This example of organisational improvement and response follows on from the Topic 1 patient story and staff perspective. You can watch two short video clips or read the transcript via webpage or pdf.

Thank you to First, Do No Harm and the Northern Region district health boards for facilitating and sharing this patient story and example of organisational learning.

Watch this short video clip (5 min, 07 sec) to see health care staff talk about learning from patient stories, and a set of initiatives which improve safety in both the physical environment and the way nursing care is organised, or read the transcript below.

The initiatives discussed encompass:
- well organised ward (WOW)
- patient status boards at the bedside
- bedside handover
- rapid rounding with the multidisciplinary team.

These are part of a larger package known as Releasing Time to Care: The Productive Ward developed by the National Health Service Institute for Innovation and Improvement at the University of Warwick in Coventry, England. Productive programmes are being implemented by a number of district health boards (DHBs).

Barbara talked about her mother’s experience in a video clip here.

Her mother, Betty, is a 93-year-old lady with a history of falls, and was admitted to hospital after a fall. Just as Betty was ready to go home from hospital, she fell in a cluttered toilet space which she was trying to negotiate with her walker. Betty’s hospital stay was extended by several weeks and in the video clip Barbara describes the impacts of this fall for her mother and the family.

Barbara
Betty’s daughter

Mum’s experience was really unfortunate, it was so disappointing that something so simple was neglected and resulted in two weeks of Mum in hospital. I hope that the hospital staff will learn and changes are put in place to make this not happen again.

Jane Lees
Nurse Director, Adult, Cardiac and Cancer Services, Auckland DHB

It makes us feel as though we’ve let the patients down. It’s a very simple thing to keep a place tidy.

Karen O’Keeffe
Clinical Lead, First, Do No Harm, Northern Region Patient Safety Campaign

Learning from the patients and their stories is a huge motivating factor for us. You see the real toll that took on that family.

Sandy Blake
Clinical Lead, Reducing Harm From Falls programme; Director of Nursing, Whanganui DHB

OK, let’s have a really close look at what happened, and why it happened, and we’ll try very hard in the future not to let it happen again.
Jane Lees
But there’s so many people involved in a ward team, somebody has
to take responsibility, so what we’ve done is make falls everybody’s
business.

Sandy Blake
It’s about the person who brings the cup of tea to the patient. And
if they see the patient getting out of bed, and they know that that
patient is frail or just looks like they might easily fall, that they push
the bell and get some help.

Simon Kerr
Professional Leader Physiotherapy,
Counties Manukau Health
…through to the patient themselves
who recognises their own limitations and
communicates that to staff, through to the
patient’s family, who play a role in that as
well, through to the obvious staff members who have that duty of
care and that obligation to do their best and ensure patients aren’t
harmed while they’re in our care.

Sandy Blake
Most falls occur around the patient’s bed, in the patient’s room, or in
the toilet, or heading to the toilet. So it makes us think about what are
the things that could help prevent falls in those areas.

Denise LeLievre
We have daily rapid rounds so we are liaising with our
physiotherapists, occupational therapists, speech language
therapists and social workers, so it’s a real team approach

Sandy Blake
Nurses are part of a wider team of people caring for patients but the
uniqueness about nurses is that they are there 24 hours a day, seven
days a week. They get to know their patients really well, and they
understand and think about their patient’s uniqueness. What is it
they have to do for that patient to keep them safe?

Jane Lees
Intentional rounding is a process that is being implemented here
in this organisation. What intentional rounding does is encourage
the nurses to meet with the patient on a regular basis throughout
their shift, using intent. They meet the patient at the beginning of the
shift at the patient bedside handover, and make a contract with the
patient so that they will be visiting the patient on an hourly basis.

Denise LeLievre
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patient so that they will be visiting the patient on an hourly basis.

Sandy Blake
We’re quite excited about that, because it’s going to give more
structure to our nursing care – seeing the patients routinely on an
hourly basis and pre-empting their safety and comfort needs.

Denise LeLievre
It does make you check on your patient regularly, it does make you
address the things that patient particularly needs. Now, if they don’t
need help to go to the toilet, you don’t ask them [about that], but you
ask them other things that are relevant to them, about their pain, or
about them.

Jane Lees
You also use the status bed boards to highlight some of the key areas
of concern for the patient in that day.

Sandy Blake
It’s intended to be individualised to the patient. The patient then has
trust that you’ll be back at a certain time to help them with the needs
that they require.

Jane Lees
We know that our call bell usage has reduced by 50 percent and
we know that we have had a reduction in falls. Our data is new, so
we can’t see any trends just yet, but we know we have had these
reductions.