Using Person Centred Approaches to Refocus on Quality and Safety of Care- trials and tribulations

Presented by
Karen Tuqiri
Director of Nursing
Prince of Wales Hospital
Enhancing Practice Conference 2022

Prince of Wales Hospital

My vision of Quality Safety Culture in
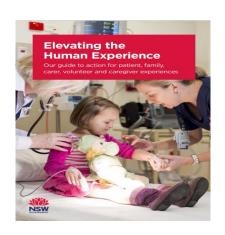# Healthcare- Courage to Lead

- Connecting leaders meaningfully to person-centred approaches

- Make meaning of the context

- Evaluating practice

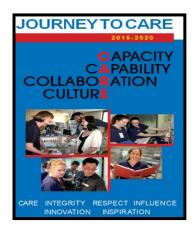- Sense of ownership in the change process

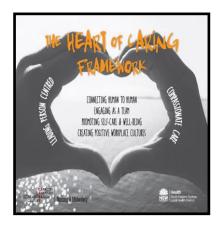- Learning on and from practice

McCormack and McCance 2017

The Macro Level and Strategic Influences

Planning Person Centred Sustainable Transformation
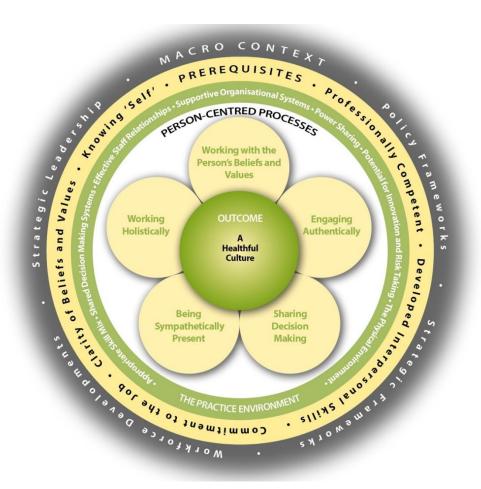
VENUS MODEL OF PERSON CENTERED SUSTAINABLE TRANFORMATION

Facilitation Skills

Practice development skills

Improvement Skills

Person Centered Sustainable Transformation

Culture Change Skills

Leadership Skills

Vibrant
Energising
New
Unifying
Synthesis

Galaxy of interconnected stars
Shining brightly in the solar system
Constellations transformed through energy, creativity and light

Pattern	Enabler	Barrier
Relationships	That generate energy for new ideas and innovation	That drain the organisation
Decision-making	Is rapid by experts	Is bogged down in hierarchy and are position bound
Power	Used 'to enable' Collective purpose	Used 'over' others Self interest
Conflict	As opportunities to embrace new ideas	Experienced as negative and destructive feedback
Learning	As curiosity and eagerness to learn	As threatening to the status quo

Enablers and barriers to system transformation in relation to five patterns of behavior and thinking

Manley & Jackson 2020

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Creating Person-Centred Cultures

Empowering and engaging people

Strengthening governance and accountability

Evaluating care experience
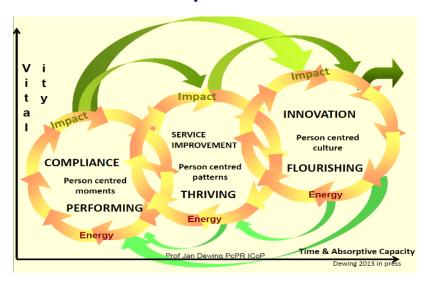
Reorientating care models towards effectiveness

Creating enabling environments for change

McCance & McCormack 2021

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Creating space for reflection and change- the journey begins 2019

Pausing, feedback, reflection and exploration with leadership teams focussing on courage to lead change
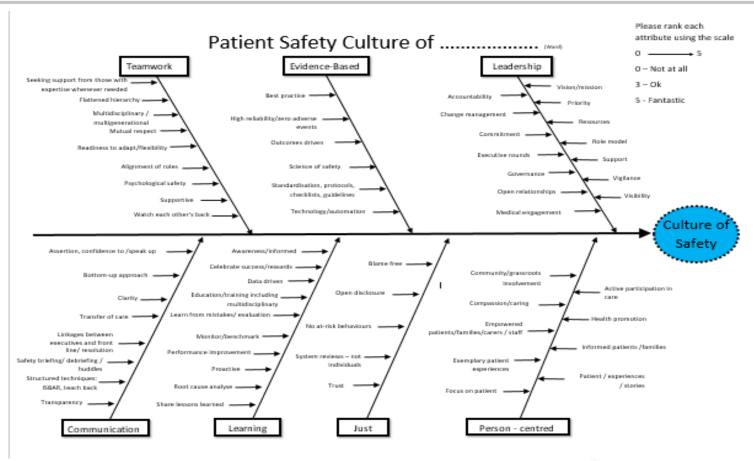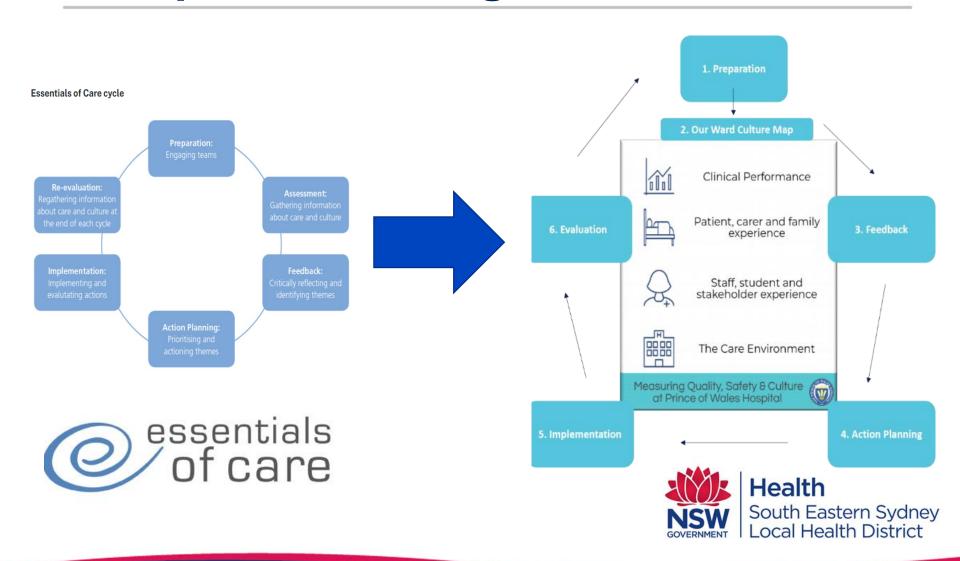

Using CoSSi to take stock where we are at

Exploring team attributes of a Safety Culture

The past informing the future

Quality & Safety Culture Team Presentations

Patient, carer and family experience

Staff, student and stakeholder experience

What would you like Quality & Safety to look like in your ward?

How have you agreed to work together to achieve your unit vision for Quality & Safety?

Staff Engagement- how will you engage staff in your framework and improvement?

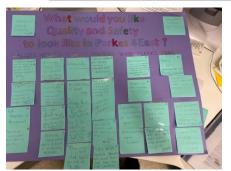How will you evaluate and report your changes?

The Care Environment

Clinical Performance

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Teams creating and sharing their vision: Quality, Safety and Culture

Patient, carer & family experience
- Being patient centred- stop unnecessary things!

Discharge procedures
- Discharge checklists to avoid missed things (e.g.: D/C letters).
  -caution over Friday D/C (no weekend D/C!).
- Timely D/C

Staff, student & stakeholder experience
- Please work as a team:
  -Look beyond your shift & into the next
  - RESPECT
- Team work- looking after each other all the time
- Collaboration between all disciplines
- Multidisciplinary team work!!
- Respect for each other no matter what discipline
- Supporting junior members of our MDT teams!

Communication
- Timely and effective communication especially between doctors and nurses; doctors & pts and pts family
- Transport list: done every day & to be done correctly
- Bed mgr.: communication between nurse & bed mgr.
  -Appropriate info, infection risk, fall risk
  -Appropriate time to prepare a bed
- PSAs to communicate between am & pm shift- handover
- Communication between Drs & nurses, allied health & nurses

Staffing/ workforce
- Increased RMO to pt ratio. Need another RMO to help admit chemo pts, round, D/C scripts etc.
- RMO caseload responsibilities- can be too much for one person despite their hard work!
- Ensure staffing & skill mix is adequate to meet pts demands & acuity

The Care Environment
- Keep medication trolleys clean & tidy
- Clean up after one's self, don't leave mess after procedure, pick up off the ground
- No overfilling linen bags
- Want that all cytotoxic waster be empty all the time
- Tidying up pts bedside. Throwing out unused food & cups. Move chairs out (excessive).
- Restock treatment room & fluids in a timely fashion

Clinical Performance
- Always think why are we doing things?
  -Fluid balance etc. care for the pt as you would want to be cared for. Teeth cleaned, tidy bedside
- Formal QI projects across the ward.
- Falls prevention & screening on admission including rolling out of posters
- Do not allocate according to numbers. Allocate according to acuity & seniority

Parkes 8 NURSES

Our team includes:
Nurses
Doctors
Physiotherapists
Speech Pathologists
Occupational Therapists
Social Workers
Dieticians
Porters
Cleaners
Admin Clerks

Our aim is to:
- Provide holistic & individualised care.
- Work collaboratively as a multidisciplinary team to deliver specialised care.
- Provide a safe, supportive & comfortable environment.
- Achieve positive treatment outcomes.
- Provide support & education to patients, families and carers.

Your recovery starts with **YOU**

Our role as nurses is to:
- Provide continuity of care.
- Maintain patient privacy & dignity.
- Work collaboratively to help you achieve your treatment goals.
- Follow policy & procedures to ensure a safe environment.
- Provide culturally sensitive nursing care.
- Work within scope of practice.

We achieve this by:
- Teamwork & leadership
- Individual initiative
- Effective communication
- Advocating for patients
- Openness to change
- Evidence based practice
- Individualised patient cantered care

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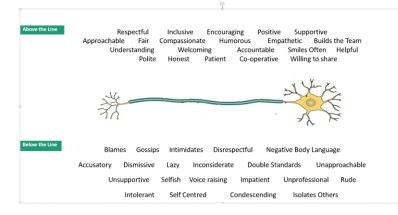
Teams deciding on engagement strategies

- Common Goals, Pt centred care, Pt and staff satisfaction
- Confidentially
- Respect
- Communication, with each other and on the telephone etc..
- Teamwork
- Non judgemental
- Punctuality
- Approachability
- Empathy
- Friendly
- Accepting of new policies/ best working practices
- Open and honest
- Knowledge sharing
- Professional

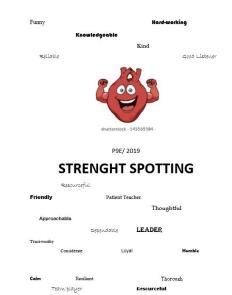Funny   Hard-working
   Knowledgeable
              Kind
Reliable   Good Listener

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P9E/ 2019

STRENGHT SPOTTING

Resourceful

Friendly   Patient Teacher
                    Thoughtful
Approachable
         Dependable   **LEADER**
Trust-worthy
      Considerate   Loyal   **Humble**

Calm   Resilient   Thorough
   Team player   **Resourceful**

Above & Below the line behaviours

Above the Line

Respectful   Inclusive   Encouraging   Positive   Supportive
Approachable   Fair   Compassionate   Humorous   Empathetic   Builds the Team
Understanding   Welcoming   Accountable   Smiles Often   Helpful
Polite   Honest   Patient   Co-operative   Willing to share

Below the Line

Blames   Gossips   Intimidates   Disrespectful   Negative Body Language
Accusatory   Dismissive   Lazy   Inconsiderate   Double Standards   Unapproachable
Unsupportive   Selfish   Voice raising   Impatient   Unprofessional   Rude
Intolerant   Self Centred   Condescending   Isolates Others

Safety Huddles

Ways of Working

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What data is important to us and our patients?

Staff, student and stakeholder experience

Student feedback, huddles, surveys, staff surveys, Your Say, rounding

Patient, carer and family experience

Care Opinion, Real time patient experience, surveys, stories

Clinical Performance

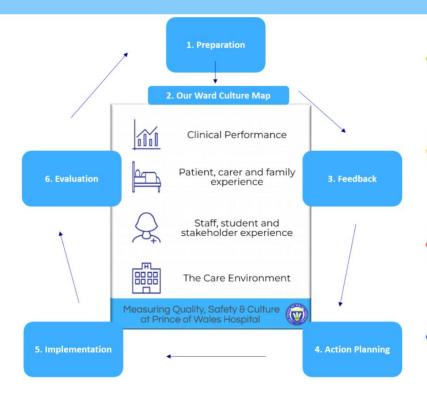Clinical indicators, HACs, Incident trends, QARS audit, Quality Informatics

The Care Environment

15 step challenge, WHS,Safe environment checklist

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Our agreed framework and its foundations – the year of 2020

Revisiting the Nursing Vision

Welcoming
Environment
Compassion
Accountable
Respectful
Empowerment

Foundations- Quality and Safety Boards
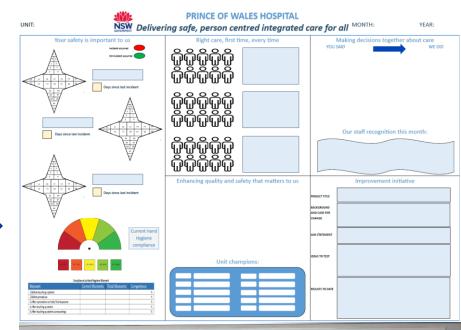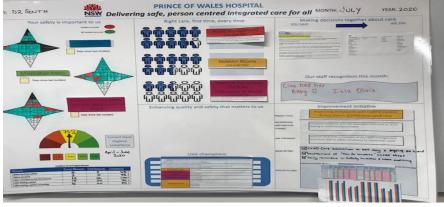
Foundations- Quality and Safety Huddle format

SAFETY HUDDLE

Date/Day:

Topic	Issue	who is responsible? By when?
High Risk Patients: PACE Calls / NFT / Falls Risk/ Violence & Aggression		
Movement: Transfers/ Discharges/For Theatre		
Staffing: Sick calls/Casual Staff/Overtime		
Safety; IIMS/ WHS		
Equipment/ Stock/Maintenance		
Organisational Communication		
Safety Cross		
Additional		

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Foundations- Clinical Lead Program

🎯 8 Focus Areas

🩺 >400 Nurse Clinical Leads identified

👥 32 Clinical Lead Experts to support learning & and local improvements

👨‍🏫 Blended learning approach (Face to Face and self-directed online)

🤝 Promoting networking and identifying talent

Strategy to drive clinical practice change and improvement

Clinical Practice Focus Areas

Falls Prevention

Invasive Devices

Pressure Injury/Wound care

Medication Safety

Infection Control

Delirium

Deteriorating Patient

Wellbeing

Pixelast | Design and Tech

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Foundations – Safety Attitudes Questionnaire

41 questions in total

- Safety Attitude Questionnaire (SAQ)
- The SAQ is a validated tool from the University of Texas and is recommended by the Clinical Excellence Commission (CEC) as a useful tool for benchmarking and measuring safety climate.
- Accessed through QARS
- It is divided into six domains with each domain represented by between four to eight questions

| Domain	Definition
Safety Climate	Perceptions of strong and proactive organisational commitment to safety
Teamwork climate	Perceived quality of collaboration between team members
Job satisfaction	Positivity about the work experience
Stress recognition	Acknowledgement of how performance is influenced by stressors
Perceptions of Management	Approval of managerial action (ward/department level and hospital level)
Working conditions	Perceived quality of work environment and logistical support

QARS

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Results 2020 - POWH
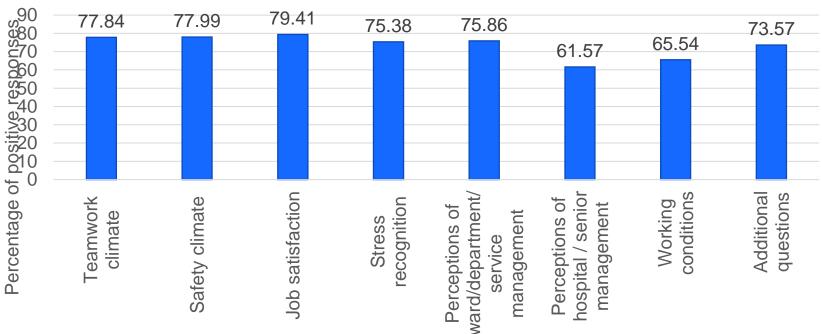
Question	Safety Attitudes Questionnaire feedback; Spinal Unit	Nursing staff %	MDT %	Facility
1	My input is well received in my ward/unit/department	75.38	74.12	78.46
2*	In my ward/unit/department it is difficult to speak up if I perceive a problem with patient care	73.08	67.06	73.33
3	Disagreements in my ward/unit/department are resolved appropriately	67.69	62.94	70.99
4	I have the support I need from other staff to care for patients in my ward/unit/department	76.15	71.18	76.02
5	It is easy for staff in my ward/unit/department to ask questions when there is something that they do not understand.	82.31	79.41	86.29
6	The staff in my ward/unit/department work together as a well-coordinated team	70.77	66.47	81.94
	Teamwork Climate	74.23	70.20	77.84
7	I would feel safe being treated in my ward/unit/department as a patient	90.00	89.41	76.67
8	Errors are handled appropriately in my ward/unit/department	91.54	91.18	80.77
9	I know the proper channels to direct questions regarding patient safety in my ward/unit/department	92.31	92.94	85.12
10	I receive appropriate feedback about my performance	84.62	84.12	75.40
11*	In my ward/unit/department it is difficult to discuss errors	73.85	75.88	73.13
12	I am encouraged by my colleagues to report any patient safety concerns I may have	90.00	88.24	79.21
13	The culture in my ward/unit/department makes it easy to learn from the errors of others	90.77	88.24	75.63
	Safety Climate	87.58	87.14	77.99
14	My suggestions about safety would be acted upon if I expressed them to management	86.15	84.12	76.46
15	I like my job	87.69	85.88	85.51
16	Working in this ward/unit/department is like being part of a large family	83.08	81.18	77.56
17	My ward/unit/department is a good place to work	87.69	86.47	81.89
18	I am proud to work in my ward/unit/department	86.92	87.65	85.49
19	Morale in my ward/unit/department is high	79.23	77.06	69.55
	Job Satisfaction	85.13	83.73	79.41
20	When my workload becomes excessive, my performance is impaired	87.69	87.65	77.54
21	I am less effective at work when fatigued	90.00	88.24	82.85
22	I am more likely to make errors in tense or hostile situations	80.77	79.41	75.38
23	Fatigue impairs my performance during emergency situations	80.77	79.41	65.76
	Stress Recognition	84.81	83.68	75.38

Question	Safety Attitudes Questionnaire feedback	Nursing staff %	MDT %	Facility
20	When my workload becomes excessive, my performance is impaired	87.69	87.65	77.54
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22	I am more likely to make errors in tense or hostile situations	80.77	79.41	75.38
23	Fatigue impairs my performance during emergency situations	80.77	79.41	65.76
	Stress Recognition	84.81	83.68	75.38
24	My ward/unit/department manager supports my daily effort	90.00	86.47	78.38
25	My ward/unit/department manager doesn't knowingly compromise patient safety	83.08	81.76	75.36
26	My ward/unit/department manager is doing a good job	85.38	85.29	82.91
27	In my ward/unit/department, problem staff are dealt with constructively	78.46	73.53	67.53
28	I get adequate, timely information about events that might affect my work, from my ward/unit/department manager	86.15	85.29	75.11
	Perceptions of ward/department/service management	84.62	82.47	75.86
29	Hospital senior management supports my daily effort	57.69	60.59	57.94
30	Hospital senior management doesn't knowingly compromise patient safety	58.46	59.41	64.85
31	Hospital senior management is doing a good job	63.08	65.88	65.08
32	Problem personnel are dealt with constructively by hospital senior management	61.54	62.94	54.94
33	I get adequate, timely information about events that might affect my work, from hospital senior manager	66.15	67.65	65.04
	Perceptions of hospital / senior management	61.38	63.29	61.57
34	The level of staffing in my ward/unit/department is sufficient to handle the number of patients	58.46	61.18	50.97
35	My ward/unit/department does a good job of training new staff	76.15	77.65	74.79
36	All the necessary information for diagnostic and therapeutic decisions is routinely available to clinical staff	74.62	76.47	65.77
37	Trainees in my ward/unit/department are adequately supervised	76.92	78.24	71.05
	Working Conditions	71.54	73.38	65.54
38	I experience good collaboration with nurses in ward/unit/department	91.54	89.41	90.94
39	I experience good collaboration with medical staff in my ward/unit/department	81.54	81.76	75.40
40	I experience good collaboration with other staff in my ward/unit/department (e.g. Allied health)	90.00	89.41	81.98
41*	Communication breakdowns that lead to delays in delivery of care are common in my ward/unit/department	63.08	63.53	65.94
	Additional questions	81.54	81.03	73.57
*	Reverse scored questions			

POWH Overall Results

POWH SAQ domain results

Prince of Wales Hospital

COVID-19

ANALYSIS OF LOCAL DATA

IMPROVEMENT IDEAS

41 Teams Presented
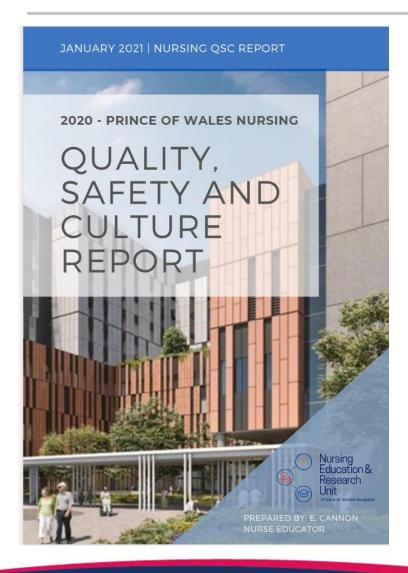
INNOVATIONS & ACHIEVEMENTS

2020 Team Presentations

1
2
3
TOP 3 CLINICAL PRIORITIES FOR 2021

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2020 - PRINCE OF WALES NURSING

QUALITY, SAFETY AND CULTURE REPORT

Nursing Education & Research Unit
Prince of Wales Hospital

PREPARED BY: E. CANNON - NURSE EDUCATOR
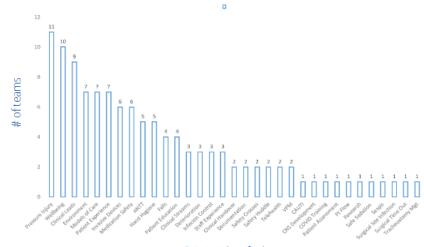
AN OVERVIEW OF 2021 PRIORITIES

Themes identified from end of year presentations
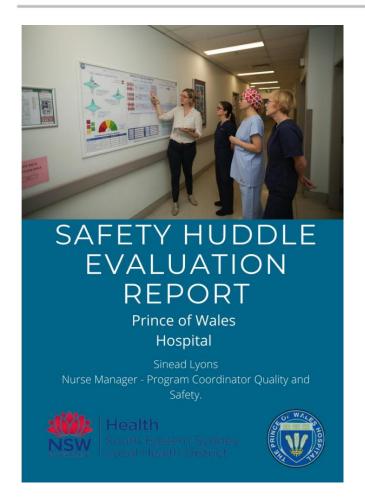
# of teams vs Priority Identified

TOP 5 PRIORITIES IDENTIFIED

1. Pressure Injury Prevention
2. Staff Well being
3. Clinical Leads Program
4. Care Environment, Models of Care, Patient Experience
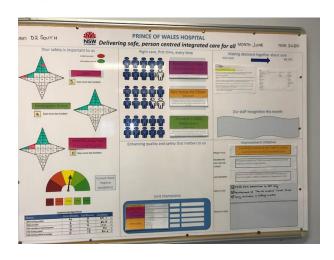5. Invasive Devices, Medication Safety

2021- Evaluation and taking stock

SAFETY HUDDLE EVALUATION REPORT
Prince of Wales Hospital
Sinead Lyons
Nurse Manager - Program Coordinator Quality and Safety.

Safety Huddle Evaluation

1. Process – Attendance, structure, documentation

2. Patient Outcomes – HAC data

3. Staff Experience – Focus Groups (Emotional Touchpoint Stories)

4. Safety Culture (Safety Attitudes Questionnaire)

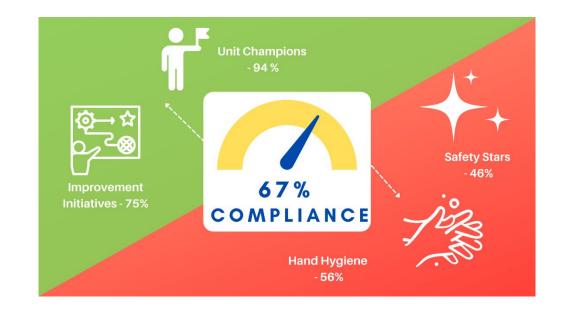Study Proposal – Early April → Data Collection – May → Data Analysis and Report - June 2021
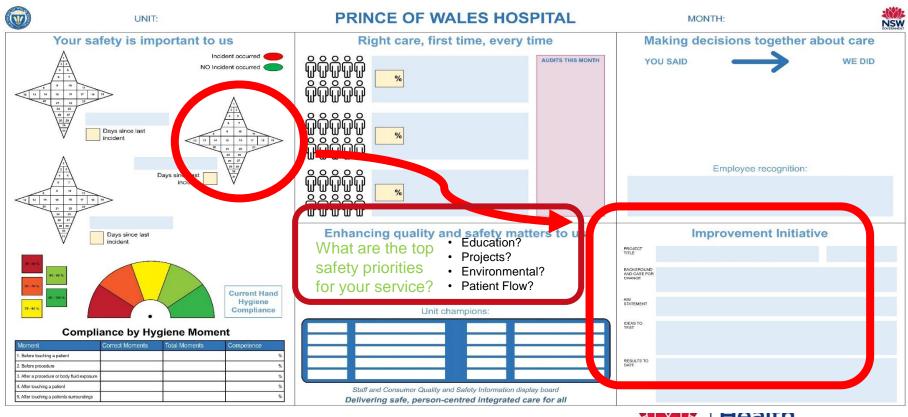
Quality and Safety Board Evaluation

Linking the Sections

Creating a sense of inquiry- fostering research

WHERE TO NEXT?

2021 CLINICAL PRACTICE PRIORITIES

1. Medication Safety
2. Invasive Device Management (C-Change Study)
3. Pressure Injury Prevention & Management (PIPPN)
4. Physical Assessment & Clinical Handover (Accelerate)

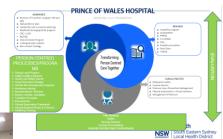ACCELERATE
ASSESSMENT | COMMUNICATION | SAFETY

C-Change Study
Be part of the C-Change

Thrive
Healthy Brains for Healthcare Workers

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A personal journey

"With courage you will dare to take risks, have the strength to be compassionate, and the wisdom to be humble. Courage is the foundation of integrity"
Mark Twain

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Acknowledgements

Questions?

References

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