

Enhancing Practice

2022 Conference

*20:20 Vision – Transforming Our Future
Through Person-Centred Practices*

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SAGE HOTEL WOLLONGONG, NSW AUSTRALIA

#enhancingpractice2022



working together
to develop practice



C.I.P. for SAQ; Multi-level Investment in our Safety Culture

Prof Val Wilson, Denise Edgar, Sarah Kalchbauer, Dr Bekk Middleton & Chris Hinder



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Today's presentation

Aims of the research

Explore how the principles of PD (CIP) were incorporated into our methods

Present our findings

Share our lessons learned

Background



- A high performing organisation places *‘quality and safety at the heart of the organisation’* and provides for a *‘safe non-threatening environment’* in which staff can speak (1)
- Organisations often share their intentions through their values and vision e.g. “Safety. Quality. Every person. Everywhere. Every time.” (2)
- Measuring an organisation’s safety culture is an important part of Q and S enhancement as improvement can be associated with positive patient outcomes (3)
- Healthcare workers also have one of the highest rates of workplace injuries (4)

Research Aim

This two year quantitative research study aimed to;

1. Develop a baseline of the safety culture across multiple levels of the organisation (clinical and non-clinical staff)
2. Explore whether providing facilitated feedback of these findings, and the expectation that an action plan would be developed and enacted, would result positively on the safety culture.



Methods - PD principles

- Person-centred approach
- **Facilitated process to promote critically informed discussions leading to action***
- A focus on supportive relationships across individuals, teams and systems to stimulate effective change
- Use of evidence to raise awareness and support practice transformation
- Staff learning together, celebrating achievements, and finding opportunities
- Staff decide on own action plan to meet their needs/context
- Evaluation of both the processes and the outcomes

* Requires expertise in facilitating feedback using high challenge/high support approach

Methods – C.I.P.

- **Collaborative** project
 - Bringing multiple teams together to deliver the project (research, clinical governance, **facilitation team**)
 - Executive and clinical managers working together
- Engagement plan; **Inclusion** of all staff – EVERY PERSON, EVERY LEVEL
- **Participation**; Online survey for easy access and all staff encouraged to consider data reports and contribute to the action plans.



Measurement Tool

- The **Safety Attitudes Questionnaire (SAQ)** (Sexton et al 2006) was the survey chosen to raise awareness, action plan and evaluate progress of our safety culture
- One year intervals
- Evaluation plan; Data was analysed at a ward/ department/ level, hospital/ service level, a district level and discipline level.
- Reports provided if 30% participation rate achieved
- Comparison one year to the next and between unit and organisation



Traffic light system

Explanation of results

80 - 100% (green)	Doing well and consider how you can do more of this
60 - <80% (orange)	Consider future actions that may increase score. Look at individual question scoring for the domain as you may find one question lowered your results and your actions can be more targeted
< 60% (red)	Indicates a priority area and requires discussion amongst the team and action planning

Example of report

	Domain: Teamwork Climate	%	%
1	My input is well received in my ward/department/service.	83.33	79.55
2*	In my ward/department/service, it is difficult to speak up if I perceive a problem with patient/client care.	81.25	67.86
3	Disagreements in my clinical ward/unit/department are resolved appropriately (i.e. not who is right, but what is best for the patient).	72.73	61.90
4	I have the support I need from other personnel to care for patients/clients.	85.42	84.09
5	It is easy for personnel in my ward/department/service to ask questions when there is something that they do not understand.	91.67	86.36
6	The staff in my ward/department/service work together as a well-coordinated team.	95.83	87.50
	Teamwork Climate	85.42	78.33
	Domain: Safety Climate		
7	I would feel safe being treated here as a patient/client.	79.55	85.23
8	Errors are handled appropriately in my ward/department/service.	72.73	84.09
9	I know the proper channels to direct questions regarding patient/client safety in my ward/department/service.	93.18	86.36
10	I receive appropriate feedback about my performance.	81.25	79.55
11*	In my ward/department/service, it is difficult to discuss errors.	70.83	58.33
12	I am encouraged by my colleagues to report any patient/client safety concerns I may have.	93.75	87.50
13	The culture in my ward/department/service makes it easy to learn from the errors of others.	81.25	71.43
	Safety Climate	81.41	79.33

Action Plan

Action plan template

This template provides a means of developing future actions. It is recommended that leaders work through the stages outlined below to facilitate a shared action plan with unit members, using the prompts as required. Use the table at the end to document agreed future actions.

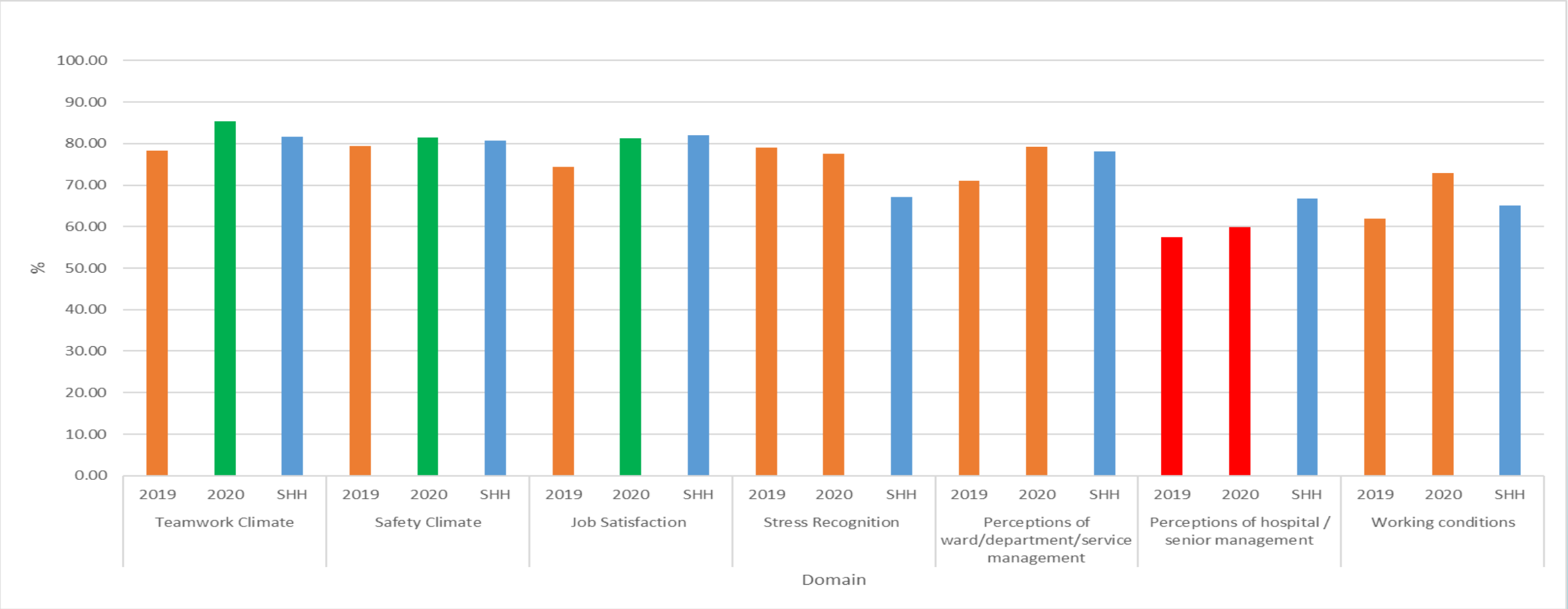
1. Critical reflection
 - The aim of this stage is to have conversations with staff about the feedback received and what it means to their practice and to the unit/department
 - It provides a moment where thoughts can be considered and shared
 - Examples:
 - What have I/you/we learned?
 - What is good about this feedback? What do we need to celebrate?
 - What has been achieved from last year?
 - Is there areas that bother you about the feedback? ,,,,,,,,,,



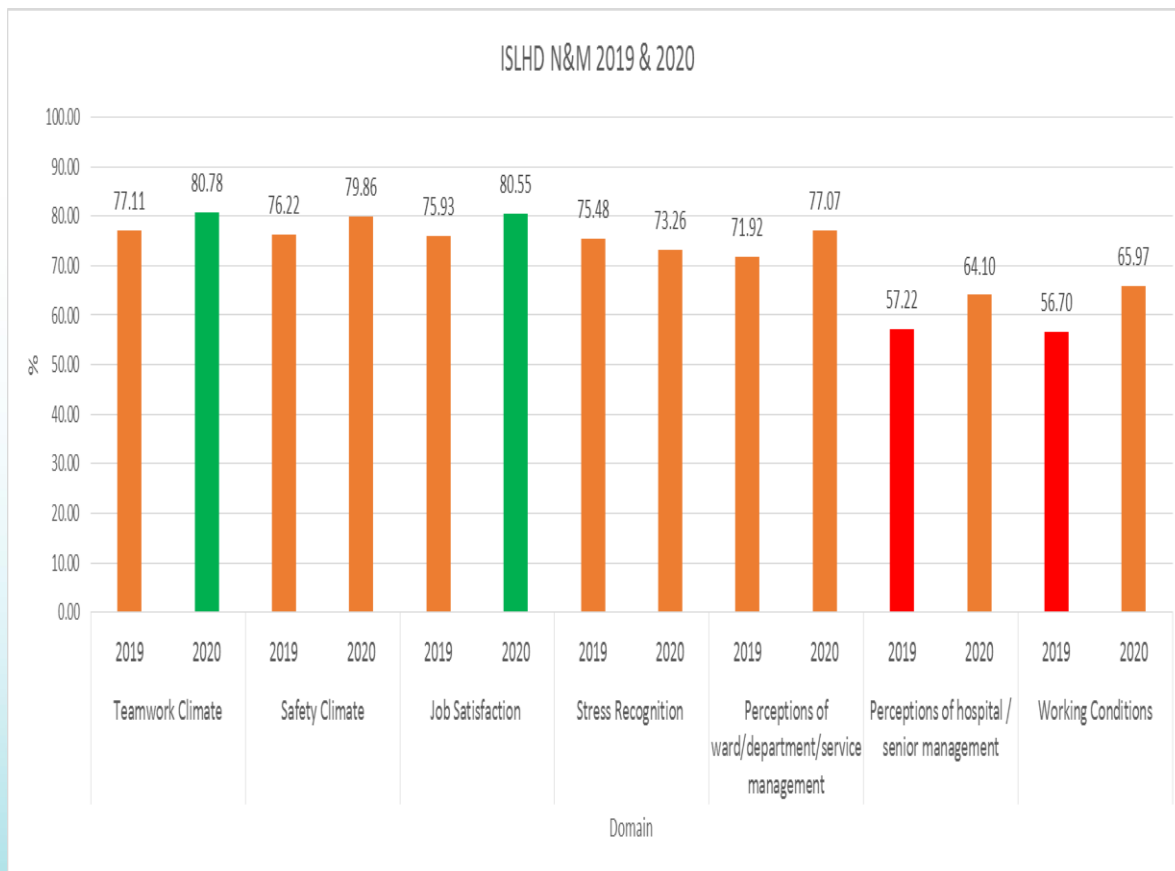
SMART Goal Setting		
Mnemonic		Description
S	Specific	What exactly do you want to achieve? A SMART goal/objective should be clearly identifiable and should consider who, what, why, where, when?
M	Measurable	Is your goal/objective measurable? If not, how will you know you have achieved your goal/objective? What are your success criteria? If yes, how will it be evaluated? What will you measure?
A	Achievable Action-orientated	Is your goal/objective achievable? Do you have the necessary resources? What are you going to do? What will be the outcome?
R	Relevant Realistic	Is the goal/objective relevant to achieving the shared purpose? Can the goal/objective be achieved in the timeframe and with the available resources?
T	Time-based	What is your timeframe/deadline? How long will the goal/objective take to be achieved? What will be done, by who, by when?



Results Ward A – SAQ 2019/2020



District Nursing and Midwifery Report 2019 and 2020



	Year		Mann-Whitney test	
	2019 (mean)	2020 (mean)	z	p-value
Teamwork climate	4.085	4.231	5.418	<.001
Safety climate	4.049	4.194	5.17	<.001
Job satisfaction	4.037	4.222	6.196	<.001
Stress recognition	4.019	3.93	2.104	0.0354
Perceptions of ward/ department/ service management	3.877	4.083	6.080	<.001
Perceptions hospital/ senior management	3.289	3.564	6.886	<.001
Working conditions	3.268	3.639	9.520	<.001



In conclusion...

PD principles were used from the onset of this project.

In particular the C.I.P. principles to engage all staff, irrespective of their roles.

Facilitated feedback, ensuring psychological safety, triggered meaningful discussions and contextual action plans.

This led to improvement from the unit to the executive level as evidence by the results.

The macro level showed a strong commitment and strategic leadership by committing to the PD methodology and the resources required.

This resulted in engagement at the mezzo and micro level.

Accountability for results and progress is required.

The SAQ is merely a tool; **it's the people who make the difference!**

References

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