions) and Salaried Dental Services (CDS, PDS).
5. Worked with pharmacy data analyst (thank you Gemma G Wood) who used CASPA to locate a sample of patient prescriptions from each participant over a 7 month period April-Oct 2022 and provided sample data.
6. Dentists provided the selected 84 patients' records, from the day the AB was prescribed, for me to externally audit the recorded diagnosis and reason for the AB prescription and other agreed information\*.
7. Analysed the data, provided individual feedback to each prescriber, then pooled and summarised data.

## RESULTS



## DISCUSSION

The above were the primary factors considered by the audit. Obtaining the data was convoluted as dentists do not prescribe electronically and all data captured is manually recorded by pharmacy analysts.

## CONCLUSION

This audit has established a need for improvements on dental data recording and clinical record keeping when ABs are prescribed.



## THE 3D PROGRAM

has allowed me to:

1. Focus my many questions about AMS into an achievable time limited audit project.
2. Ask questions\* of and link up with other professions.
3. Obtain further secondary information\* from the audit and from PHW high-level data analysis, leading to multiple recommendations and areas being identified for research or improvement\*.
4. Identify an area to offer dental CPD and additional Quality Improvement initiatives such as peer review and study clubs.
5. Re-evaluate personal development in my career.
6. Improve my self confidence by autonomously negotiating and undertaking a successful project.
7. Develop skills in identifying and influencing stakeholders, enabling me to take my recommendations forward.
8. Believe that an individual can make a difference within their profession to help control the spread of AMR.

\* sadly too much for one poster. 😞

## CONTACT ME

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## THANK YOU

To the 3D team, to the pharmacy team Gemma G Wood, Helen Adams, Maggie Heginbotham, Meryl Davies and Nicolas Reid, and to all who assisted me with this project.

# Evaluating the Benefits of Dental Nurses Led Clinics in Two Welsh General Dental Practices by Dr Anwen Hopkins

## Introduction

It is estimated that it costs around £500 per day to run a dental surgery

The use of skill mix in dentistry is hindered by the concept that DCP's don't generate any direct income under the NHS system in Wales

This project aims to set out the benefits of using skill mix within the Welsh NHS contract

## Facilitators

Contract Reform

Changes to FP17W April 2022

Prudent Healthcare

Caries/Perio pathway

SOSET

## Issues

Estate issues

Training needs of DCPs

Confidence of DCPs

Free exam and fl varnish in 18-25 or >60yrs – but if fl varnish alone £14.70

## Method

Two staff training days organised for March 2022

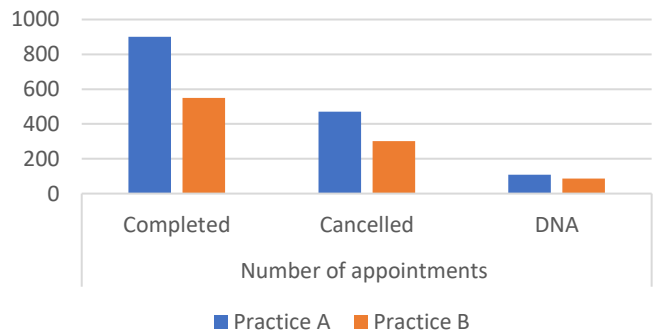
DCP clinics were opened in two GDP practices – Practice A has 6 surgeries, practice B has 4 surgeries

Prescription templates were generated for dentists to request fluoride application, oral hygiene instruction, tooth brushing demo, dietary advice and plaque and bleeding scores

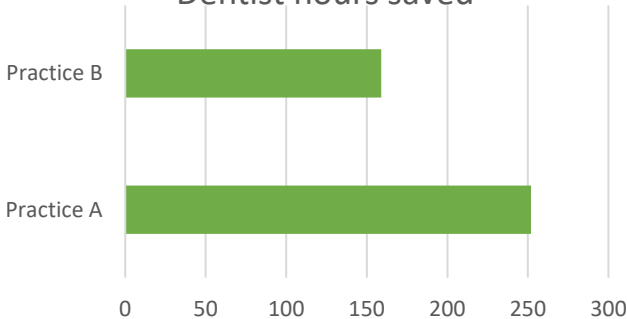
Appointments were audited for record keeping

Appointment data from 1<sup>st</sup> April 2022 to 31<sup>st</sup> January 2023 was analysed

## Numbers of DCP appointments



## Dentist hours saved



## Results

1450 DCP appointments were completed

195 DNA appointments

772 cancellations – many were rebooked but 96 were short notice cancellations

311 hours of additional dentist appointments were created between 1<sup>st</sup> April 22 and 31<sup>st</sup> January 23

## Outcomes

At least 311 hours of dentist time was saved that became available for providing more advanced dental care

DCPs have felt more valued and professional

Patients have had longer appointment times

Clinics can be run when dentist are on annual leave and surgery is free

