INITIATIVES TO IMPROVE PEER ROUND

- ☑ SAFETY
- ☐ PRODUCTIVITY
- ☑ PATIENT EXPERIENCE
- ☐ QUALITY
- ☐ VALUE

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Define Problem, Set Aim

Problem Statement

Analysis of NTFGH Inpatient Falls statistics between Jan to Dec 2017 showed that 42% (60 cases) of inpatient falls that happened were due to elimination needs*. Out of these 60 cases, 7 were from Ward B15S. 2 Cases of Hospital Acquired Pressure Ulcer (HAPU) were also reported in Jan - March 2018. This could lead to prolonged hospital stay, increased cost for the patient and worsened bed crunch situation.

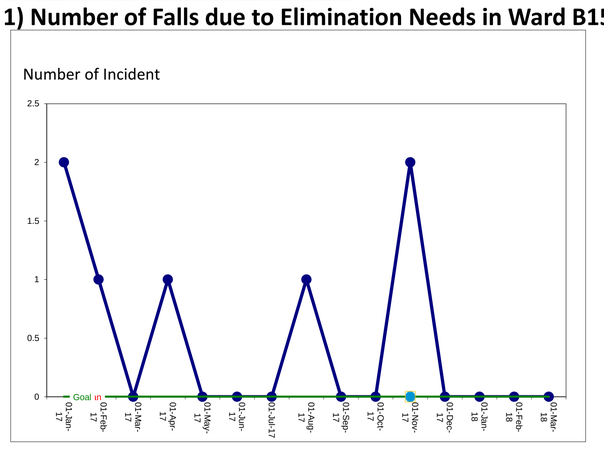
**patient needs to go toilet*

The team intended to accomplish Zero incident in Falls due to Elimination Needs and HAPU by 19/7/2018 for Ward B15S because we want to provide safe and effective Nursing Care to our patients.

Establish Measures

Outcome Measures

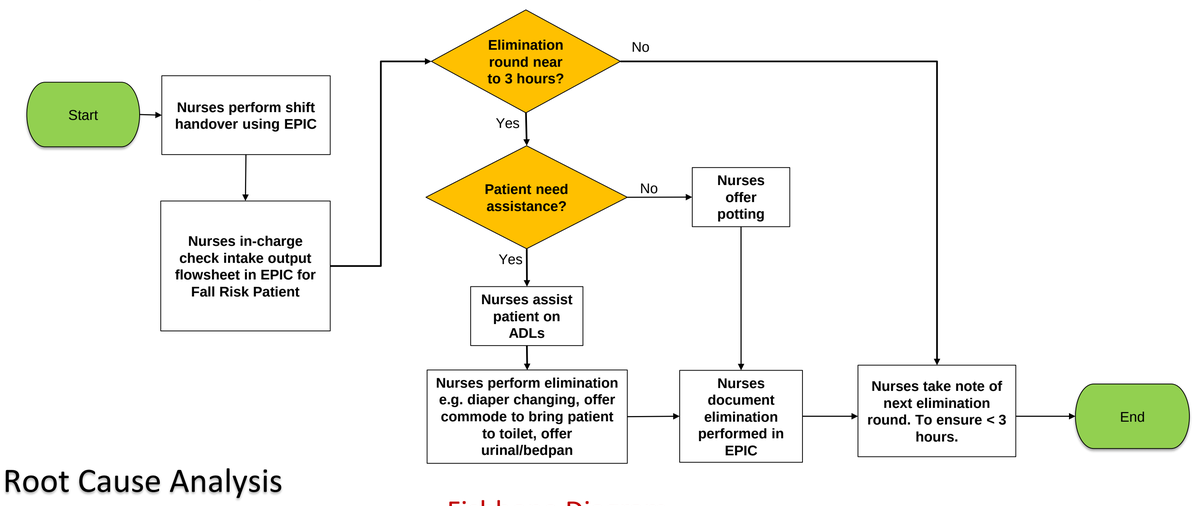
1) Number of Falls due to Elimination Needs in Ward B15S



2) Number of HAPU in Ward B15S

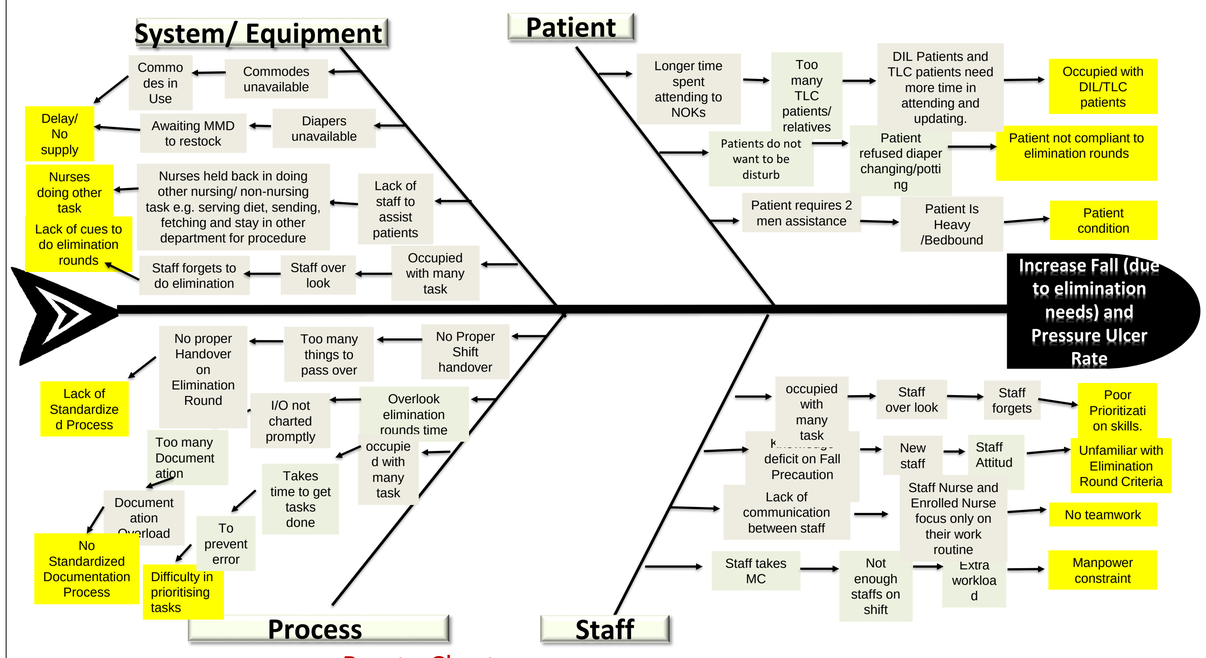
Analyse Problem

Process Before Improvement

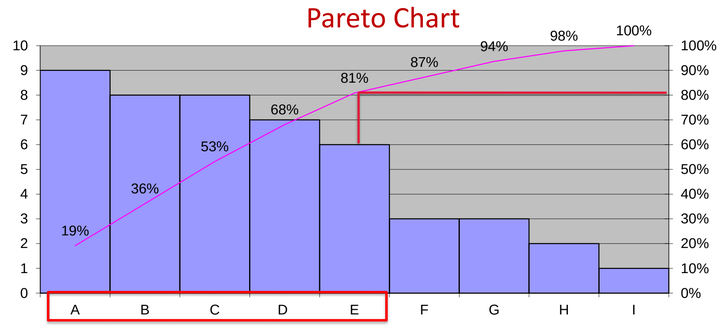


Root Cause Analysis

Fishbone Diagram



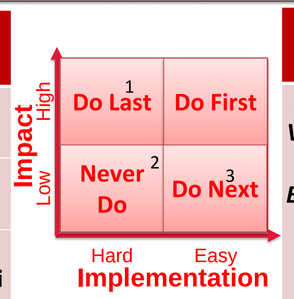
Pareto Chart



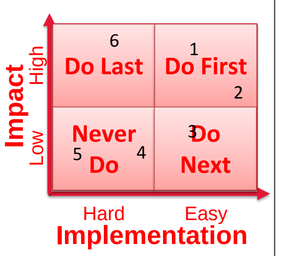
Legend	Root Causes
A	*Nurses Doing Other Task*
B	*Lack of Cues to Do Elimination Round*
C	*Difficulty in prioritizing task*
D	*Unfamiliar with Elimination Round Criteria*
E	*Lack of Standardized Process*
F	*Patient Condition*
G	*Patient Non Compliance*
H	*Manpower Constraint*
I	*Occupied with TLC/DIL Patient and NOK*

Select Changes

Root Cause		Potential Solutions
A (Nurses Doing Other Tasks)	1	*Hire Ancillary Staff*
	2	*More Manpower*
	3	More Volunteer/Bedside buddy



Root Cause		Potential Solutions
B (Lack of Visual Cues to do Elimination Round)	1	*Wall Clock*
	2	*Flip chart*
	3	*Worklist in Epic*
	4	*Notes on COW*
	5	*Timer*
	6	*Reminder by In-charge*

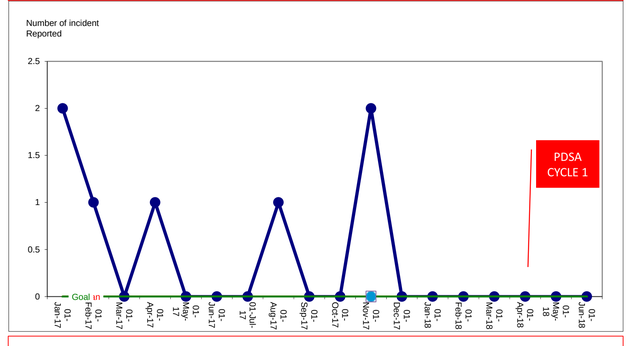


Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1	1. A **Wall Clock** to remind the nurses to do PEER round **(P=Pain, E=Elimination, E=Environment, R=Reinforce)** is hung up near the entrance of each cubicle. 2. A **flip chart** was created to reinforce on PEER round for patients who require 2 hourly turning and 2-3 hourly elimination round Verbal instruction has been shared during Roll Call and Instruction Sheet has been provided to all Ward Cubicle to ensure the nurses know about the initiative.  Wall Clock  Flip Chart	*Yes. 2nd April 2018* **Limitation:** 1) Many times the Wall clock does not reflect the time for the next PEER round as nurses prioritise other task than adjusting the "hands" on the clock. 2)Delay in doing PEER round due to Various Reasons. ***Feedback and observations from the ward nurses:*** Nurses are well reminded to do the PEER round every 3 hours especially when they first enter the cubicle. Reinforcement still need to be done as turning the chart require extra step for the nurses on the ground and the time is not fixed for all patients. Generally it has been appreciated more on the reminder to the nurses to do PEER round.	There is no Fall (due to elimination needs) and HAPU reported till May 2018	1) Enhance Training and In-service on PEER Round. 2) Source for an automatic timer with light indicator to give visual cues to remind nurses on the PEER rounds.

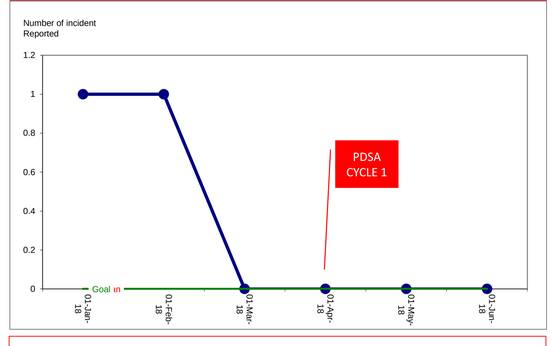
Outcome Measure 1:

Numbers of Fall due to Elimination Needs in Ward 15s



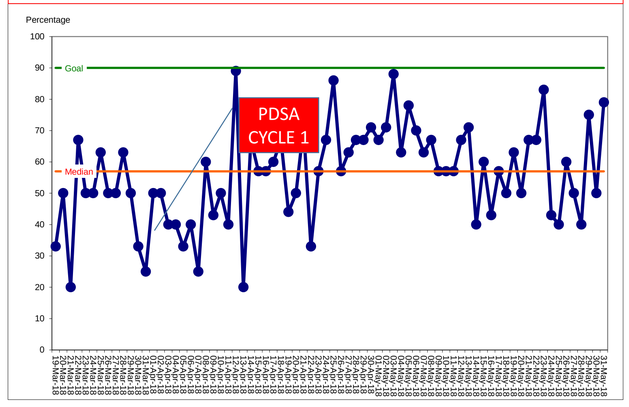
Outcome Measure 2:

Number of HAPU in Ward B15S



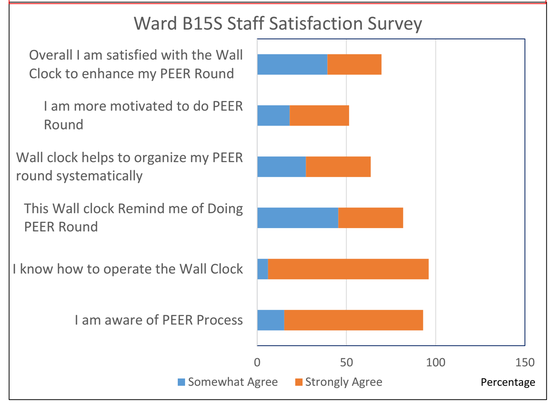
Process Measure:

PEER Round Done 3hourly in Ward B15S



Balancing Measure

Staff Satisfaction



Learning Points

Brainstorming for solutions is easy but choosing the best and appropriate one to implement needs a systematic approach. Wall Clock and Flip Chart have been chosen in consideration of 'Easy Implementation with High Impact'.

Implementing change is not easy when staff is so used to their routines.

Changing staff mind-set to embrace PEER round is challenging unless they could be bought in to the idea that it benefitted them along the way. We believed it can be done with education and consistent supervision.

Initial change might show only slight improvement and not significant. The team will continue to look into other interventions and do more PDSA cycles.

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