



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.

Continued over...

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

**Charge Nurse Manager, Neurosurgery,
Auckland City Hospital**

This ward has been involved in Releasing Time to Care, which is a lean health care programme that really gave us the opportunity and structure to review our

work processes and environment to increase patient safety. So the things that we've done are around the environment – we've looked at the patient room – we decluttered equipment and furniture in the room. We've designed and designated bed sides – so we've now got a patient and visitor side, and a nurses' side. So that removes hazards when patients are mobilising and also equally allows the nurse easy access to emergency equipment and clinical devices...

And out of that, we've also developed a patient status board. We assess falls risk on admission and during their stay. The patient status board is a really good visual tool to show and inform the patient and their family of who their nurse is, what their falls risk is and what assistance with mobility they need. We've implemented ISOBAR bedside handover where the patient meets their nurse and team at the beginning of each shift. They can ask questions about their care, and also we can complete essential safety checks. It's a really good visual assessment and with a verbal handover, we can quickly identify the patients at risk.

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

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.

Sandy Blake

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.



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