BLOOD TESTS INFORMATION RESOURCE PROJECT

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Florence Nightingale Foundation

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Introduction

- People with a learning disability are at higher risk of health issues than the general population, yet many people do not have access to proactive measures like blood tests due to their additional needs (Public Health England,2017). I am currently leading a quality improvement project within my team.

AIM: The South East Hampshire Learning Disability Nursing Team will attempt to increase the accessibility and compliance of blood tests for people with a learning disability, to improve patient health outcomes.

- **We have created and implemented a blood test information resource** which includes easy read information, desensitisation care plans and kits, reasonable adjustments information, checklists and an evaluation sheet. Our resource received widespread attraction within our trust, other care providers and GP's. The resource is awaiting presentation to the trusts clinical effectiveness group for approval to share.

THE APPROACH – METHODS:

DRIVER DIAGRAM: Driver diagram identified: no clear blood desensitisation pathway and current resources not shared. The resource was created as guidance/information available for the team to find, use and adapt quickly and easily.

PDSA CYCLES: Throughout the project PDSA cycles were implemented to please see summary examples:
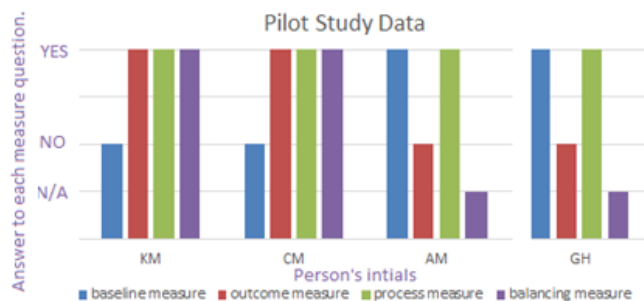
Cycle 1: Put tasks required into a checklist. Later split into two: what to do before the blood test and on the day. Checklist is clear/concise, so can be shared and used with other professions/care providers to reduce nursing referrals.

Cycle 2: Pilot study cases completed. Reviewing baseline data and implementing the resource we agreed the resource was useful and ready to share. Although required a feedback form to record patient comments/experiences, and obtain qualitative data. Which was then created by the project team.

Cycle 3: Reviewing use of desensitisation care plan in pilot study showed some patients need smaller steps than others. More simplified plans to be added to the resource.

Cycle 4: Resource presented to nursing team before others trial. Obtained the idea for clear instructions to use pack.

Cycle 5: The resource was presented to surgery staff, Feedback: Resource to also be electronic. Resource adapted

LEADERSHIP LEARNING.

The course offered a variety of opportunities to improve my leadership skills. The two most significant are:

Self awareness – The RADA workshop identified my need to preparing key messages, slow down and increase trust with audiences. Relating this to my project when presenting I should breath/take time, talk confidently & emphasize key messages to be shared through voice tone.

Relationships triangle – The relationship triangle is extremely significant to improving the quality of my project Course learning identified relationships are key to obtaining an end result. The end result of my project is successful blood tests. Reflecting identified tests are often completed by phlebotomy/practice nurses. I have recognized my need to now change the projects focus from the resource to, engagement with phlebotomy services in adapting and implementing the resource. To offer their participation and expertise but also increase their understanding of LD patient.

Pilot Study Data

Baseline measure: Has the person ever had a blood test before?

Outcome measure: After using resources from the pack did the person comply with the blood test procedure?

Process measure: After using resources from the pack did the person have access to a blood test appointment?

Balancing measure: Did the blood test identify health needs?

Participants: 4 people diagnosed with a learning disability who required a blood test open to nursing

Results: The bar graph from the pilot study shows data collected from participants using the resource.

-**The outcome measure (compliance)-** identified 2 of 4 people (50%) increased their compliance to blood tests using the resource. However since the Florence Nightingale course a process and balancing measure were implemented, to increase validity of results and offer further insight into resource and the improvements it offers.

-T**he process measure (accessibility)** shows 4 of 4 people (100%) had **access to attempt a blood test**.

The balancing measure identifies how the pack can improve patient outcomes as successful blood tests can identify health needs, with (50%) 2 people from the study having health needs identified which are now treated.

SUMMARY: Although compliance is not always achieved, accessibility to blood tests is accomplished by the resource. Improved accessibility to blood tests for people with a learning disability is the first step to improving uptake.

NEXT STEPS: Moving forward I have established relations with a local practice nurse to work collaboratively with a patient to implement our resource. The nurse and I will reflect on their involvement and experience. If possible positive experiences can be shared with other surgeries as an example to try and increase others implanting a similar approach. I also aim to make contact with phlebotomy services to work collaboratively

Date: 11/01/2021 Reference: Public Health England (2017). Blood tests for people with learning disabilities: making reasonable adjustments. London: UK