Type: Research Paper

Subject: Service Improvement Assignment

Subject area: Nursing

Education Level: Masters Program

Length: 17 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Double

School: Chamberlain University

Instructions: At the end of the module, each student will submit an individual assignment. The assignmentfor the module is a 2,400 word reflective “patch-work” requiring the student to analyse their learning and reflect on the implications for their future IP practice. leaders can include a discretionary +/- 10% limit. In this module that discretion applies.

Service Improvement – A Collaborative Approach

Name

Affiliation

Date

Service Improvement – A Collaborative Approach

Section 1

The subject of this essay is 81-year-old Alice who was admitted to hospital with a fractured neck of femur 6 weeks ago. Now ready for home discharge, a multi-disciplinary team (MDT) (alongside Alice) have prioritised three needs that will enable Alice's recovery. These needs have been decided based on and short-term goals and long-term care, they are as follows: Mobility, addressing Social Isolation and Home Improvement.

Many elderly individuals lose confidence in their mobility following a prolonged stay in hospital, as is possible in Alice's case. Arora (2017) suggests if an individual does not mobilise enough, they have an increased chance of reduced bone mass and muscular strength, labelled as Deconditioning Syndrome. This not only increases the chance of further falls and breaks but could be linked to the decline in Alice's weight from muscle wastage. A study by Mayer et al (2011) highlights reduced muscle mass in the elderly can impair motor function having a large impact upon balance, which may show links to Alice's fall and break profile. MDT working is needed to ensure Alice can be mobile, gain strength, recover and reduce the chance of further falls when returning home. When planning Alice's discharge, support will be needed to continue to build her strength and confidence in her own mobility. This may involve a physiotherapist or occupational therapist to ensure equipment, like walking aids, are available to increase confidence to be active and involved in social activities (Gooberman-Hill, 2007). Also, due to Alice's pressure ulcer the community nurses will be heavily involved in re-dressing them and encouraging regular movement to prevent them worsening.

Studies indicate hip fractures cause elderly patients to struggle to return to normal life, effecting their overall health and wellbeing, including aspects like social isolation (Barn-Olsen et al, 2018; McMillan et al, 2012). Persistent social isolation can have a significant effect on quality of life and associated with conditions ranging from poor mental health to premature death (American Psychological Association, 2017). Therefore, it is important that professionals involved in Alice's discharge ensure they consider ways to encourage Alice to participate in activities in her community. Effective methods include befriending services, social group schemes and community navigators who can help to build social participation (Landiero et al, 2016, Public Health England, 2015). Voluntary agencies such as Age UK also offer transport to arranged social events for elderly people. The Royal College of Nursing (2019) recommend that clinicians visiting the home look for signs of social isolation including verbal outpourings and address these feelings with service users to offer support. Additionally, the National Institute for Health and Care Excellence guidance for recovery from falls and hip fractures include referral to a fall prevention class (NICE, 2019). Also offering an opportunity for Alice to build relationships with others in a similar situation.

Before admission, Alice lived alone with little contact to family. As mentioned, it will be paramount to get Alice involved in social activities in the community but whilst at home, her environment needs to be as safe as possible. Occupational therapists will need to contribute to falls prevention by suggesting modifications to Alice's physical environment. District Nurses and Social workers will help to facilitate change in Alice's interaction with her environment (Peterson and Clemson, 2008). Research also shows that a comprehensive home assessment by occupational therapists are an effective falls-prevention strategy- reducing the risk of falls by 21% overall, and by 39% in high-risk falls patients (Clemson et al, 2008). It is essential

Alice has adequate access to her kitchen, bathroom and bedroom to maintain her physical and mental health needs. This will include the assessment of the height of her bed, chairs and toilet seats. Other aids that may need to be provided are stair rails, pressure mattress and pressure cushions all to both aid recovery and prevent deterioration. Providing Alice with a safe environment should, in turn, minimise her readmission to hospital because of a fall-based injury.

Section 2- What Makes a good service?

When it comes to Multidisciplinary Team approach to care, a good service will consist of services that meets the needs of the user of the services in regard to better choices that will provide patient safety (Eun Lee, 2016). A good service should also be aimed at achieving high quality experience for the user of the service. A good service will also look at the roles and responsibilities of each care official and the impact it will have on the patient.

In the case of Alice, one of the most important services is to ensure that she gets a good dietician. Working with a qualified dietician means that Alice is going to be given a personal nutritional plan meant just for herself (Eun Lee, 2016). The dietician will spend a lot of time learning about the nature of the Injury, the history of the injury and the goals of rehabilitation before devising a plan for her. The dietician will also be helpful in assisting Alice come up with the goals and stick to them through ensuring that there are follow up visits. At times the visits will also entail that Alice comes up with a journal for which she can use to control emotional eating. This is when a patients desires a meal and partakes to it even when it does not help in the healing process (Eun Lee, 2016). Also based on the fact that Alice has other underlying conditions like pressure ulcers, this can easily be triggered by her current situation of immobility for which diet helps in healing processes. Ensuring that there is a constant dietician among the multi-disciplinary team provides with what a better way to

assess whether this is affecting the blood pressure, diabetes or cholesterol. However it is also important that the she takes a closer look to be able to understand how food is going to affect her health. During this time the registered dietician will also assess results from the doctor regarding her progress and heal thing of the fracture so as to come with a comprehensive eating guide that will ensure she is kept on track to ensure that the next time she visits the physician the results will have improved.

The other important member in the multi -disciplinary team will be the Occupational therapist. The occupational therapist will work together with the rest of the team in achieving a safe and timely adoption with the new environment. The therapist is going to help Alice in attaining the level of function that will see her being to continue and performing her normal duties required for daily living. This will also ensure that Alice reduces the level of dependency and that she maintains personal safety as much as possible during the time that she recovers from home (Eun Lee, 2016). After being discharged also, the occupational therapists is very essential due to the fact that Alice is not going to be treated medically, but will need more therapy input, which could also be continued while she joins her family with the involvement of the occupational therapist within the home rehabilitation setting.

It is important that during this time her family or friends are highly involved in the treatment and rehabilitation plan. There will be arrangement where the occupational therapist will be visiting her in her home to continue with the recurrent assesment of Alice progress (Heard, 2018). This will also entail discussing with her about the current environment and the previous one. The occupational therapists will work with Alice to establish what she is going to need for quick recovery and set goals to ensure that these needs are met. It is also important that the family and other carers are involved as part of the multidisciplinary team. For example, the occupational therapist may require a relative to complete a furniture height sheet to be able to assess clearly and discuss any type of adaptation needed by Alice. After

the initial home assesment, which looks at her mobility, the occupational therapist will be in a better position to assess the ability of Alice to manage transfers (Bed to toilet to chair) (Heard, 2018). He will also assess whether Alice can wash and dress safely, if she has the ability to prepare meals safely or will need support, practice domestic tasks and advice on areas she might need help. During this time it will also be important to look at the type of adaptive she is going to require, the level of support at home, appropriate care package and the required referrals (Heard, 2018). Adaptive equipment are very important in ensuring that activities are done in an easier manner. It will ensure that her lifestyle is more manageable and improve a quality of life.

The other important aspect in the multi-disciplinary team approach is to ensure that Alice has been assigned community nurse will are going to help with the management of grade 3 pressure ulcers for which she has also developed. Pressure ulcers are usually localized areas of necrosis or tissue damage which often develop due to the pressure of a bony prominence (Nazarko, 2018). At times they are referred to as bedsores, pressure sores and decubitus ulcers, meaning that they are often found in bed bound or non-ambulatory patients. It is important that as part of the Multidisciplinary approach these ulcers are relieved on a regular basis. The community nurses will ensure that she manages the condition as part of the rehabilitation process.

Section 3: **A reflection on the work with your other group members of the module.**

Reflective Practice is a process that provides opportunities for teaching, learning and understanding; it plays a very important role when it comes to the individual continuing professional development. When healthcare students establish a systematic enquiry in to their professional development, they are able to understand how when the get the professional

and how well they can practice it (Jacobs, 2016). By looking at my actions and experiences, it means that I have the ability to grow on my own.

As a student or qualified nurse, I am responsible for providing care to the best of my ability to patients and their families focusing on my knowledge, skills and behaviour to ensure that I can meet the demands made on me by this commitment (NMC, 2015; United Kingdom Central Council for Nursing, Midwifery and Health Visiting, 1992).

Being a part of the service improvement Conference with different inter professional in the Health sector revealed areas of strengths and weaknesses, which need further development both individually and as a group. For instance, I came across multiple communication barriers which necessitated additional time and effort to communicate effectively in order to be heard. Among the communication barriers that I experienced with my multidisciplinary team was agreeing on the best therapy for the patient because I first did not understand her condition. I also found it difficult to take her situation to heart and show emotion during the time of the project and I felt this is a failure. Even though it is maintained by the NMC that nurses should be able to empower patients in their level of care and minimize the risk related to the patient, I felt that the principle of beneficence should be balanced against non-maleficence (doing harm). Each process was also documented as part of the care plan and filed as a soft copy. Communication also entails good record keeping which is part of nursing practice, and ensures that there is an effective level of care. Communication was also important as it would ensure the team agree on the approaches to be used in meeting the patient needs and educating the patient family on the treatment and rehabilitation process.

Also when looking at the aspect of leadership, this was very integration in the multidisciplinary team approach. Leadership allowed all participants to speak in one voice. There was documentation of each member contribution to Alice care for which leadership

provided direction on the next approach. It ensured that all aspect of care have been discussed and documented for implementation.

As leadership is one of the major factors that determines whether an organisation succeeds or fails (Simkins, 2005), nurses can refer to leadership theories to guide their actions (Clark, 2009). The group leader emerged early on, taking her role seriously throughout the collaborative and on-line group work. She presented authentic leadership skills, which can be classified as genuine, trustworthy, credible, reliable and believable (Clark, 2009). Moreover, she demonstrated courage and coached us to exceed certain capacities to achieve higher levels of performance (Kouzes and Posner, 1991). In addition, good leadership nurtures team dynamics and communication, encourages problem solving and accepts change (McKibben, 2017). This was witnessed in our group when we all communicated on-line and managed to contribute effectively to Section 1 within the assignment.

I also found that the use of online communication tools is vital in Continued Professional Development. Online communication tools that were utilized in this project included mobile phone applications like Zoom, Whatsapp and Skype (Schickedanz et al., 2013). These tools proved to be a lot of success since I enable us share ideas online even when we did not afford physical meetings. Also when one had an idea for multidisciplinary team practice, one would easily post it on the whatsapp group chart where we would be able to see and act on it. Online communication tool are also important when it comes to patient care. It ensures that the care provided is able to monitor the progress of the patient at the comfort of their office. Doctors are also able to give instructions to the patient from any part of the world and the patient can be able to diarize her progress (Schickedanz et al., 2013). Online communication

tools are also important as it limits the number of people meeting together as a crowd, and ensures that team members only post items that can be of benefit to the patient.

In my next placement I will have the opportunity to continue my professional development (CPD) and reflect on my progress to increase self-awareness, confidence and competence. I have learned that part of the responsibility of being a professional practitioner is giving the best care possible to patients (Jasper, 2006; NMC, 2015; Morgan *et al*, 2014). In order to do that I need to continue to update my knowledge and skills, be open to new ideas and adopt possibilities for changes to practice in a continuous way (RCN, 2015). Alternatively, CPD is the most significant element in my career, because it allows me to react and respond to changes and advances in nursing, and by doing that I can be at the very forefront of my practice (NMC, 2015).

Upon reflection on the two conferences, I have realised how important effective communication is within a team. Many studies and evidence demonstrate that it is possible to improve and develop communication skills with training (Maguire *et al*., 1996; Wilson *et al*., 2008; Connolly, Perryman, McKenna, 2010). Therefore, it is important that I continue to take part in regular communication skills training, collaborate with carers and families and listen actively, as this skill will be useful in future practice. Moreover, it is indicated that students value learning and practising service improvement (Wilcock and Lewis, 2002; Kyrkjebo and Hage, 2005; Christiansen, Robson, Griffiths-Evans, 2010; Smith and Lister, 2011; Baillie *et al*., 2014). However, some registered nurses felt unprepared for SI, with some reporting that they had not even heard of the concept (Kovner *et al*., 2010). This understanding as a learner is useful to reflect on to make improvements in my own practice (Mowles, van de Gaag, Fox, 2010; Baillie *et al*., 2014). This follows Dewey's (1929, p.367) theory, which argues that we do not 'learn by doing' but by 'doing and realizing what came of what we did'. This process starts at the point of an experience or event, after which observations and reflections occur,

followed by abstract conceptualisation, where new ideas are developed, linked to knowledge and experience, and then the new knowledge is tested out in a new situation. This new experience then starts the experiential learning cycle once again. Therefore, I now realise why reflection is essential in considering what I did and why, because it provides opportunities to develop knowledge from experience and link theory and practice.

As a next step in my CPD, I need to emphasise aspects of personal awareness, cultural sensitivity, be more open and self-critical, improve my assertiveness and sometimes pause for a moment to reflect and evaluate on my practice (Moss, 2015). Moreover, it is essential that I identify my limitations, follow the 6C's, seek out views from others about concerning aspects (practice-related feedback), and learn from my actions (NMC, 2015).

References

American Psychological Association (2017). "So Lonely I could Die." *Newswise: News for Journalists* [online]. Available from: https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8181#fullreport [Accessed 10/10/19].

Arora, A. (2017) Time to move: Get up, get dressed, keep moving. *NHS Blog.* 24 January. Available from: https://www.england.nhs.uk/blog/amit-arora/ [Accessed 11 October 2019].

Baillie, L., Bromley, B., Walker, M., Jones, R. and Mhlanga, F. (2014) Implementing service improvement projects within pre-registration nursing education: a multimethod case study evaluation. *Nurse Education Practice.* [online]. 14(1), pp. 62-8. [Accessed 30 October 2019].

Barn-Olsen, V., Bergland, A. and Heiburg, K.E. (2018). ” I struggle to count my blessings”: recovery after hip fracture from the patient’s perspective. *BMC Geriatrics.* [online]. 18 (8). [Accessed 09/10/19].

Berlowitz, D., Niderhauser, A., VanDeusen, L., Parker, C., Ayello, V.E. and Zulkowski, K. (2012) Comprehensive Programms for Preventing Pressure Ulcers: A Review of the Literature. *Clinical Management*. [online]. 25(4), pp. 167-188. [Accessed 01 November 2019].

Burnell, R.I. (2016) The right to be rude: managing of conflict. *Nursing Times*. [online]. 112(1/2), pp. 16-19. [Accessed 30 October 2019].

Butler, C. (2003) Fundamental Principles and Practice of Anaesthesia. *Anaesthesia and Intensive Care*. 31(5), pp. 600.

Butler-Maher, A., Meehan, A.J., Hentz, K., Hommel, A., McDonald, V., O’Sullivan, M., Specht, K. and Taylor, A. (2013) Acute nursing care of the older adult with fragility hip fracture: An international perspective. *International Journal of Orthopaedic and Trauma Nursing.* [online]. 16(1), pp. 177-194. [Accessed 28 October 2019].

Care Quality Commission (2017) *What to Expect from a Good Care Service*. [online]. Available from: https://www.cqc.org.uk/help-advice/what-expect-good-care-services/what-expect-good-care-service [Accessed 30 October 2019].

Carsten, K.W. and Laurie, R.W. (2003) Task versus relationship conflict, team performance and team member satisfaction: a meta-analysis. *Journal of Applied Psychology*. [online]. 88(4), pp. 741-749. [Accessed 28 October 2019].

Callear, J. and Shah, K. (2016) Analgesia in hip fractures. Do fascia-iliac blocks make any difference? *British Medical Journal of Improvement Reports*. [online]. 10(1), pp. 1-4. [Accessed 28 October 2019].

Chamberlain, M. and Pugh, H. (2015) Improving inpatient care with the introduction of a hip fracture pathway. *British Medical Journal*. [online]. 4(1), pp. 1-3. [Accessed 27 October 2019].

Christiansen, A., Robson, L. and Griffiths-Evans, C. (2010) Creating and improvement culture for enhanced patient safety: service improvement learning in pre-registration education. *Journal of Nursing Management*. [online]. 18(7), pp. 782-8. [Accessed 29 October 2019].

Christoff, P. (2018) *Current Problems in Paediatric and Adolescent Health Care.* Running PDSA cycles. [online]. 23(1), pp.1-4. [Accessed 31 October 2019].

Clark, C.C. (2009) *Creative Nursing Leadership and Management*. London: Jones and Bartlett Publishers.

Clemson, L., Mackenzie, L., Ballinger, C., Close, J. and Cumming, R. (2008) Environmental Interventions to Prevent Falls in Community Dwelling Older People. *Journal of Aging and Health* [online]. 20 (1), pp. 954-971. [Accessed 14 October 2019].

Clemson, L and Peterson, E.W. (2008) Understanding the Role of Occupational Therapy in Fall Prevention for Community Dwelling Older Adults. *Ot Practice* [online]. 13 (1) [Accessed 16 October 2019].

Conolly, M., Perryman, J. and McKenna, Y. (2010) SAGE and THYME: a model for training health and social care professionals in patient-focused support. *Patient Education and Counselling*. [online]. 79(1), pp. 87-93. [Accessed 28 October 2019].

Craig, L. (2018) Service improvement in health care: a literature review. *British Journal of Nursing.* [online]. 27 (15), pp. 893-896. [Accessed 30 October 2019].

Dewey, J. (1929) *Experience and Nature*. New York: Grove Press.

Eun Lee, J. (2016). Importance-performance analysis on Foodservice management items of the dieticians at long-term care hospitals. *Indian Journal of Science and Technology*, (26).

Garcia, E.G. (2012) *American Academy of Nursing's Expert Panel on Acute and Critical Care*. Older Adults: Preventing Functional Decline During Hospitalization. New York: Joanna Briggs Institute.

Goldratt E (1990) '*Theory of Constraints*', Massachusetts: North River Press

Green, L., Saygi, O., Aaldering, H. and de Dreu, C.K. (2012) Medical education. *Conflict in medical teams: opportunity or danger?* [online]. 46(10), pp. 935-942. [Accessed 29 October 2019].

Gooberman-hill, R. and Ebrahim, S. (2007) Making Decisions About Simple Interventions: Older People's Use of Walking Aids. *Age and Ageing* [online]. 36 (5), pp. 569-573. [Accessed 11 October 2019].

Gretzky, W. (2010) *Strategic Planning and Swot Analysis.* [online]. Available from: http://mydesievent.com/wp-content/uploads/2014/10/Harrison_Chapter5.pdf [Accessed 01 November 2019].

Handoll, H.G., Sherrington, C. and Mak, J.C.S. (2011*) Cochrane Database of Systematic Reviews 2011*. Interventions for improving mobility after hip fracture surgery in adults. [online]. 3(1), pp. 175-198. [Accessed 31 October 2019].

Heard, C. P. (2018). Informal leadership in the clinical setting: Occupational therapist perspectives. *American Journal of Occupational Therapy*, *72*(4_Supplement_1), 211510179p1.

Healthwach (2017) *Examples of Good Practice in Pressure Ulcers in Norfolk Care Homes.* [online]. Available from: https://www.healthwatchnorfolk.co.uk/wp-content/uploads/2016/07/Pressure-Ulcers-Equipment-Final-Report-Jan-2017.pdf [Accessed 01 November 2019].

Higazee, M. and Zeinham, A. (2015) Types and levels of conflicts experienced by nurses in the hospital settings. *Health Science Journal*. [online]. 9(6), pp. 1-6. [Accessed 30 October 2019].

Jacobs, S. (2016). Reflective learning, reflective practice. *Nursing*, *46*(5), 62-64.

Janss, R., Rispens, S., Segers, M. and Jehn, K. (2012). What is happening under the surface? power, conflict, and the performance of medical teams. *Medical Education*. [online]. 46(9), pp. 838-849. [Accessed 30 October 2019].

Jasper, M. (2006) *Professional Development, Reflection and Decision-making.* Oxford: Blackwell Publishing.

Kennerly, S., Batchelor-Murphy, M. and Yap, T.L. (2015) Clinical insights: understanding the link between nutrition and pressure ulcer prevention. *Geriatric Nursing.* [online]. 36(6), pp. 477-481. [Accessed 01 November 2019].

Kouzes, J.M. and Posner, B.Z. (1991) *The Leadership Challenge: How to Get Extraordinary Things Done in Organizations.* San Francisco: Jossey-Bass.

Kovner, C.T., Brewer, C.S., Yingrengreung, S. and Fairchild, S. (2010) New nurses' views of quality improvement education. *The Joint Journal on Quality and Patient Safety*. [online]. 36(1), pp. 29-35. [Accessed 29 October 2019].

Kyrkjebo, J.M. and Hage, I. (2005) What we know and what they do: nursing students' experiences of improvement knowledge in clinical practice. *Nurse Education Today.* [online]. 25(3), pp. 167-175. [Accessed 29 October 2019].

Langley, G. L., Nolan, T.W., Moen, R.D., Norman, C.L., Nolan, K.M. and Provost, L.P. (2009) *The Improvement Guide: A Practical Approach to Enhancing Organisational Performance*. 2nd ed. San Francisco: John Willey and Sons.

Landiero, F., Barrows, P., Musson, E.N., Cray, A.M. and Leal, J, (2016). Reducing Social Isolation and Loneliness in older people: a systematic review protocol. *British Medical Journal*. [online]. 7(5). [Accessed 10/10/19].

Maguire, P., Booth, K., Elliott, C. and Jones, B. (1996) Helping health professionals involved in cancer care acquire key interviewing skills-the impact of workshops. *European Journal of Cancer*. [online]. 32(9), pp. 1486-1489. [Accessed 30 October 2019].

Maher, L and Penny, J (2005) Service Improvement, in Peck, E '*Organisational Development in Healthcare: Approaches, innovations and achievement*', Oxford: Radcliffe publishing

Mayer, F., Scharhag-rosenberger, F., Carlsohn, A., Cassel, M., Muller, S. and Scharhag, J. (2011) The Intensity and Effects of Strength Training in the Elderly. *Deutsches Arzteblatt International* [online]. 108 (21), pp. 359-364. [Accessed 11 October 2019].

McInnes, E., Jammali-Blasi, A., Bell-Syer, S.E.M., Dumville, J.C., Middleton, V. and Cullum, N. (2015) Support surfaces for pressure ulcer prevention. *Cochrane Database of Systematic Reviews*. [online]. 9(1), pp. 1-3. [Accessed 01 November 2019].

McKibben, L. (2017). Conflict management: importance and implications. *Medical Education.* [online]. 26(2), pp. 100-103. [Accessed 31 October 2019].

McMillan, L., Booth, J., Currie, K. and Howe, T. (2012). A grounded theory of taking control after fall-induced hip fracture. *Disability Rehabilitation* [online]. 34(26):2234–41. [Accessed 09/10/19].

Morgan, J., Hopkins, W., Acreman, S., Jewell, K., Garwood, L. and Candy, E. (2014) What does professionalism looks like? Attitudes and behaviours derived from a Delphi study. *Nursing Management*. [online] 21(7), pp. 28-40. [Accessed 29 October 2019].

Moss, B. (2015) *Communication Skills in Health and Social Care*. 3rd ed. London: SAGE Publications.

Mowles, C., van der Gaag, A. and Fox, J. (2010) The practice of complexity: review, change and service improvement in a National Health Service department. *Journal of Health Organ and Management.* [online]. 24(2), pp. 127-44. [Accessed 29 October 2019].

National Health Service (2010) *Delivering Quality and Value Focus on: Fractured Neck of Femur*. [online]. Available from: https://www.qualitasconsortium.com/index.cfm/reference-material/delivering-value-quality/focus-on-fractured-nof/ [Accessed 30 October 2019].

National Health Service Improvement (2017) *Using SKIN to Manage and Prevent Pressure Damage.* [online]. Available from: https://improvement.nhs.uk/resources/Using-SSKIN-to-manage-and-prevent-pressure-damage/ [Accessed 31 October 2019].

National Health Service Midlands and East (2012) *Stop the Pressure Pathway.* [online]. Available from: http://nhs.stopthepressure.co.uk/ [Accessed 01 November 2019].

National Institute for Clinical Excellence (2017). *Hip Fracture: Management.* Available from: https://www.nice.org.uk/guidance/CG124 [Accessed 10/10/19].

National Institute for Health and Care Excellence (2007*) How to Change Practice*. [online]. Available from: https://www.nice.org.uk/media/default/about/what-we-do/into-practice/support-for-service-improvement-and-audit/how-to-change-practice-barriers-to-change.pdf [Accessed 01 November 2019].

National Institute for Health and Care Excellence (2014*) Pressure ulcers.* Health and Social care directorate. [online]. Available from: https://www.nice.org.uk/guidance/qs89/documents/pressure-ulcers-qs-briefing-paper2 [Accessed 30 October 2019]

National Patient Safety Agency (2010) NHS to Adopt Zero Tolerance Approach to Pressure Ulcers. *Clinical Services Journal*. [online]. 23(1), pp. 10-18. [Accessed 30 November 2019].

Nazarko, L. (2018). Prevention of pressure ulcers in community care settings. *Independent Nurse*, *2018*(7), 24-28.

Ndoro, S. (2014) Effective multidisciplinary working: the key to high quality care. *British Journal of Nursing.* [online]. 23(13), pp.724-727. [Accessed 28 October 2019].

Nursing and Midwifery Council (2015) *The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives*. [online]. Available from: https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf [Accessed 30 October 2019].

Patton, C.M. (2014) Conflict in healthcare: a literature review. *The Internet Journal of Healthcare Administration*. [online]. 9(1), pp. 15-27. [Accessed 30 October 2019].

Pieper, B., Langemo, D. and Cuddigan, J. (2009) Pressure Ulcer Pain: A Systematic Review and National Pressure Ulcer Advisory Panel White Paper. *Ostomy Wound Management.* [online]. 55(2), pp. 16-31. [Accessed 01 November 2019].

Posthauer, M.E., Banks, M., Dorner, B. and Schils, J.M.G. (2015) The role of nutrition for pressure ulcer management: national pressure ulcer advisory panel, European pressure ulcer advisory panel, and pan pacific pressure injury alliance white paper. *Advances in Skin and Wound Care*. [online]. 28(4), pp. 175-88. [Accessed 01 November 2019].

Reed, J.E. and Card, A.J. (2015) The Problem with Plan-Do-Study-Act Cycle. *British Medical Journal.* [online]. 25(3), pp. 147-152. [Accessed 0 November 2019].

Reynolds, F. (2005) *Communication and Clinical Effectiveness in Rehabilitation*. London: Elsevier Butterworth-Heineman.

Royal College of Nursing (2015) *Small Changes, Big Differences: Driving Nursing Leadership in Procurement*. [online]. Available from: https://www.rcn.org.uk/professional-development/publications/pub-005400 [accessed Royal College of Nursing (2019). *Mental Health in Later Life*. Royal College of Nursing. Available from: https://www.rcn.org.uk/clinical-topics/older-people/mental-health-in-later-life [Accessed 10/10/19].

Royal College of Physicians (2018) *Recovering After a Hip Fracture: Helping People Understand Physiotherapy in the NHS.* Falls and Fragility Fracture Audit Programme (FFFAP). [online]. Available from: https://www.fffap.org.uk/FFFAP/landing.nsf/PHFSA201802w1.pdf [Accessed 31 October 2019].

Royal College of Physicians (2016) *National Hip Fracture Database Annual Report 2016*. [online]. Available from: https://www.nhfd.co.uk/Report2016 [Accessed 30 October 2019]. London: RCP.

Royal College of Physicians (2014) *Falls and Fragility Fracture Audit Programme National Hip Fracture Database Anaesthesia Sprint Audit of Practice*. [online]. Available from: https://www.nhfd.co.uk/20/hipfractureR.nsf/4e9601565a8ebbaa802579ea0035b25d/f085c664881d370c80257cac00266845/$FILE/onlineASAP.pdf [Accessed 30 October 2019]. London: RCP.

Simkins, T. (2005). Educational management administration and leadership. *Leadership in Education.* [online]. 33(1), pp. 9-26. [Accessed 30 October 2019].

Smith, N. and Lister, S. (2011) Turning students' ideas into service improvements. *Learning Disability Practice*. [online]. 14(2), pp. 6-12. [Accessed 30 October 2019].

Schickedanz, A., Huang, D., Lopez, A., Cheung, E., Lyles, C. R., Bodenheimer, T., & Sarkar, U. (2013). Access, interest, and attitudes toward electronic communication for health care among patients in the medical safety net. *Journal of General Internal Medicine*, *28*(7), 914-920.

Stephen-Haynes, J. (2013) The role of barrier protection in pressure ulcer prevention. *British Journal of Nursing*. [online]. 22(20), pp. 1-6. [Accessed 01 November 2019].

Taylor, M.J., McNicholas, C., Nicolay, C., Darzi, A., Bell, D. and Reed, J.E. (2013) *British Medical Journal of Quality and Safety*. Systematic review of the application of the plan-do-study-act method to improve quality in healthcare. [online]. 10(3), pp. 1-9. [Accessed 31 October 2019].

The King's Fund (2016) *Improving quality in the* English NHS. A Strategy for Action. [online]. Available from: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Improving-quality-Kings-Fund-February-2016.pdf [Accessed 30 October 2019].

Tuckman, B (1965) Developmental sequence in small groups. *Psychological Bulletin*. [online]. 63(6), pp. 384-399. [Accessed 30 October 2019].

United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) (1992) *The Scope of Professional Practice.* London: UKCC.

Vathsala, J., Sepak, G., Bawantha, G. and Sherry, E. (2016) Interprofessional work in operating rooms: a qualitative study from Sri Lanka. *Journal of BMC Surgery*. [online]. 16(61), pp. 6-10. [Accessed 30 October 2019].

Watson, P., Keenan, R. and Rugonfalvi-Kiss, S. (2016) Improving analgesia in fractured neck of femur with a standardised fascia iliaca block protocol. *British Medical Journal of Quality Improvement Reports.* [online]. 5(1), pp. 1360-1370. [Accessed 30 October 2019].

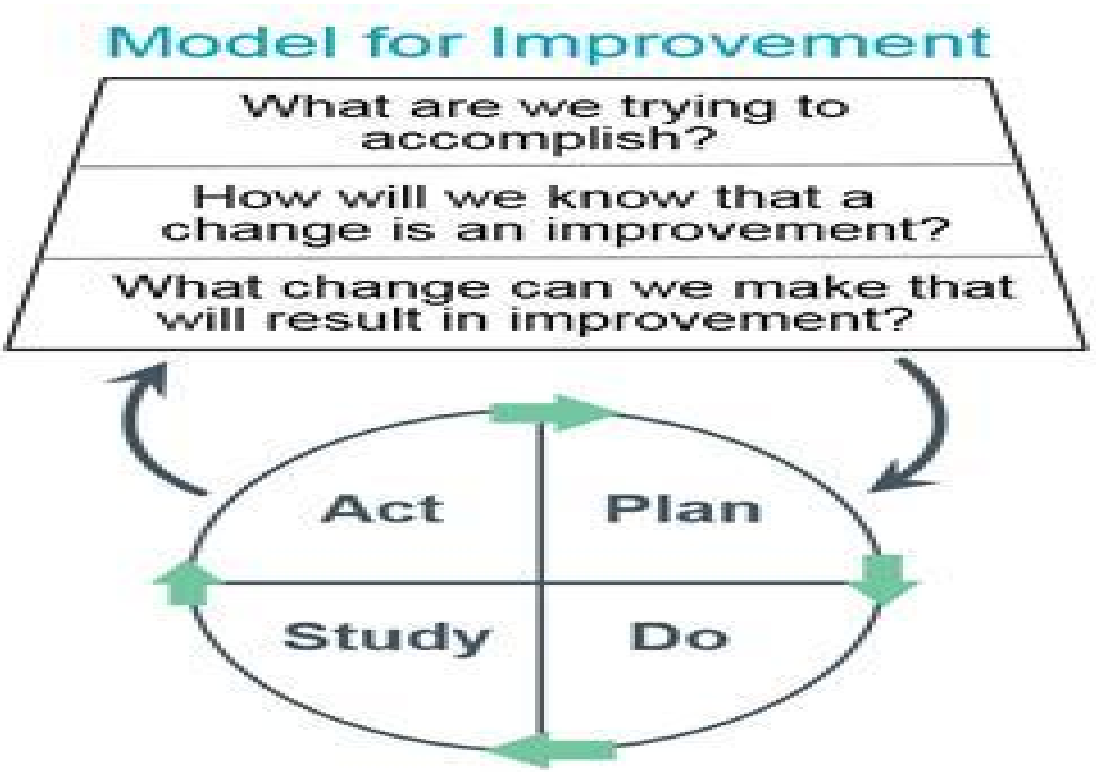
Whitlock, J. (2011) Using the SKIN Bundle to prevent pressure ulcers. *Nursing Times.* [online]. 107(35), pp. 20-23. [Accessed 01 November 2019].

Wilcock, P.M. And Lewis, A. (2002) Putting improvement at the heart of health care. *British Medical Journal*. [online]. 325(7361), pp. 670-671. [Accessed 29 October 2019].

Wilson, S., Perry, R., Blanchard, K. and Linsell, L. (2008) Effectiveness of a three-day communication skills course in changing nurse's communication skills with cancer/palliative care patients; a randomised controlled trial. *Palliative Medicine*. [online]. 22(4), pp. 365-375. [Accessed 29 October 2019].

Yufenyvy, C.S. (2018) *The Impact of Interprofessional Conflict on Quality Care-The Nurse Role.* [online]. Available from: https://www.theseus.fi/bitstream/handle/10024/149800/My%20Thesis%20Final%20Version.pdf?sequence=1&isAllowed=y [Accessed 31 October 2019].

Appendix A



Plan- means developing a plan with identified tasks and task owners as well as identifying when, how, and where the plan will be implemented

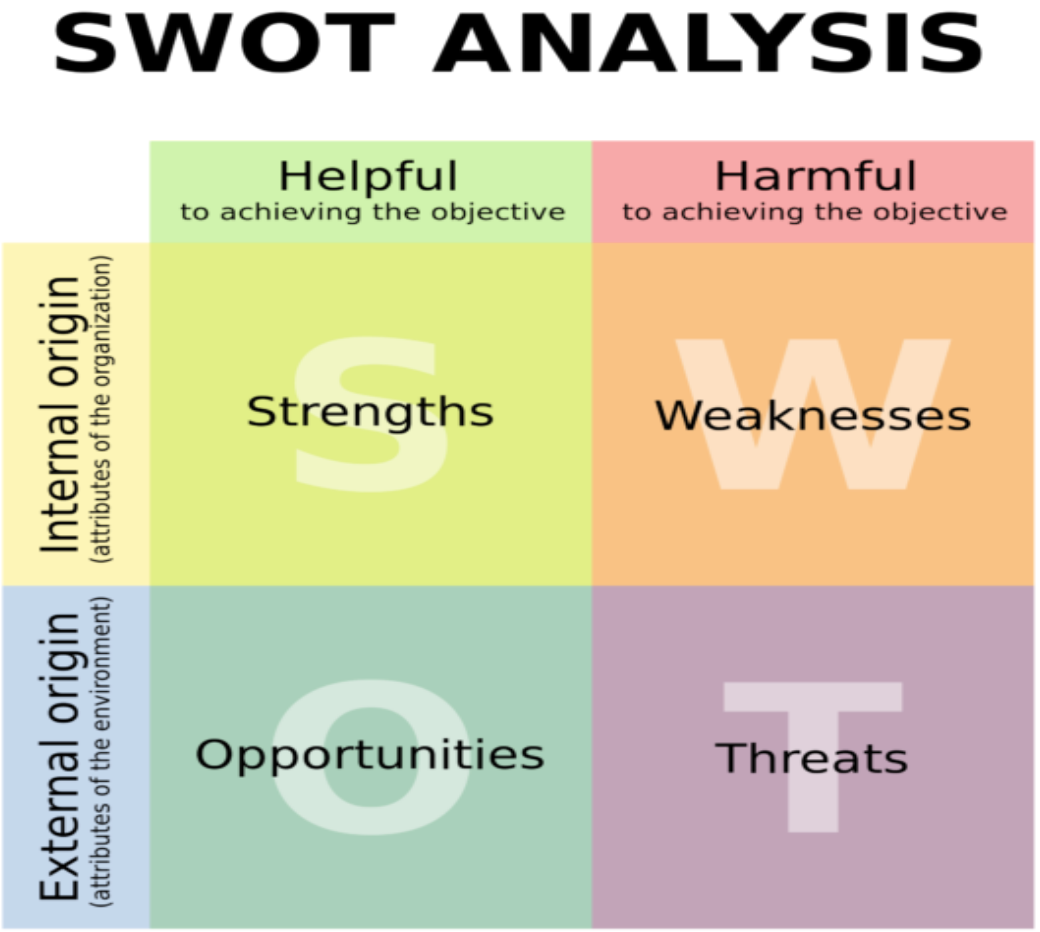
Do- means carrying out the plan and documentary relevant data that identify successes, problems, or unexpected outcomes

Study (evaluate)- the documented data to determine if the plan is working

Act- means the intervention being tested is adopted, adapted, or abandoned based on the evaluation of the data in the prior phase

Institute for Health Care Improvement (2018) How to Improve. [online]. Available from: http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx [Accessed 31 October 2019].

Appendix B



Strengths – those factors that are likely to have a positive effect on, or help me to achieve my shared purpose

Weaknesses – those factors that are likely to have a negative effect on, or be a barrier to achieving the shared purpose

Opportunities – those external factors that have not previously been considered, that are likely to have a positive effect on, or help me to achieve my shared purpose

Threats – those external factors that are likely to have a negative effect on, or be a barrier to achieving the shared purpose, or make the shared purpose unnecessary or unachievable

Foundation of Nursing Studies (2015*) Develop Action Plans Through Shared Decision Making*. [online]. Available from: https://www.fons.org/resources/documents/Creating-Caring-Cultures/SWOT-.pdf [Accessed 01 November 2019].