

Building blocks for a safe ward



CLINICAL
EXCELLENCE
COMMISSION



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CEC Comprehensive Care - Minimising Harm model

Building Blocks for a Safe Ward

Safety Huddles

Post incident huddle
e.g. Post Fall huddle

Purposeful/intentional rounding

Clinical bedside handover

MDT bedside rounds

Transfer of care - clinical
handover

Data intelligence



Hydration and nutrition



Cognitive Impairment



Patient care
fundamentals



'what matters to me'
Engage patient, family, carer in
care planning



Safe and early
mobilisation



Medication review

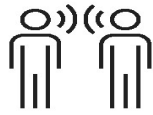


End of life care



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Building Blocks for a Safe Ward



Clinical Bedside Handover



Every patient, every shift, every day



Safety huddles



Every shift every day (know your greatest risk)



Multidisciplinary Team Rounds



1-2 times a week
MDT with patient to ensure a common goal



Intentional Patient Rounding



Hourly to ensure patient care needs are met



Post incident Huddle



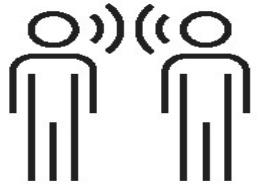
As soon as possible after an incident to learn and improve

Underpins healthcare decisions, informs changes and improvement



Use Data Intelligence

Building Blocks for a Safe Ward



Clinical Bedside Handover



Every patient, every shift, every day



Safety huddles



Multidisciplinary Team Rounds

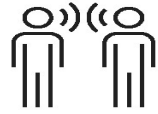


Intentional Patient Rounding



Post incident Huddle

Building Blocks for a Safe Ward



Clinical Bedside Handover



Safety huddles



Every shift every day
(know your greatest risk)



Multidisciplinary Team Rounds

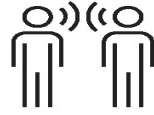


Intentional Patient Rounding



Post incident Huddle

Building Blocks for a Safe Ward



Clinical Bedside Handover



Safety huddles



**Multidisciplinary
Team Rounds**



**1-2 times a week MDT with
patient to ensure a common goal**

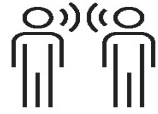


Intentional Patient Rounding



Post incident Huddle

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Multidisciplinary Team Rounds



Intentional Patient Rounding

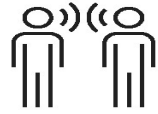


Hourly to ensure patient care needs are met



Post incident Huddle

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Clinical Bedside Handover



Safety huddles



Multidisciplinary Team Rounds



Intentional Patient Rounding

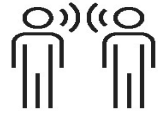


**Post incident
Huddle**



**As soon as possible after an
incident to learn and improve**

Building Blocks for a Safe Ward



Clinical Bedside Handover



Safety huddles



Multidisciplinary Team Rounds



Intentional Patient Rounding



Post incident Huddle



‘The single biggest problem in communication is the illusion that it has taken place’

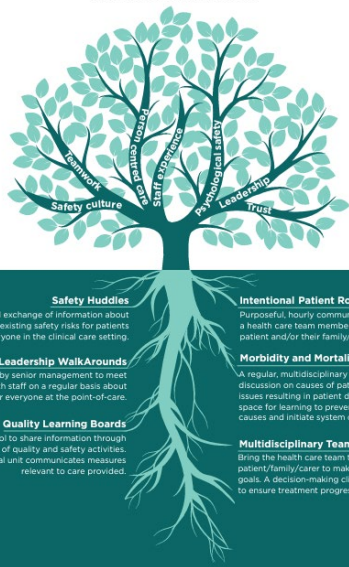
George Bernard Shaw



Resources

Safety Fundamentals for Teams

Safety fundamentals are practical improvement tools that will enhance team practice and behaviours to grow a safer environment for staff and patients/families/carers.



Safety Huddles

Brief, focused exchange of information about potential or existing safety risks for patients and everyone in the clinical care setting.

Leadership WalkArounds

Commitment by senior management to meet and talk with staff on a regular basis about safety for everyone at the point-of-care.

Quality Learning Boards

A practical tool to share information through a display of quality and safety activities. Each clinical unit communicates measures relevant to care provided.

Intentional Patient Rounding

Purposeful, hourly communication by a health care team member with each patient and/or their family/carer.

Morbidity and Mortality Meetings

A regular, multidisciplinary peer-reviewed discussion on causes of patient harm or issues resulting in patient death. A safe space for learning to prevent identified causes and initiate system changes.

Multidisciplinary Team Rounds

Bring the health care team together with patient/family/carer to make plans and set goals. A decision-making clinician is present to ensure treatment progress.

SAFETY HUDDLES

IMPLEMENTATION GUIDE



Multidisciplinary Team (MDT) with Patient Rounds

INTENTIONAL PATIENT ROUNDING

INFORMATION FOR CLINICIANS & HEALTH PROFESSIONALS

Intentional Patient Rounding is purposeful hourly communication by a healthcare team member with each patient and/or their carer or family.

Intentional Patient Rounding with purpose:

- Keeps patients and/or their carer or family informed about and involved in their care
- Supports the delivery of safe, quality care
- Regularly evaluates the quality of care delivered
- Creates trust and reduces patient and/or carer or family anxiety by providing clear expectations for each interaction by a known care giver.



It is not an additional attendance to a patient and/or their carer or family on the hour, but is a system of providing holistic care to all patients and/or their carers or families during the course of usual scheduled activities. This means that a planned task such as administering medications or taking observations becomes the opportunity to undertake intentional patient rounding. It enables evaluation of the effectiveness of strategies and plan care in partnership with the patient and/or their carer or family. This ensures awareness of the clinical and personal needs of the patients they are caring for and helps to manage workload proactively. The information gathered during hourly rounding throughout a shift will inform clinical handover information.

Intentional Patient Rounding Behaviours	Expected Results
Use opening key words (greeting, introduction of self) Ask the patient and/or carer/family what you can do for them	Contributes to trust, therapeutic relationship Improve communication and individualised care
Accomplish and document scheduled tasks (planned care, observations etc.)	Contributes to safety, efficiency and delivers on planned care
Assess the following: <ul style="list-style-type: none"> Personal needs Position Patient environment Discomfort Devices Documentation 	Care is provided to meet the individual needs of each patient, which contributes to improved outcomes, quality indicators and reduced risk through activities including: <ul style="list-style-type: none"> Personal cares Analgesic requirements Positioning and comfort Maintaining therapeutic relationships
Update Patient Care Boards as required in consultation with patient/family/carer	Individualised care for patients
Inform the patient and/or family or carer when you will be back Document the round	Contributes to therapeutic relationship, provides reassurance, is proactive and improves efficiency Quality and accountability



<https://www.cec.health.nsw.gov.au/improve-quality/teamwork-culture-pcc/safety-fundamentals/for-teams>

