

Trust Board paper M

To:	Trust Board
From:	Rachel Overfield, Chief Nurse
Date:	25 th September 2014
CQC regulation:	Outcome 1, 9 and 16

Title:	Effective Prescribing Insight For the Future (ePIFFany)										
Author/Responsible Director:	Dr Rakesh S Patel- NIHR Academic Clinical Lecturer in Medical Education at Leicester University. Honorary Specialist Registrar in Renal Medicine										
Purpose of the Report:	Mr Kevin Harris has supported this presentation of the award winning ePIFFany education approach at Trust Board. ePIFFany was developed alongside direct patient feedback regarding their experience of medication prescriptions.										
The Report is provided to the Board for:	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25%;">Decision</td> <td style="width: 25%;"></td> <td style="width: 25%;">Discussion</td> <td style="width: 25%;">x</td> </tr> <tr> <td>Assurance</td> <td></td> <td>Endorsement</td> <td></td> </tr> </table>			Decision		Discussion	x	Assurance		Endorsement	
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Summary / Key Points:

Effective Prescribing Insight For the Future (EPIFFany) is a new educational approach involving a partnership between Leicester University, Leicester's Hospitals and Health Education East Midlands.

This approach to education and training is based on seeing the patient experience from multiple perspectives and involves patients actually within the training interventions.

This has proved to have a notable positive impact on patient experience of care with patients observing a difference in the way doctors in the intervention group treated them. The former chair of the local Kidney Patients Association whom was involved in this group said "doctors seemed better at greetings and goodbyes" and more able to engage in conversations that had "a beginning, a middle and an end".

NHS prescribing errors can have very serious consequences for patients and affect the overall experience of care during hospital admissions.

The EPIFFany study was conducted over eight months from April - December 2013 and targeted junior doctors. Over the first four months a control group of 16 junior doctors in their Foundation and Core Training years were observed making prescribing decisions in the normal way.

Over the next four months, another group of similarly qualified junior doctors received a blend of face-to-face teaching and feedback with technology-enhanced learning in the workplace. Part of this approach included time in a simulation centre for doctors to test out their skills in a safe environment before going on to the ward, examining, engaging with and prescribing for patients.

This educational approach dramatically boosted junior doctors' prescribing competence and performance. Effectively, the intervention accelerated junior doctors' prescribing performance by a year and due to the personalised nature of the teaching, the doctors developed a more considerate, person-centred attitude towards patients which improved the overall experience of care.

EPIFFany also improved doctors' attitudes to safety - and positively affected the renal unit's overall prescribing performance during the pilot study.

EPIFFany won the **Network's Quality Improvement 2014 competition** as well as the **British Medical Journal - Agents of Change Video Competition 2014**. The educational approach was also in this year's Patient Safety and Care Award 2014 and the forthcoming East Midlands AHSN Innovation Awards.

Initial funding for the EPIFFANY project came from Health Education East Midlands for £48,939 with savings across four renal estimated at over £300,000. The impact on patient experience and safety was immense. The aim was to do what we were doing but 1% better across everything, from doctors to learners. If applied to the whole system, that would translate into a big improvement for everyone.

Recommendations:

For this approach to be expanded to other areas to see if similar results can be achieved - for example, on a busy acute medical unit. The ideal would be for all doctors to gain this experience early on and then to have refresher sessions at times of transition.

Previously considered at another corporate UHL Committee? No

Strategic Risk Register: No

Performance KPIs year to date: N/A

Resource Implications (e.g. Financial, HR): see above

Assurance Implications: N/A

Patient and Public Involvement (PPI) Implications: Patients are encouraged to share their stories of care within the trust.

Stakeholder Engagement Implications: None

Equality Impact: None

Information exempt from Disclosure: N/A

Requirement for further review? No requirement for further review or further review to share their stories of care clinical teams are listening and acting upon patient feedback to improve pati