Implementing Productive Ward in Paediatrics at The Prince Charles Hospital

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What is Releasing Time to Care?

• A structured framework to deliver organisational objectives

• Designed to systematically engage and equip front line teams to address the challenges in the workplace

• It focuses on those areas for improvement where we can make the biggest difference

• Supports frontline staff

• It concentrates on the HOW, not the WHAT

• Fully tested approach
Releasing Time to Care: Productive Ward is about...

- Getting back to basics.
- Patient outcomes.
- Empowering staff.
- Working together for greater outcomes.
- Celebrating successes.
- Being honest about where we need to improve.
What it’s not about

You heard it...you`re fired
The Aims of Productive Ward are to:

- Improve patient safety and reliability of care
- Improve patient experience
- Improve staff well-being
- Improve efficiency of care
Before you begin.....

- Develop your Ward Vision
- Conduct a frustrations exercise
First Step: Create a Vision

Our team’s vision is to promote health and happiness by providing family-focussed, holistic, high quality care for children in a positive and supportive environment.

Essential to include children and families in the creation of the vision.
**Why Spend Time Creating One?**

- sets the bar for what you would like to achieve
- provides a context to set your improvement activities against
- can galvanise your team
- others outside the ward can see your aspirations and provide support or even join in!
Frustrations Exercise
**Frustrations Exercise**

- Ask team members to record their frustrations
- Effective way to engage staff in the early stages of PW
- Staff within their own teams are best placed to identify what’s not working and how it might be fixed
- Quick wins achieve greater engagement
- Other problems collated and prioritised to be addressed later
Children’s Ward Exercise

- Not having mobile obs machine to take from patient to patient (even just one machine) with automatic BP capability +14
- Doing ‘Trial of Fluids’ on night duty +9
- Group handover often takes too long – too much unnecessary detail given (nurses and doctors) +8
- RAD/Asthma patients not being reviewed in a timely fashion (even after being called) +7
- Patients not being ready in ED when we go to collect them +6
- Formula making process – too slow when bottles are needed immediately, uncertain whether this process is necessary/best practice/followed in other places +5
- Only 1 breast pump machine +4
Knowing How we are Doing
Activity Follows & Totalisers
(Use to collect Direct Care Time & Interruptions)

Step 1 - Activity Follows:

- **Baseline Assessment:**
  - Conduct before you make any changes
  - 8 activity follows (i.e. 8 hours) per shift

- **2nd Assessment:**
  - Conduct after you make changes to the ward
  - 8 activity follows (i.e. 8 hours) per shift

- **Ongoing Assessments:**
  - Conduct quarterly
  - 8 activity follows (i.e. 8 hours) per shift

*Recommend to do at least one shift
*You can do AM or PM shift but keep it consistent when re-assessing
*Keep the weekday the same
*Exclude night duty, ward rounds, weekends, public holidays
Activity Follow Data

[TPCH] - [Children's Ward] - Direct Care Time
[insert baseline/Activity Follow]
Activity Follow Data

Breakdown of Direct Care Time - [Children's Ward/TPCH]
Activity Follow Data

[TPCH - Children's ward] - Interruptions
[insert baseline/Activity Follow]

Average of 8.5 Interruptions per hour
Patient Satisfaction Data

Process of care

- 5.0: Nurses on this ward were available to assist you.
- 5.0: Nurses on this ward met all your nursing care needs.
- 5.0: Nurses on this ward were quick to respond to your call bell.
- 4.9: Nurses seemed to know about your condition and progress.
- 4.9: Other staff seemed to know about your condition and progress.
- 4.9: This ward was a calm environment to be in.
- 4.8: Your room on this ward was kept clean.
- 4.8: Your room on this ward was kept free from clutter.

Average Score: 4.8

Note: 1 = Never; 2 = Rarely; 3 = Some of the time; 4 = Most of the time; 5 = All of the time.
Well Organised Ward

Well Organised Ward
Excess Stock

Excess Clinical Consumable stock (including stock that is expired) send to:

Ward 1G - Room 14

Time: Anytime between 8am - 3pm
Date: Friday 21st JUNE to FRIDAY 27th JUNE!

Please ensure:
Any stock delivered is labelled with your cost centre name so that re-crediting can be made for any stock we are able to redistribute.
Patient Status at a Glance – Ward View
Falls Module
Find-a-Word

H J S O W R L K R D
X U N A O P A C I O
E F M T F Y T I A Y
M S C P N E I S H A
F O R U T C P L C R
D A Q U U Y S M L X
O X L F N U O D E V
O J U L X Q H P E Y
M E D I C I N E H A
Q R P N Q G N W M

DOCTOR
FALL
HOSPITAL
HUMPTY
MEDICINE
NURSE
SAFE
SICK
WHEELCHAIR
XRAY

Kids can fall too!

Parent and Carer Information on
Falls Injury Prevention

Kids can fall too!

This patient information brochure supports a number of the National Safety and Quality Health Standards (NSQHS) including:

H Partnering with Consumers - Standard 2 (2.4.1). Consumers and/or carers provided feedback on this patient information.

UK Preventing Falls and Harm from Falls - Standard 10 (10.9). This brochure provides information on the risk of falls and includes
Reasons for falling

Falls are the most common cause of injury in every age group. As babies and children become more mobile, falls, trips and bumps become more likely.

Half of the falls that occur in hospital happen when a parent is present which is why we need your help to promote falls prevention in hospital.

The hospital environment is unfamiliar to your child and it may take some time for them to feel comfortable in their new surroundings.

Hospitalisation can cause stress and anxiety for parents/caregivers. Sometimes the safety precautions that we routinely take at home can be different in an unfamiliar environment.

What can you do to help prevent an injury from a fall?

- Help your child become familiar with their new environment
  - Show them where the toilets are
  - Show them how to use the nurse call bell so they can call the nurse when you are not there
- Provide non-slip footwear for your child while they are in hospital, such as rubber soled slippers - no socks
- Maintain physical contact with your baby when cot sides are down or when bathing or weighing
- Never leave your child unattended without the bed side rails down or cot sides up
- Inform nursing staff when you are leaving your child’s room
- Do not place large hard plastic toys in cots as toddlers can use these to climb on and potentially fall from cot
- Keep floors clear of clutter such as toys and belongings
- Be aware of wet floors - areas such as kitchens and bathrooms are prone to spills. If you notice a wet area, please let staff know immediately
- Use the safety belts if using highchairs, strollers, infant seats, or shower chair - never leave unattended
- Place necessary items that your child may need within reach if you are leaving the room (such as drinking water, nurse call bell, electronic devices)
- If your child has had a procedure under sedation, check with the nurse before getting them out of bed as they may be unsteady on their feet

Nurses will provide your child with the most appropriate bed for their age whilst in hospital. All patients aged two years and under will be cared for in a cot, children older than two years will be cared for in a bed with side rails which can be used when necessary.
Kids Can Fall Too Poster

5 Moments for Falls Prevention: Kids Can Fall Too!

1. Keep the room free from clutter
2. Make sure the cot sides are all the way up when you are not at the cot side
3. Do not leave your child unattended when in a high chair/bath etc
4. Discourage your child from jumping on the beds or playing with the bed controls
5. Let us push you in a wheelchair holding your child rather than you carry them to a procedure

Great state. Great opportunity.
Falls are a common cause of injury in children. While many falls cause only minor injuries, some falls are serious enough to require admission to hospital. It is the more serious preventable injuries that are best avoided through understanding of safety issues in place at TPCH for Falls Prevention.

The purpose of this survey was to gather evidence of parental awareness of Falls Injury Prevention. Falls prevention should be discussed with parents/guardians on admission to children's ward. Falls posters are also displayed around the ward outlining the risks and preventative techniques in place at TPCH.

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been shown the falls</td>
<td>50%</td>
<td>50%</td>
<td>- We've just been admitted</td>
</tr>
<tr>
<td>brochure in the bedside</td>
<td></td>
<td></td>
<td>- And I've seen the posters on the wall too</td>
</tr>
<tr>
<td>booklet?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has anyone talked to you</td>
<td>25%</td>
<td>75%</td>
<td>- The girls have just explained this</td>
</tr>
<tr>
<td>about falls prevention?</td>
<td></td>
<td></td>
<td>- Not this admission</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- No, but I have read the posters</td>
</tr>
<tr>
<td>Are you aware children can</td>
<td>100%</td>
<td>0%</td>
<td>- I guess anyone can fall anywhere, anytime</td>
</tr>
<tr>
<td>fall while in hospital?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can you identify risks</td>
<td>12.5%</td>
<td>87.5%</td>
<td>- Injuries/harm</td>
</tr>
<tr>
<td>associated with falls?</td>
<td></td>
<td></td>
<td>- Bumps on the head</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Clutter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Slippery floors</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Unsteady on their feet</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Cots/Bed sides down</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Supervision/Left unattended</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Unrestrained in prams/highchairs</td>
</tr>
<tr>
<td>What do you think you could</td>
<td>n/a</td>
<td>n/a</td>
<td>- Supervision</td>
</tr>
<tr>
<td>do to prevent your child/pat</td>
<td></td>
<td></td>
<td>- Cot/Bed sides up</td>
</tr>
<tr>
<td>ient from falling?</td>
<td></td>
<td></td>
<td>- Don't leave things on the floor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Never leave child unattended</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>- Leaving items within reach</td>
</tr>
<tr>
<td>Any further comments you</td>
<td>n/a</td>
<td>n/a</td>
<td>- Change beds</td>
</tr>
<tr>
<td>would like to add regarding</td>
<td></td>
<td></td>
<td>- Safety rails to the bottom of the bed</td>
</tr>
<tr>
<td>falls and injuries from falls</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Clinical Handover Module
**Survey Questions:**

**Question 1:** There are shift clinical handover policy/procedure/guidelines in place on our ward.

**Question 2:** Our ward has a documented process for reporting clinical incidents relating to shift clinical handover.

**Question 3:** There is a structured shift clinical handover process in place on our ward (for example: preparing for handover transfer of responsibility and accountability).

**Question 4:** There is a designated time and place for shift clinical handover on our ward.

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**Survey Questions:**

**Question 5:** Our ward includes clinicians, patients and carers in the shift clinical handover review process.

**Question 6:** Sensitive patient issues are managed confidentially.

**Question 7:** During shift clinical handover I receive all the information I need to safely care for my patients.

**Question 8:** A shift clinical handover team briefing or scrum takes place at a journey board/whiteboard or Electronic Patient Journey Board on our ward.

**Question 9:** Shift clinical handover takes place at the patients bedside.

**Question 10:** High risk patient information is discussed at shift clinical handover.

**Question 11:** A bedside safety scan/environmental scan is performed at shift clinical handover on our ward.

**Question 12:** Safety issues are identified during the bedside safety scan/environmental scan.

**Question 13:** The patient is provided with written information describing bedside handover on our ward.

**Question 14:** The patient participates in bedside shift clinical handover on our ward when able to do so.
WHAT DO CLIENTS SAY ABOUT OUR CLINICAL HANDOVER?

All comments were positive!

- Professional, and Drs and nurses are very helpful and always answer all questions
- Provides a point in time update of child's condition and also makes you aware of plan of treatment going forward. Also allows for clarification questions if required.
- Good
- All good
- Positive
- The nurses were lovely and efficient
- Positive, no concerns
- Overall a very good experience
- It is an opportunity for me to get an understanding of my child's current status, to get to know my/our nurse and to share my feelings and questions regarding his wellbeing and treatment
# Clinical Handover Assessment

**Post-Test Period of 8 Weeks**

*February 2015*

<table>
<thead>
<tr>
<th>Audit Criteria</th>
<th>Pre Audit</th>
<th>Post Audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greeting/Introduction</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>PT Involvement</td>
<td>68%</td>
<td>80%</td>
</tr>
<tr>
<td>CEWT Complete</td>
<td>92%</td>
<td>100%</td>
</tr>
<tr>
<td>Comprehensive Bedside Handover</td>
<td>40-100%</td>
<td>90-100%</td>
</tr>
<tr>
<td>ID Band Checked</td>
<td>30%</td>
<td>90%</td>
</tr>
<tr>
<td>IVC Checked</td>
<td>3 Out of 4 PT</td>
<td>2 Out of 3 PT</td>
</tr>
<tr>
<td>Documentation Checked</td>
<td>92%</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Equipment Checked</td>
<td>84%</td>
<td>100%</td>
</tr>
</tbody>
</table>
• Post activity follows
• Ward round module
• Tracking of OPD processes
• Tracking of patient’s from Children’s ED triage through to admission or discharge
Sustainability of Productive Ward

- Executive support
- Wards need to take ownership of process
- NUM’s need to lead the process and ensure it is on track
- Ward champions are trained to implement the modules
- Have the productive ward part of the induction guide for new staff
- Maintain productive ward as a portfolio
- Keep communicating the productive ward – for example this can be done as a standard agenda item for ward meetings
- Continual support of staff by NUM’s/NM’s/CNC’s/NE’s and Q&S facilitators
Any Questions?