Case Study

North Cumbria Integrated Care NHS Foundation Trust

North Cumbria Integrated Care at a glance.....



Location: Cumbria



669 Acute Beds



13 Community Locations



2 Acute Hospital Sites



110 Resuscitation Trolleys

Overview

North Cumbria Integrated Care is a large NHS trust comprising two acute sites and a network of community locations. In 2018 Dr David Lewis FRCEM was appointed Director for Resuscitation and tasked with developing a strategy to reform the trust's resuscitation provisions.

With ever-increasing demands and challenges facing healthcare providers, it is crucial that the inspection of emergency equipment is not overlooked.

Failures to ensure emergency provisions are ready and fit for purpose presents a significant risk to patient safety at a time when minutes can make the difference between a successful or an unsuccessful outcome.

North Cumbria Integrated Care (NCIC) reached out for the assistance of MyKitCheck (MKC) after concerns regarding resuscitation provisions were again highlighted by the CQC which resulted in a 'must do' action relating to the storage and checking of emergency equipment.

Historically the checking of resuscitation equipment had been undertaken using paper checklists. The review and auditing of these checks was a reactive process that offered little to no robustness or safeguards.

Despite rigorous efforts to improve compliance the failure to do so was frequently noted by the CQC during their inspections.



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Dr Lewis - Director for Resuscitation,
North Cumbria Integrated Care NHS Foundation Trust

"The **staff** and the **matrons** as well as the **executives** think it is the **best** clinical improvement project we have had recently within the organisation."

– **Dr David Lewis, Director for Resuscitation**
North Cumbria Integrated Care NHS Foundation Trust

Challenge

As with many trusts, NCIC faced many barriers to effective and safe management of resuscitation equipment. The expansive, predominantly rural network of clinical locations made onsite visits by the team and the delivery of equipment an abnormally resource-heavy undertaking.
Clinical areas were buying boxes of consumables from NHS supply chain to replace individual items, which resulted in significant financial costs due to surplus items ultimately expiring before use.
However, this resulted in a lack of standardisation within the organisation, with areas being trusted to download and print the latest checklists which meant outdated lists were often being utilised.
An audit of resuscitation equipment conducted in 2018 highlighted failures in four key domains; missing items, improper storage of drugs, expired items and incomplete checks.

The Task and Finish group which was commissioned to review the existing processes identified early on that a major consideration was that of human factors. **"Expired items go unnoticed, not due to any wilful neglect, but simply due to the many other pressures being placed upon staff, in their work environment,"** Dr David Lewis explained.

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Resuscitation trolleys could not be sealed to safeguard against tampering, so full trolley checks were required every day. With the average full check taking 30 minutes to complete, the loss of registered nursing time taken from direct patient care equated to 75 hours a day.

As a growing trust encompassing ever more services, over time the requirements for resuscitation equipment in individual areas had also changed. As with all manual auditing, only a single point in time can be captured acting as a barometer of the wider situation, however, it provided an accurate depiction of the challenges faced by the team.

"There have been a number of recent incidents raised by staff relating directly to deficiencies in the emergency trolleys which makes it even more urgent that the system needs to be changed," said Dr Lewis speaking of the issues identified.

Solution

The resuscitation team at NCIC reached out to MyKitCheck after seeing first-hand the success neighbouring trusts had achieved by adopting the platform.

Utilising our in-house clinical experience MKC was able to assist the team in devising a comprehensive implementation strategy that met the needs of the service in terms of efficiency, reduced service impact and staff education.

Equipment

End to end ordering and replenishing processes within MKC enabled the implementation of a central resus store to become operational.

Community locations are now provided with the ability to order individual replacement items within the platform, which are in turn posted out from the resus store.

Pro-active and periodic review of in-situ expiry dates of perishable items allows for the rotation of high-value stock into high turnover areas such as ED and theatres.

Standardisation

Concurrent projects for the implementation of MyKitCheck and upgrading of resuscitation trolleys to tamper evident models with consistent configurations ensured standardisation of equipment across all sites.

Customisable digital contents lists replaced the existing paper versions, utilising bespoke imagery, instructional text and required quantities to ensure consistent and compliant trolley contents.

Tailored lists were created for departments that required variations from the trust standard such as theatres and critical care areas, thus providing a formalised 'standard' for each location.

Safeguarding

Digital safeguards built into the platform in conjunction with the tamper evident trolleys facilitated the removal of mandatory daily full checks.

All perishable items have their expiry dates recorded within the platform to generate automated advanced alerts to ward managers. Where items are due to expire before the next scheduled check, staff are notified mid inspection and advised to replace items, mitigating potential risks caused by human factors.

Items that are deemed 'operationally critical' were assigned to a red alert notification. This ensures that on being identified as missing or otherwise unavailable notification would immediately be sent to the resuscitation team.

Compliance

The resuscitation team and senior management were provided with a remotely accessible dashboard detailing check status, missing and expired equipment for either the whole trust or configured to individual user requirements.

Paper checklists were replaced with a robust digital checking process significantly reducing the potential risk of erroneous records. Incidents of checks not being carried out as required are now digitally identified to ward managers, who in turn must submit a rationale within the platform.

The implementation of MyKitCheck within NCIC has facilitated a fundamental cultural change in how resuscitation equipment is managed across the organisation.

Utilising the safeguards within MKC, the trust was able to meet its obligation under the CQC 'must do' action to safely store medications in line with local policy whilst also decreasing the frequency of checks required.

Arguably it was in 2020, as the Covid-19 pandemic took hold, that MKC proved to be a key resource to assist the resuscitation team and the wider trust. At a time when national guidance on resuscitation practice and equipment was changing day by day, the team were able to make amendments to contents lists and push them to all areas within moments. The digital platform allowed NCIC to evolve and adapt to the rapid restructuring of existing spaces and the introduction of newly built clinical areas.

The team were under pressure to ensure that valuable resuscitation provisions were transferred to and installed within these areas, often with very little forewarning.

Using the platform they were able to successfully map and deploy resources whilst maintaining a continual record of where each trolley was located. During the most challenging of years, the trust has been able to consistently maintain its high level of compliance.

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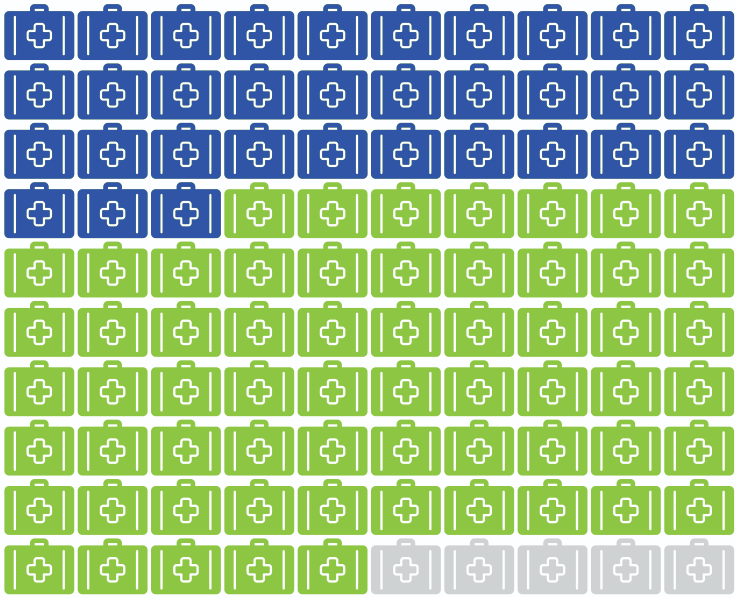
Results

Before the introduction of MyKitCheck, the trust's baseline **compliance was at 33%.**

This **increased significantly** during the adoption phase. Since completion, NCIC is now on average **95% compliant** each day.



Combining both the removal of **mandatory daily full checks** and the introduction of authorised **non-registered staff** completing the daily check.



24,637 nursing hours reclaimed and returned to patient care.

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