



Healthcare assistants as second checkers of controlled drugs for timely symptom management in a hospice setting

IMPROVEMENT INSIGHTS

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Duration: September 2013 – June 2015
Keywords: Healthcare assistants, controlled drugs, symptom management

Project background

Compton Hospice, in the West Midlands, provides clinical and support services for people with life-limiting illnesses and their carers and families. Staff on the palliative care unit identified the need to improve symptom management for patients. The team identified unacceptable waits for medication and looked for alternatives to deliver this.

Aims and objectives

The aim of the project was to develop the healthcare assistants' skills and role to enable them to become second checkers for controlled medication and introduce this new process to the hospice. To achieve this aim, the objectives identified were to:

- Engage stakeholders to ensure organisational support regarding change management
- Design a new medication policy to be used at the hospice, looking at witnessed checking by healthcare assistants to underpin good practice
- Organise workshops for staff to support the change
- Design training and development specific to the needs of the organisation
- Incorporate HCAs as second checkers into practice

Implications for practice

- A combined approach using a values and beliefs exercise as well as specific skill development might be helpful for staff to see the value of changing their role
- Multidisciplinary working and partnerships may lead to the development of new skills for all groups
- Before and after measurement via audit can be used to drive improvement and demonstrate success
- It is important to engage and listen to everyone's concerns to deliver changes for patients' benefit
- Changes in practice may have unexpected benefits
- Embedding new practices takes time and vigilance

This project was supported by the FoNS Patients First Programme in partnership with The Burdett Trust for Nursing.

Key activities and outcomes

• Baseline audit

A baseline audit of 15 medication events conducted at the beginning of this project found that the length of time for a patient to receive a controlled pain relief drug ranged from eight to 20 minutes (average 16 minutes). The senior nursing team at the hospice had previously decided on a best practice maximum of 10 minutes. The existing hospice policy required controlled drugs to be administered by two registered nurses.

• Stakeholder engagement

The project team realised that implementing a new controlled drugs administration policy would require support from a range of stakeholders, including the board of trustees, heads of departments and both registered nurses and healthcare assistants. The project proposals were presented to the trustee board and at a ward meeting. A questionnaire was also designed to explore the ward staff's thoughts on the potential effect of the proposals on symptom management and their level of commitment to the project, as well as to give staff the opportunity to voice concerns and make suggestions. More than 25% of the questionnaires were returned (15/56) and showed good levels of support for the project. Staff could see the benefits for patients and themselves, although some of the registered nurses and HCAs were nervous about the proposal.

• Preparation for the new role

The project team undertook a variety of workshops and learning and development skills days to prepare the HCAs. These were:

- Introductory workshops focused on using values and beliefs for the HCAs to develop a vision of how the change in role would benefit the patients in their care
- Learning and skill days. A team of six (two registered nurses and four HCAs) were involved in the development of the content and activities for these days. They explored controlled drugs (doses, legal perspectives, side-effects and interaction), non-pharmacological interventions, assertiveness for second checkers, the '6 rights' in drug administration (tinyurl.com/six-rights), scenarios for practising administration, and checking and assessment criteria
- Competency assessment. In accordance with the new competency framework, all the HCAs who attended the training had to observe the administration and checks of three different types of controlled drugs. They then had to be observed acting as a second checker for three controlled drugs – injection, tablet and patch or liquid – to achieve their competency. The first pilot group of six all achieved competency after their course and are now successfully practising on the ward

• Post-training audit

A repeat audit identified a notable reduction in the time patients had to wait for their medication, with times now between three and 12 minutes with an average of 8.5 minutes. The questionnaire was also repeated and showed an increase in staff confidence and a belief that the change had improved symptom management.