

WELCOME ONBOARD!

A Patient Orientation Approach to Decreasing Adverse Incidents in Hospital

The Context:

Modbury Public Hospital

- a suburban general teaching hospital of 170 beds in Adelaide, South Australia
- approximately 16,000 inpatient separations and 39,000 Emergency Department attendances a year.
- Patients from many ethnic backgrounds and ageing.
- Patient safety profile similar to other Australian hospitals (data analysed by the Australian Patient Safety Foundation using AIMS).

Staff always answered straight away and put patients at ease.

The Problem

and our Solution:

- Patient safety in hospital
- Involve consumers in safeguarding themselves while in hospital.
- safety demonstration offered to selected General Medical inpatients
- Measure adverse events.

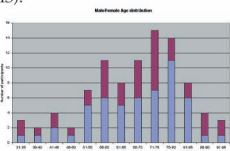
Patients should be encouraged to be confident in communicating to hospital staff.

Patients involved in the project could be part of a committee to discuss issues and take it to the relevant areas in nursing.

Information Gathering:

- Exclusion criteria, information for staff and patients and a comprehensive kit for volunteers developed.
- Nursing Unit Manager identified suitable patients
- Trained volunteers enrolled willing patients
- Volunteer gave safety demonstration and a laminated list of possible questions to ask health care staff about medications, falls/mobility and intravenous therapy.
- Emphasis on the importance of questioning all staff and observing.
- Post discharge telephone interview to determine whether any of the questions had been used, whether any useful information was provided and what the attitude of the staff had been to any questioning.
- Staff questionnaires during and after trial to detect any difference in questioning

Could help others by being alert to assist other patients, when they need nursing care, by ringing the bell for them.



Key Measures for Improvement:

The desired project outcomes included

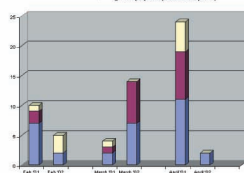
- increased questioning by, and general empowerment of, patients;
- reduction in unsafe incidents, especially related to medications, falls and intravenous therapy; and
- positive staff reactions to increased involvement of patients in their care.

Analysis and Interpretation



- Patient and staff questionnaire responses - little change in the rate of questioning by patients.
- Staff ready, willing and able to answer questions as necessary.
- Patients appreciative of the personal support of the volunteers and the telephone interviewer.
- A few patients prompted removal of their intravenous catheters which might otherwise have been missed.
- Some patients alerted staff to unsafe situations for other patients.
- Incidents (medication, falls and intravenous therapy) reduced from 38 to 21 compared with the same 3 months of 2001.

Comparative Incident Rates (pre vs project implementation phase)



Even though the workload was heavy, they certainly took time out to answer questions.

Patients should be made aware on admission that they have a right to ask any questions to all staff, on any level. It is their body and so should have that right.

So What was learned?

- Trained volunteers can positively influence the safety and satisfaction of inpatients.
- Patients appreciate being involved in and asked about their care.
- Extra time spent in communication considerably enhances the patients experience of hospitalisation and provides valuable information about the patient.
- While the reduction in incidents cannot be attributed solely to the project it is seen as worthwhile in the constant effort to improve patient safety.

What would we do differently next time?

- 41% of patients were excluded. Of those deemed eligible a further (small) proportion declined. Alternative safety strategies are needed for the confused/demented and non-English speaking or reading patients.
- Volunteer input was excellent but impractical if the process is implemented for all patients. Develop a patient information video, with a voice over in several languages, and show it to all patients as soon as their clinical condition allowed.
- The effectiveness of the project intervention is questionable. Dissemination of the safety message and encouragement of patients to participate in their care is worth pursuing anyway

Implementation lessons for other hospitals

- Find out what your volunteers are capable of and interested in doing.
- The overwhelmingly positive response to the telephone follow-up demonstrates the value of consumer involvement in evaluating their healthcare delivery.
- Patient follow-up questionnaires can be used in timely assessment of patient satisfaction with various hospital procedures.
- If you have the resources, develop a video to run through inhouse TV systems and the supporting materials for patients and staff.

Staff answered and explained in detail. When unsure they got someone else to help me or I kept questioning in other ways.



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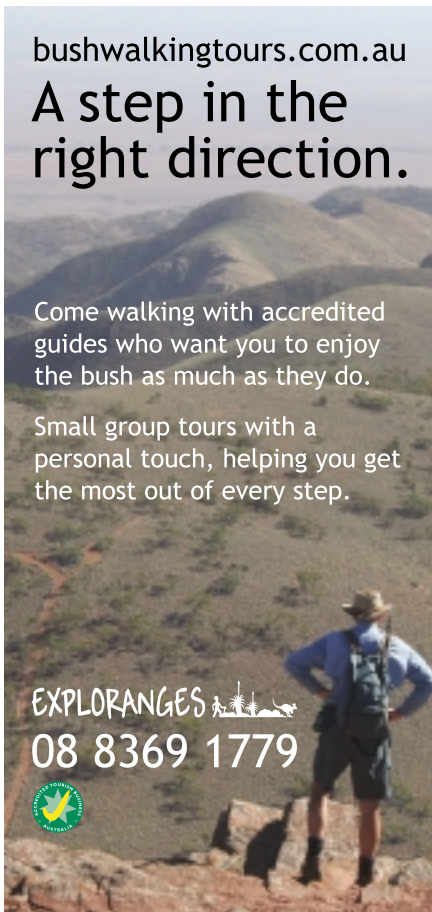
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