



ACTIVE Ward



Analysing inpatient deconditioning and taking steps to increase the activity in an acute Oncology, Haematology and Renal ward

Aim

To increase the overall activity of patients on 5N. Reducing the number of patients in bed at our spot audit from 85% to 75% by 31st August 2018.

Problem

- Increasing number of deconditioning referrals to the multidisciplinary team (primarily physiotherapy) resulting in longer lengths of stay for these patients.
- Patients referred for deconditioning have a median length of stay of 15 days and require intensive input from all members of the MDT, especially as many were observed to be referred late in their admission.

Context and Background

- Inspired by the #EndPJPparalysis, the project was led by Allied Health Professions (AHP) and nursing staff leaders on the ward who wanted to improve patient care, safety and experience.
- A project team of AHP, health care assistants and nursing staff participated in a detailed process mapping process identifying multiple areas for improvement in the 'deconditioned' patient pathway. Based on the process map it was decided to focus on equipment provision in addition to patient, family and staff education.

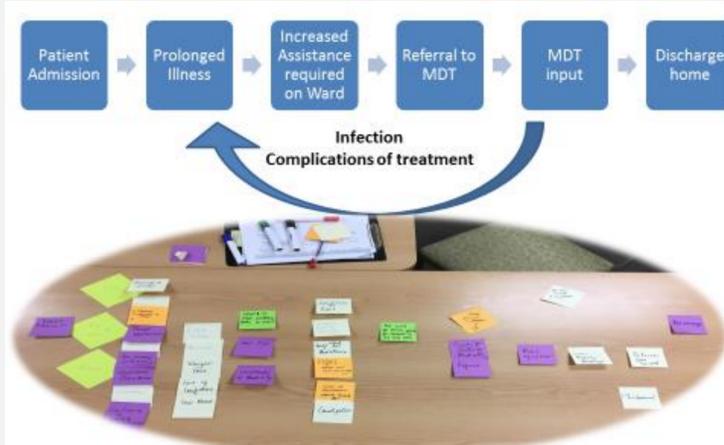
Improvement Methodology IHI Model for Improvement

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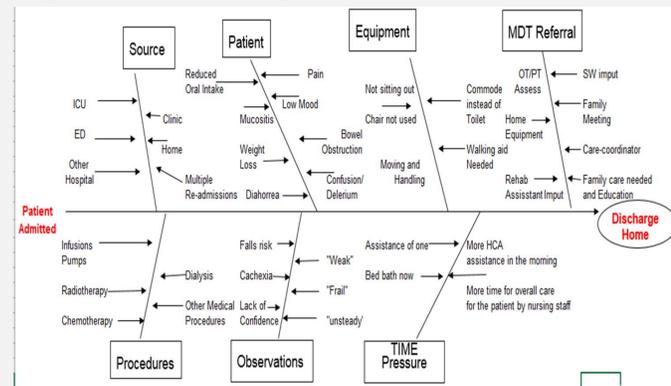


Baseline/ Current situation

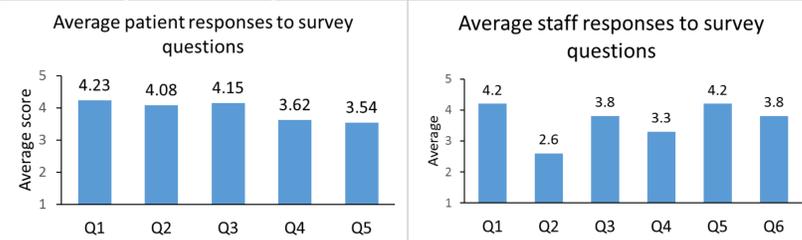
1. Mapped the current process



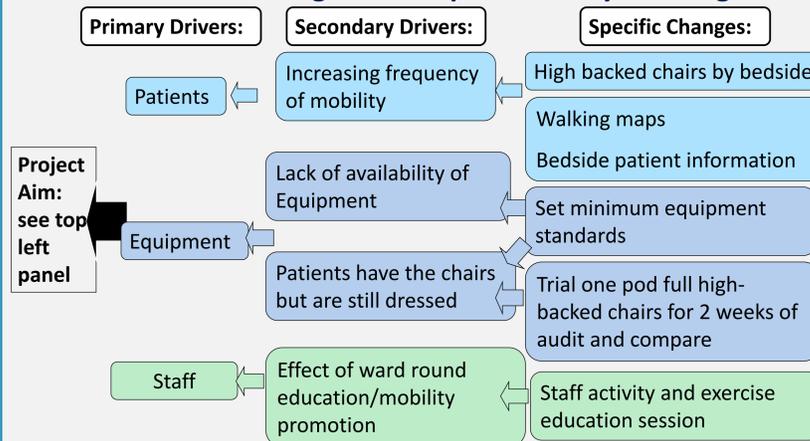
2. Complex Fishbone Diagram



3. Surveyed staff & patients



4. Created a driver diagram to capture theory & changes



Improvements

1. Created posters for patients & staff (below)

DID YOU KNOW????????

- How many patients require rest home placement because we didn't prevent deconditioning?
- Loss of strength could make differences between dependence and independence

You are what you wear.

- Encourage patients to get changed into comfortable clothes.
- Pyjamas say you are unwell!

Clothes say you're getting better!

SIT UP

Spend less time in Bed

Support your patients to eat meals whilst sitting on a chair.

How many times do your patients walk during their day in hospital??

- Encourage your patients to walk to the bathroom regularly and also around the ward.
- Encourage to make their own drinks and family to use patient lounge during visits.

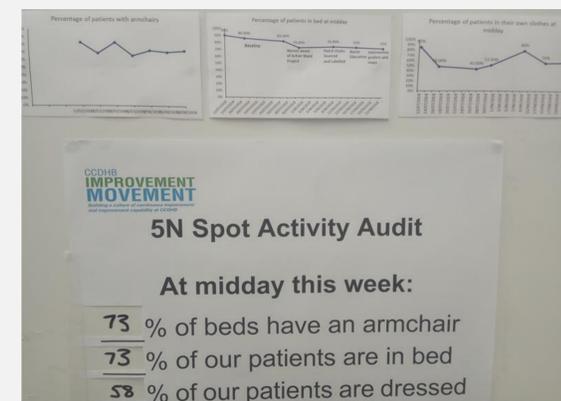
2. Staff education sessions

- We had a staff in-service education which ran for a week, during those session, the staff poster, the road Map and the exercise activity poster was introduced.
- Staff were asked to encourage patients in sitting up, getting dressed and get moving. Staff appreciated the idea.

3. PDSA cycle of the spot activity audit

- The spot audit was done weekly in all pods, where the baseline midday activity was checked, majority of patients preferred hospital gowns when they fell unwell, or having IV drips, or doctors visit. See audit results in top right 'outcomes' panel.

4. Created a visual data dashboard so staff can track progress (below)

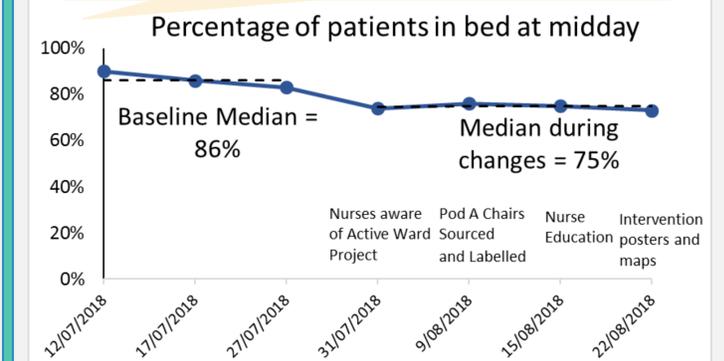


Outcomes

One patient said "the exercises on the posters are great, I've wondered what I can do to keep myself strong"

One patient said "the map is useful when you first come to the ward and everything looks the same"

11% reduction in the number of patients in bed at midday, we achieved our aim!!!



Next Steps

- Adding "at risk deconditioning" to MAP white board
- Continue spot activity audit weekly
- Patient feedback ongoing with spot activity audit
- Await chairs to arrive to complete trial in Pod A
- Ongoing equipment project to track equipment present led by senior nursing staff
- Staff survey

Benefits

- Improve patient and staff confidence
- Decreasing deconditioning in patients when admitted
- Improve patient care
- Shorter stay in hospital
- Decrease Physio referral

Lessons Learnt

- Importance of patient feedback e.g hospital gown vs own clothes when ill
- Deconditioning is a difficult problem to identify
- Importance of equipment needed for mobilisation

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