BACK TO BASICS: A Community Hospital's Systems Approach To Priority Care Improvement

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Background

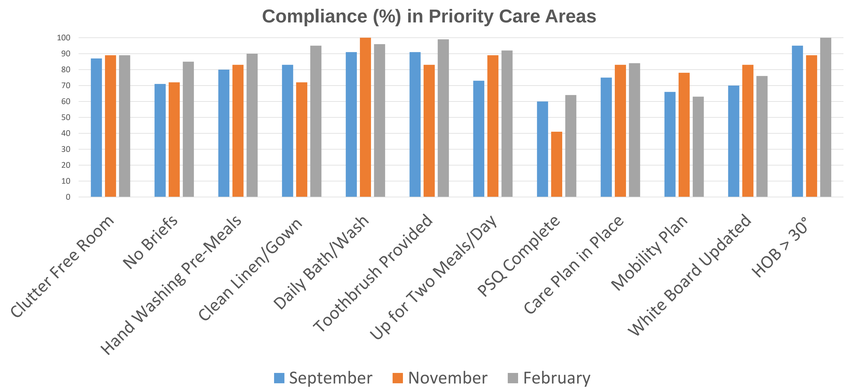
Inability to complete essential care attributes to higher patient morbidity and mortality. Patient acuity, complexity, and high volume admission rates challenge frontline teams to meet daily demands in achieving best practice care. Today's hospital culture inundates healthcare professionals with continuous new technical skills and increased documentation requirements, while limiting staffing resources. Ridge Meadows Hospital (RMH) launched a site-wide strategy targeting basic priority care areas to reduce prevalence of Fraser Health-identified patient safety priorities.

Priority Targets

Care Targets:
- Mobility
- Toileting
- Oral hygiene
- Hand hygiene
- Clutter-free rooms
- Clean linens and gowns
- HOB at 30°

Priority Safety Targets:
- *Urinary Tract Infections*
- *Pneumonia*
- Sepsis
- Delirium
- MRSA
- *Emergency Department 10 hr Rule*

Results



Regional data analytics are delayed three months, but real-time site led audits show vast improvement in clinical process outcomes. BC Patient Safety Learning System Patient's View Survey was completed by regional auditors at baseline (N=32), again at 6 and 12 months. This survey helps providers learn more about patient safety problems or concerns from the patient and family asking questions related to complications of care, equipment, hygiene issues, miscommunication, medication, environment or other problems. Volunteers also regularly survey patients and families utilizing the Patient Experience standardized questions by FHA. The most challenging clinical practice change led to one of our biggest successes in removing briefs from the site. In February, 100% of patients using briefs were deemed appropriate by our site's continence algorithm.

Knowledge Translation

Best practice care standards and scientific excellence improve health for Canadians in acute care settings. Knowledge Translation is a dynamic and iterative process including synthesis, dissemination, exchange and ethically-sound application of knowledge (CIHR). Barrier assessment, tailored interventions and monitoring knowledge occur on an ongoing basis on all units. In our concern for sustainment and continued education of staff, we implemented a new standardized Patient Safety Shift Huddle tool incorporating the Patient Safety Priorities as a safety variable reviewed each shift. Charge nurses and frontline staff engagement is high.

Conclusion

We launched a site-wide back to basics priority care initiative to improve essential care to reduce patient morbidity and mortality. Our data shows trending in a positive direction in reduction of patient safety priorities and infection rates. Patient and family feedback indicates improved satisfaction with care received. Big changes require big thinking, and our interprofessional team has been a key method to transition from a "me" to "we" culture.

- Weekly audits
- Patient and family teaching
- Staff education
- Huddles

Hand Hygiene

Oral Hygiene

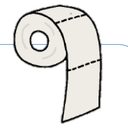
- Patient and family teaching
- Staff education
- Huddles
- New patient admission ORAL KITS

- Patient and family teaching
- Staff education
- Huddles

Bathing & Clean Linens

Mobility

- Mobility strategy
- Physiotherapy-led education
- Updated patient education posters



- Routine toileting encouraged
- Prompt removal of indwelling catheters
- Removal of briefs from site

Toileting

Audits & Feedback

- Monthly audits completed by unit leadership
- Real-time coaching
- Tailored education to unit needs

- Collaborative problem solving
- Partnership development with educational institutes

Systems Improvement

Sustainment

- Unit-tailored Patient Safety Shift Huddles
- Continued monthly audits
- Care Planning and PSQ focus

Method

Systems improvement requires vast collaborative partnerships. We created a steering committee including nursing, physicians, allied health, administration, regional practice and quality consultants, infection control, educational institutions. Ad hoc advisors include volunteer services, housekeeping, food services, and patient advisors. Regional program areas were excluded. Our interdisciplinary collaborative approach targets oral hygiene, toileting, bathing, clean linens and clothing, clutter-free rooms and head of bed elevation. We aligned with our health organization's quadruple aim to support a "we" culture, our partners in health, new solutions, and connected care. To achieve these goals, we created multiple action plans to target each priority care area.

Next Steps

Continued learning and sustainment will be achieved through:
- Integrating back to basics into all education opportunities
- Full assimilation of Patient Safety Shift Huddle tool and evaluation
- Continued audits with in-the-moment coaching for staff and patients

Acknowledgements

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