Improving the care experience at Surrey Memorial Hospital

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AIM
To increase the time spent providing direct care at patients’ bedsides.

BACKGROUND
Fraser Health embarked on its Releasing Time to Care (RT2C) journey in Fall 2016. The RT2C model builds capacity and empowers front line health care teams to conduct Plan-Do-Study-Act cycles to improve the patient, family and staff experience.

RT2C targets four core areas:
- Patient Safety
- Efficiency of Care
- Staff Wellbeing
- Patient Experience

One of the units selected for piloting RT2C was 5W, a 44 funded bed complex care medical unit at Surrey Memorial Hospital.

METHODS
Utilizing RT2C, the 5W team learned how to plan, implement and evaluate small tests of change. The team now involves 11 engaged staff, including clinical nurse educators, patient care coordinators, registered nurses, infection prevention practitioners and a unit manager. With the guidance of clinical practice and quality improvement consultants, the team identified key performance indicators to focus on within the core areas.

These were some of the strategies used to determine the unit’s baseline status, share PDSA cycles, set collaborative goals and discuss next steps.

- Safety Cross Calendars
  Real-time data collection tool
- Surveys & Chart Reviews
  Administrative data collection tools
- Spaghetti Maps
  Step mapping and timing tool
- Knowing How We’re Doing Board
  Visual representation of data
- Team Huddles
  Weekly meetings to discuss next steps

KEY RESULTS
The 5W team has experienced a culture change. The team has ebbed and flowed through improvement apathy, staffing changes and improvement gains and losses. These are some highlighted projects by 5W in the last 3 years.

- Reducing C. Difficile Rates
  ![Graph showing reduction in C. Difficile rates]
  - Start of 5W RT2C and using safety crosses
  - Applying quality improvement cycles

- Vernacare Reallocation
  Vernacare products (biodegradable commode liners and bedpans) are frequently used in a shift. The RT2C team worked with SMH’s equipment supplier to split these products from one supply location into two for increased accessibility.

  BEFORE
  - 150 steps from patient room to nearest supply and back

  AFTER
  - 30 steps from patient room to nearest supply and back

- Patient Hand Hygiene
  ![Graph showing improvement in patient hand hygiene]
  - Patients provided with hand hygiene products
  - Patients reported they have been reminded to do hand hygiene

LESSONS LEARNED
- Invite patients, families and staff members to huddles. Everyone has valuable knowledge and experience to share.
- Capture real time data to support quality improvement initiatives and improve patient quality care.
- Use a frontline approach to identify and solve problems. This enhances engagement and is the key to successes.

NEXT STEPS
- Hand Hygiene Compliance
  Improve hand hygiene compliance through audits and education. 5W is in competition with other units to see who can achieve the highest hand hygiene observation rate.

- Staff Recognition
  Highlight a staff member every month for their hard work and dedication on the 5W recognition board – where staff and families can express their appreciation.

- Equipment Reorganization
  Reorganize the location of frequently used equipment so that they are more easily accessible.

- Team Sustainability
  Invite new members to join the team, including licensed practical nurses, allied health, unit clerks, and patient partners.

ACKNOWLEDGEMENTS
We appreciate the patients, families, staff and leadership of 5W and the quality department at SMH. It is with your dedication to an exceptional person experience that makes this work possible.

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