

Integrating practice development, lean thinking, leadership training and a research pathway into a generic organisational care improvement program for nurses and midwives

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2 Beliefs

- Positive nursing/midwifery work culture and leadership are vital to achieving the experiential and clinical outcomes that patients and staff deserve
- Without evidence we have no forward-leaning traction

Background assumptions

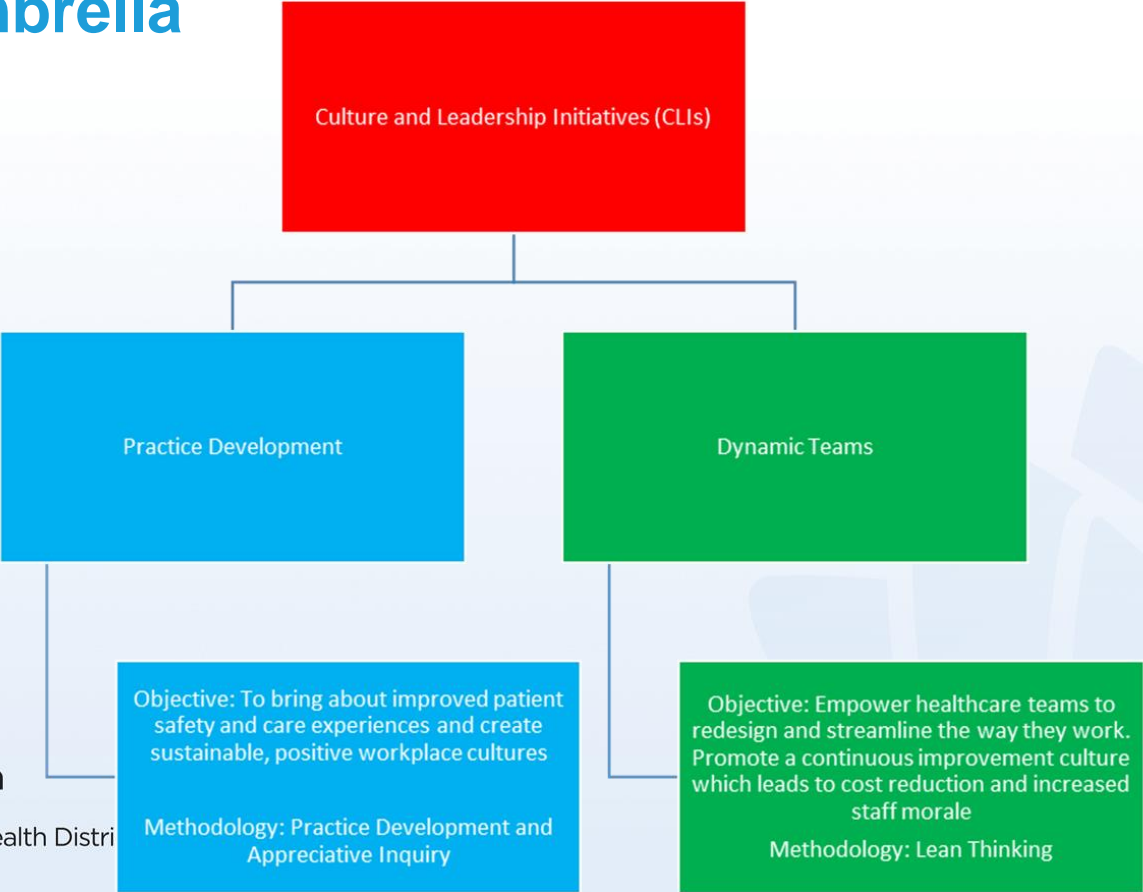
- PD is framed as culture-focused.
- We agree with this, but think that leadership-focused efforts (targeting individuals) may need to be integrated with culture-focused efforts, in order to gain the most traction for care improvement in nursing & midwifery

Culture and leadership initiatives (CLIs)

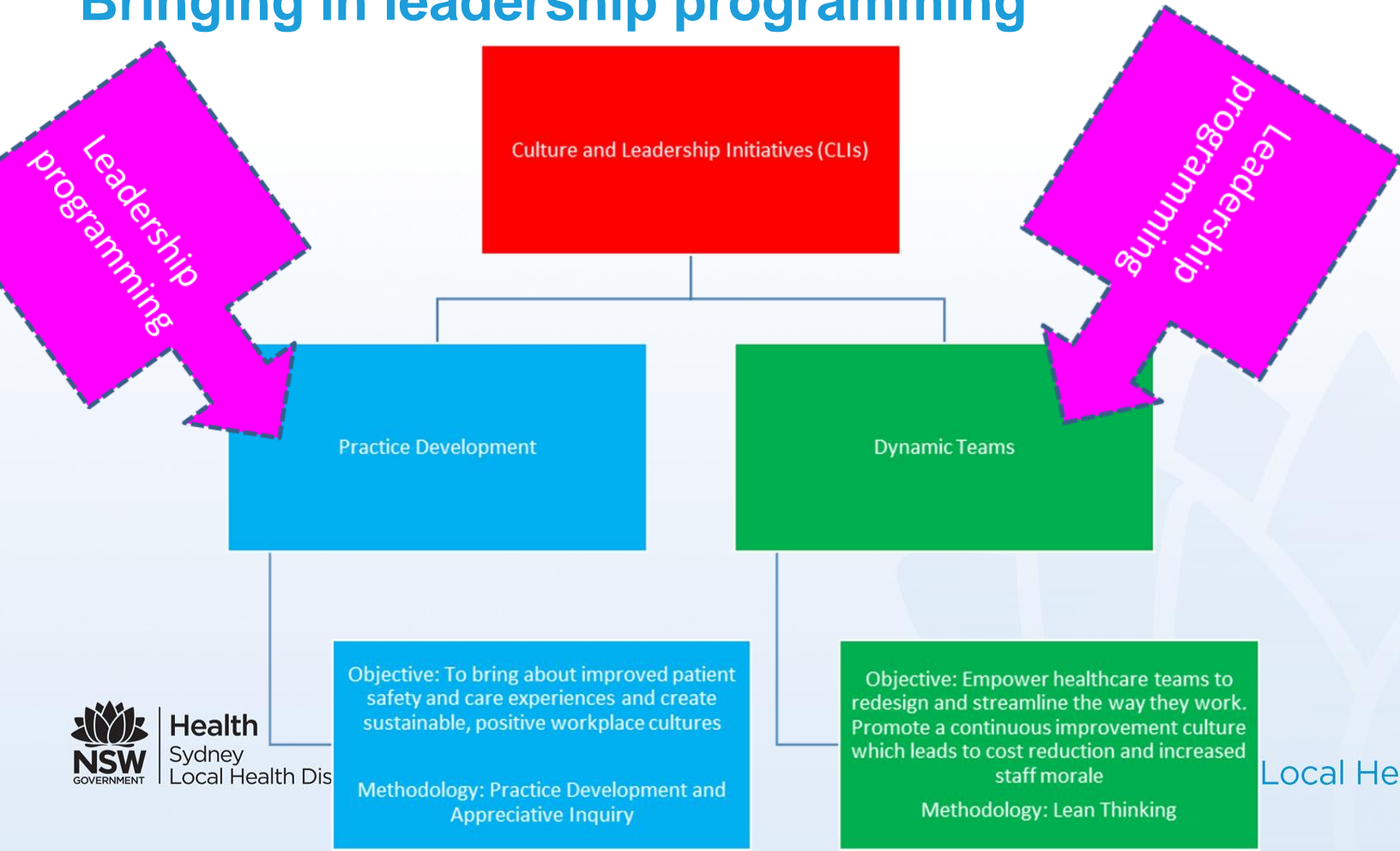
3 aims:

- Generate/support localised QI and work culture initiatives and projects
- Inject professional and leadership development
- Provide an entry pathway for research & innovation

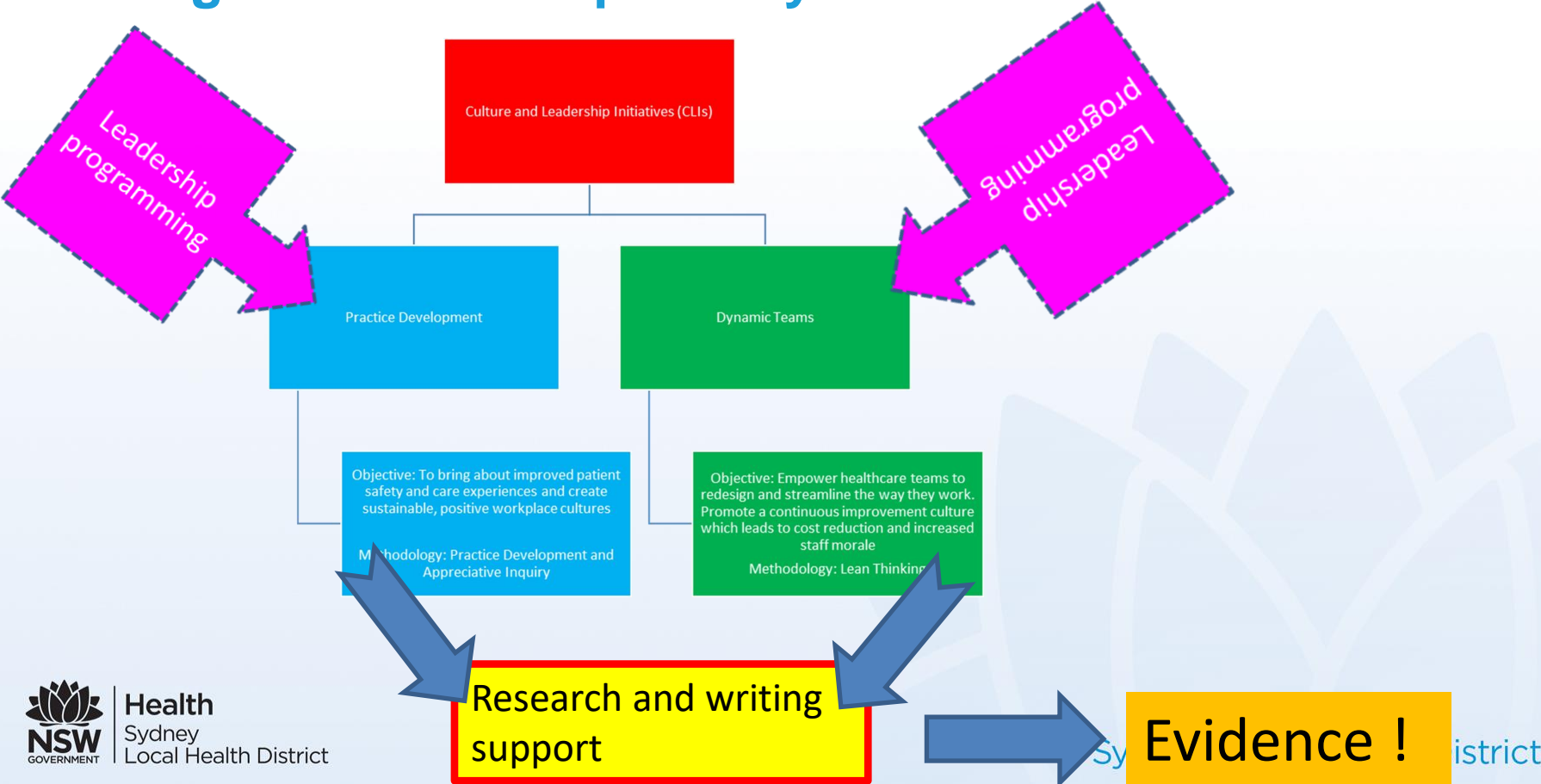
Bringing PD and lean Thinking together under a CLI umbrella



Bringing in leadership programming



Adding in a research pathway



Culture and leadership Initiatives

	PD	Lean thinking	Leadership support
Focus	Culture-focused	Process-focused	Individual-focused
Raison	Values-based	Efficiency-based	Values/efficiency-based
Informed by	Social theory-informed (Habermas)	Business process management-informed	Leadership/management theory-informed
Funded by	NSW Health sponsored	Often privately contracted	In-house

The research angle

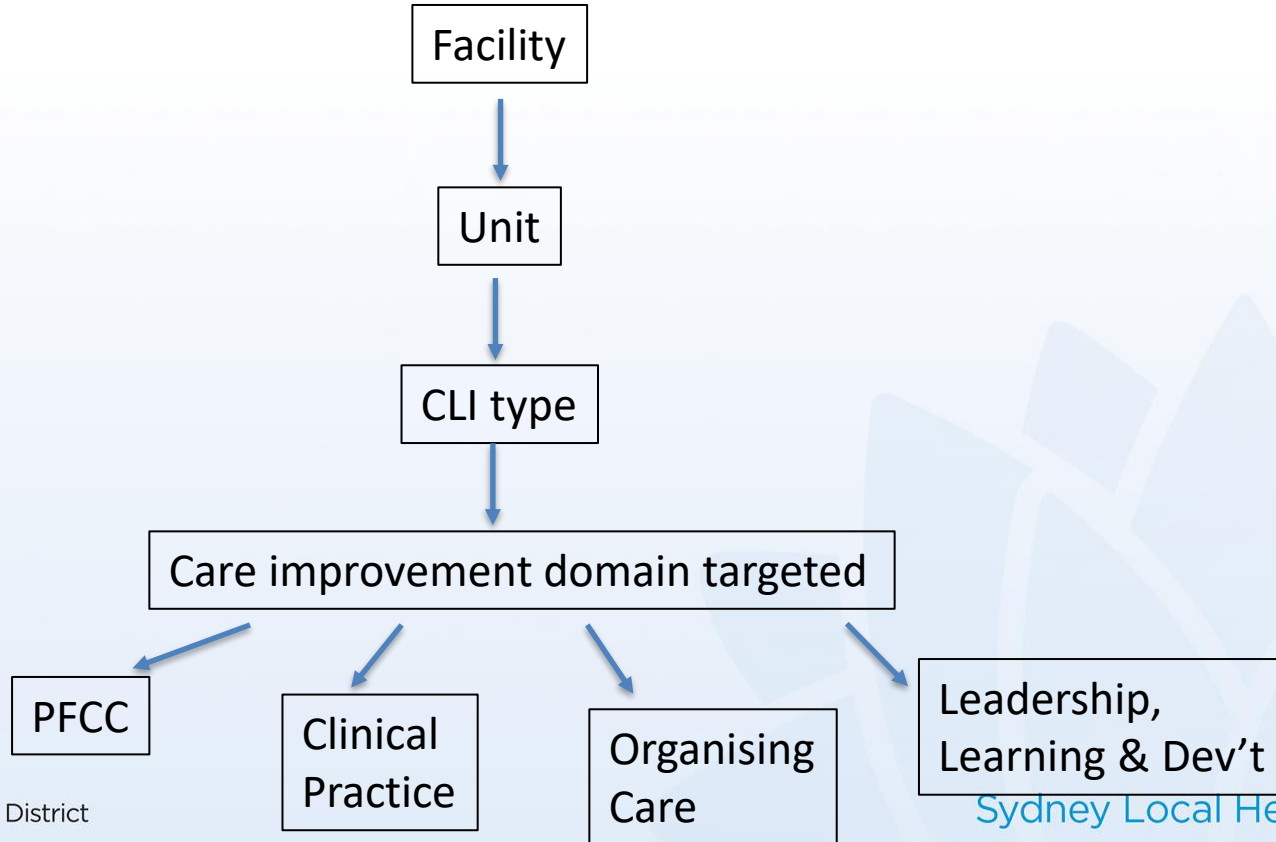
- Pre/post data collection
- Formal database structure for all projects
- At least 2 advantages:
 - Keeps projects on a time-track
 - Allows for pre/post evidence to be generated over time

Database structure

4 parts to structure:

- 1) Project registration
- 2) Baseline data
- 3) Actions
- 4) Follow up data

Project registration



Survey-based

Inclusive of:

- Construct(s) measured
- (e.g. Patient sat; Staff sat)
- Sampling method
- Sample sizes
- Response rates

IIMS-based

Inclusive of:

- Period
- Location
- Expressed per 1000 bed days

Focus group-based

Inclusive of:

- Number of groups
- Sample(s)
- Picker & EOC domains highlighted
- Positivity to negativity scaling by domain

Baseline data domains

Clinical observation-based

Inclusive of:

- Hours/locations
- Positivity to negativity scaling on 9 Essentials of care domains:
 - *Personal care; *Documentation & communication
 - *Self management promotion; *Medications and IV
 - *Privacy/dignity; *Clinical intervention
 - *Clinical monitoring/mgt; *Risk prevention/safety promotion; *Learning & development culture

Patient experience story-based

Inclusive of:

- Number of stories
- Picker domains highlighted by story: *Respect for patients values; * Care coordination/ integration; *Information/ education; *Physical comfort; *Emotional support; *Involvement of family/friends; *Continuity/transition; *Access to care
- Positivity to negativity scaling against domains

Actions

Action (text)	Picker domain(s) targeted (drop down)	EOC domain(S) targeted (drop down)	Why did you choose this action? (text)	Enablers and disablers (text)
1.				
2.				
Etc.				

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F/up data domains

Clinical observation-based

Inclusive of:

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Patient experience story-based

Inclusive of:

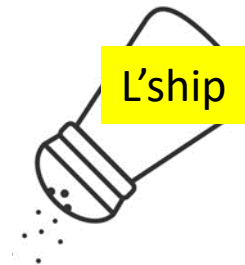
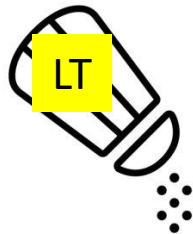
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Piloting the database (n=24 projects)

- We acknowledge that we are at the start of our CLI agenda and process
- Most of projects entered were EOC projects (69%).
- 'Patient and family centred care' and 'organising care' were the most prominent areas targeted.
- 'Communication' was the most prominent action area which was progressed.
- This took the form of model of care change and reviewing how/whether patients were being placed at the centre of care processes.
- Less than half of projects entered yielded a strong pre/post picture.
- Key 'provable' gain areas related to incidents, communication, work culture and person-centred practice/care model change.

Take home messages

- An integrated approach which includes leadership is likely to improve the spread and uptake of care improvement activity, and also its quality.
- Emphasising researchability and a potential research pathway should help teams to 'stay on track' with pre/post project design imperatives and also motivate teams as 'evidence contributors'
- We think that the use of a data capture process which is designed to seek both evidentiary and descriptive information should help teams and organisations generate evidence and thus grow their care improvement agendas.



Life is like a bowl
of noodles ...



Its all in what you add and when ...



Acknowledgements

- Maureen Policarpio
- SLHD Patient Care Initiative Leads
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- Our fantastic nurses and midwives

Questions?