

Gosford Surgical Admission Centre Waiting Room Project

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Project Aim:

- To reduce complaints and clinical incidents in Gosford Surgical Admission Centre by 50% within 6 months.
- To increase the degree of patient satisfaction and experience within the Gosford Surgical Admission Centre.

Team members & roles

Stakeholders

The project plan identifies the Project Sponsor and Project Lead.

- The Project Sponsor is locally accountable for achieving the change.
- The Project Lead is responsible for managing the day to day running of the change process, delegating as appropriate to the project team, and reporting on progress to the Project Sponsor.

Project Sponsor

- Divisional Manager, Division of Anaesthesia, Surgery and Intensive Care, Central Coast Local Health District

Project Lead

- Operational Nurse Manager, Division of Anaesthesia, Surgery and Intensive Care, Central Coast Local Health District

Working Party

- Nursing Unit Manager, Gosford Surgical Admissions Centre (GSAC)
- Nursing staff GSAC x 2
- Administrative Officer, GSAC
- Consumer Representative identified and approved.
- Consumer representative to attend observational audit to identify issues or concerns that may impact on service delivery, patient satisfaction or customer experience in the GSAC

Roles	Responsibilities
Project Sponsor	<p>To provide support and authority that will assist project team to meet its objectives</p> <p>Reward and publicise implementation success</p> <p>Meet with the Project Team as required</p> <p>Remain informed of project progress</p> <p>Authorise, legitimise and demonstrate ownership for the project, the Project Team and the changes that result</p> <p>Argue for, and champion the changes in all forums and to all staff who report to them (sponsor)</p> <p>Single point of accountability for project outcomes</p> <p>Provides direction, approvals and feedback to project team</p> <p>Ensures right resources are secured</p>
Project Working Party	<p>Sets objectives and vision for the project</p> <p>Actively involved in stakeholder management</p> <p>Sponsors major initiatives of the project</p> <p>Allocates investment where applicable</p> <p>Determines implementation approaches</p> <p>Reviews and approves recommendations</p> <p>Defines best practice</p>
Project Lead	<p>Manages and integrates overall project</p> <p>Coordinates timely completion of project deliverables</p> <p>Tracks and reports progress to ensure project is meeting stated aims and objectives</p> <p>Communicate any issues as per governance structure</p> <p>Responsible for formal communication to Project Sponsors, and relevant committees</p> <p>Assisting in implementing project team activities. For example: organising working party, participating directly on working party, managing communications, facilitating change, assists in development and preparation of methodology and associated reports</p>



Background

- The Gosford Surgical Admission Centre (GSAC) is a short stay surgical admissions centre providing care to an average of 650 overnight and 700 day only elective patients per month.
- The unit has two waiting areas, which accommodates surgical elective and trauma patients , and their families and carers. The GSAC inpatient unit has 24 overnight beds and 6 day only beds, frequently surged for overnight use.
- Caseload in the GSAC is predominately Day Only and Extended Day only patients, however due to capacity issues, the GSAC regularly accommodates elective patients requiring extended stay and unplanned surgical admissions from the Emergency Department. The unit is very busy with multiple occasions of “hot bedding” to manage the patient flow.
- Patient /carer / family feedback and data from the incident information management system (IIM’s) has indicated a level of dissatisfaction with the level of clinical care, experience and communication provided by staff in the GSAC.
- Clinical Incidents have occurred in the GSAC waiting room due to inadequate patient observation and intervention.



Rationale & purpose

To develop an understanding of the issues that impact both patient/carer safety and satisfaction.

Total IIM's for 2012 – 2013 for GSAC =107 clinical incidents and 27 complaints

A further analysis and breakdown of IIM's data has indicated the following complaints were related to the waiting room

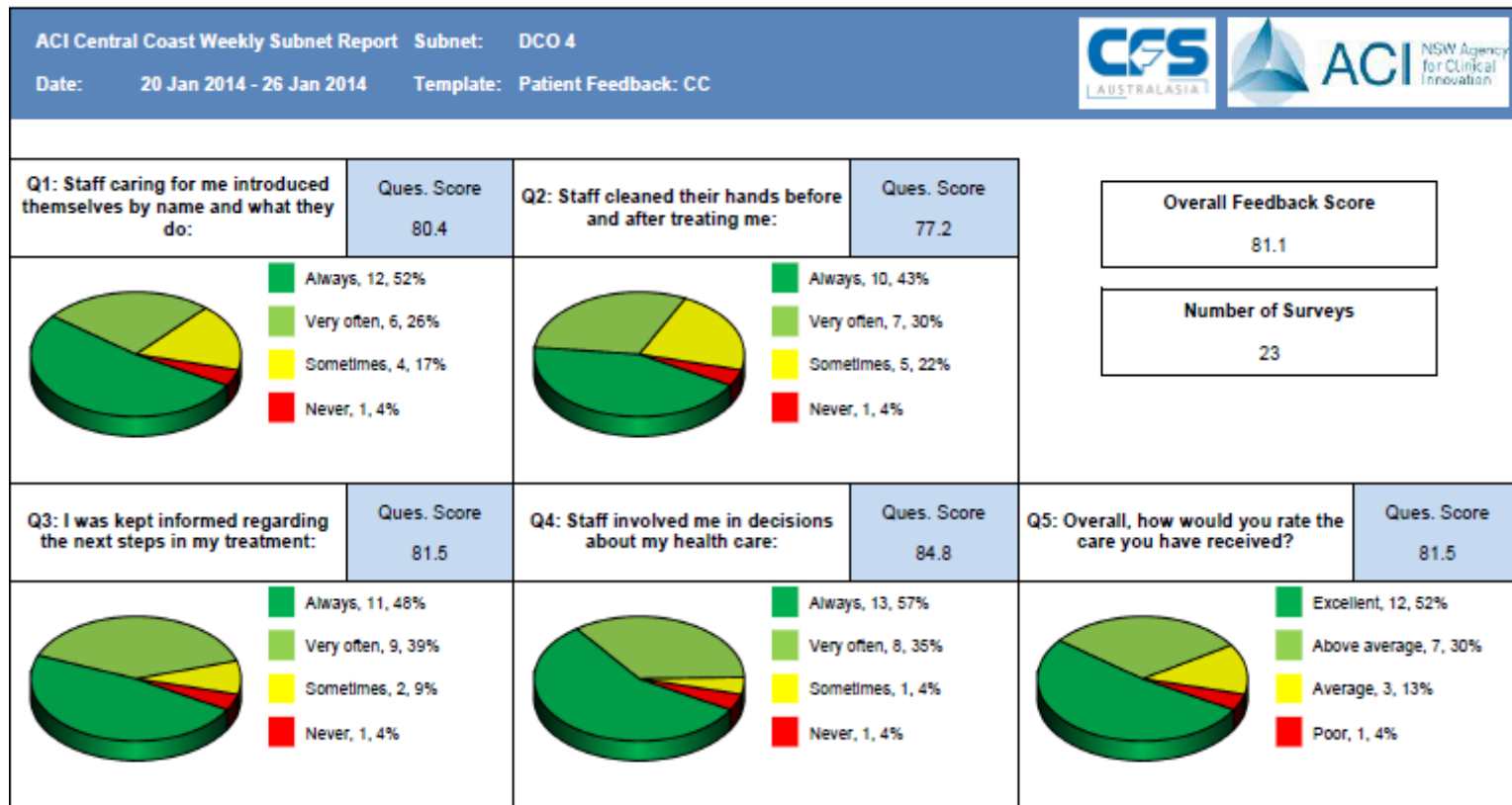
- 2010= 15
- 2011= 13
- 2012= 4
- 2013= 9

A large volume of complaints relate to poor quality or lack of communication between patient/carers and staff from the GSAC.

- Other key issues identified from the observational audit and patient experience tracker include:
 - Several patients reported sitting in the waiting room all day fasting for surgery, without a staff member acknowledging or providing updates on surgery delays
 - Several patients reported feeling cold and hungry
 - Several patients complained about staff attitude and lateness of notification of surgery cancellation
 - Several patients reported that staff appeared to have no understanding of what was happening when patients requested information
 - A patient fell in the GSAC waiting room
 - A patient was transferred to ICU post op without any communication with GSAC, relatives in GSAC waiting room



Evidence for there being a problem worth solving

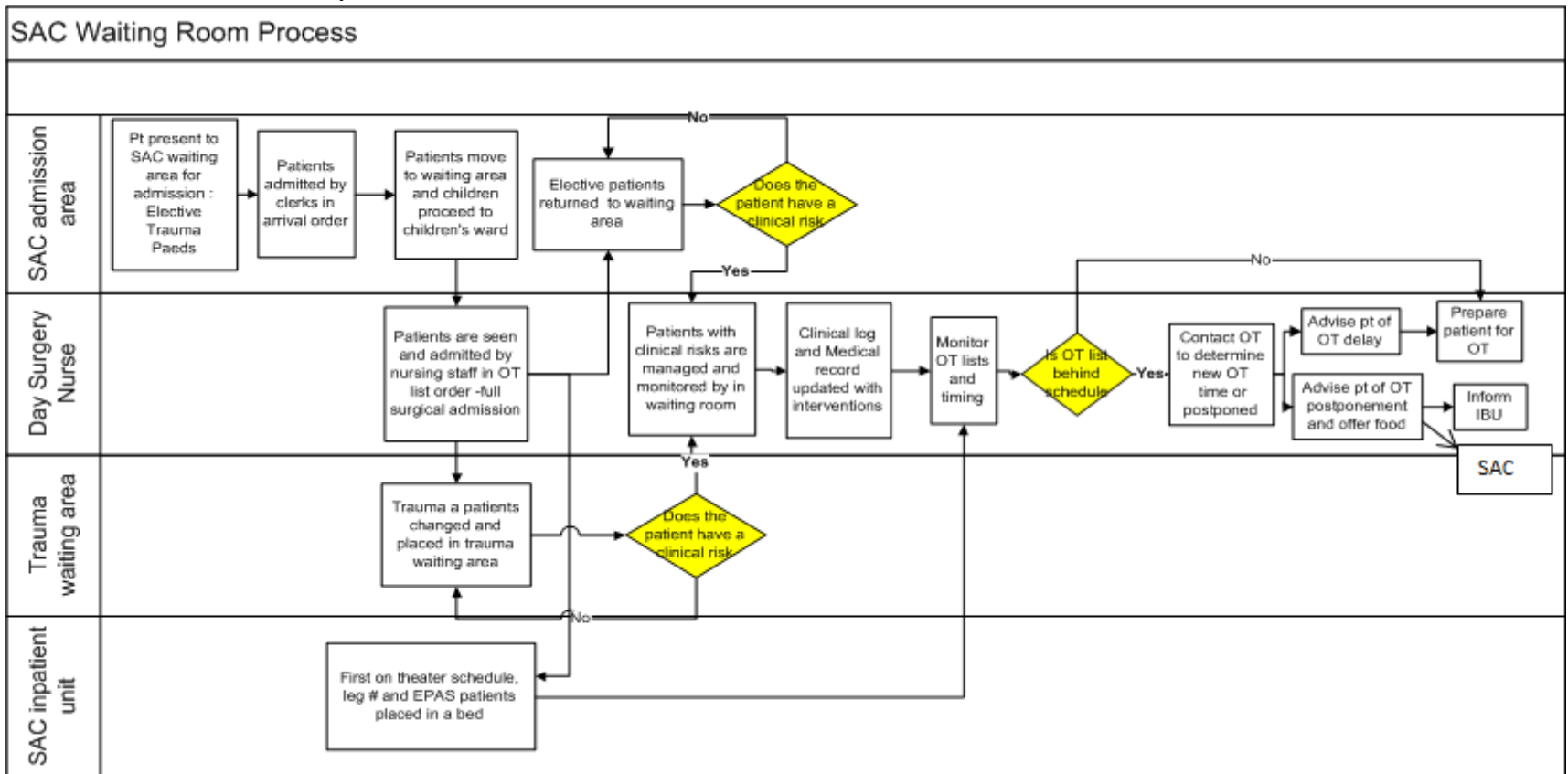


Phone survey results (Slide 18) also identifies need for improvement

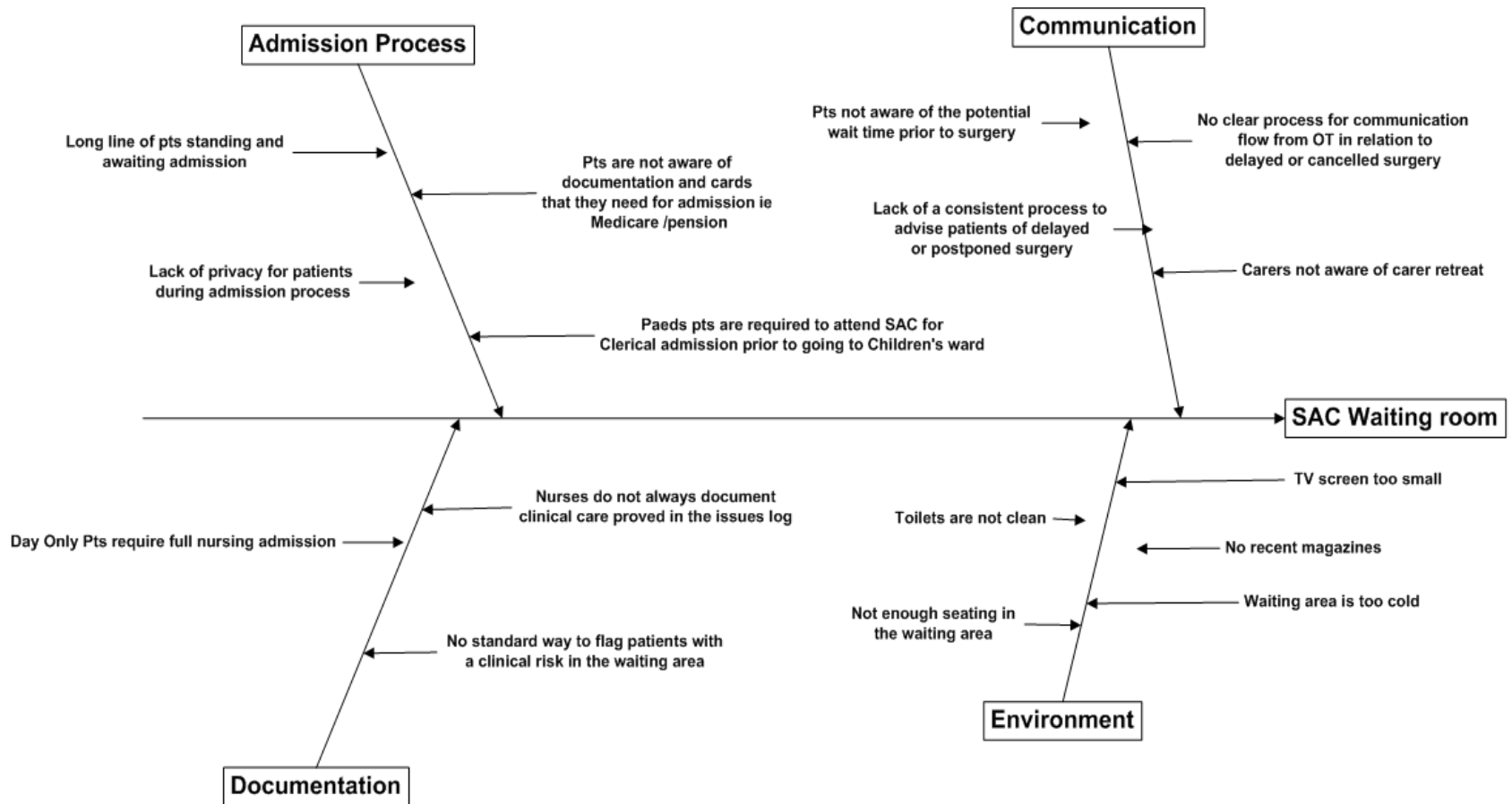
Flow Chart of Process

Diagnostics

A working party was formed, meetings were scheduled weekly. After several meetings it was identified that additional working party members from Operating Theatres and Clerical admissions were required



Cause and effect diagram



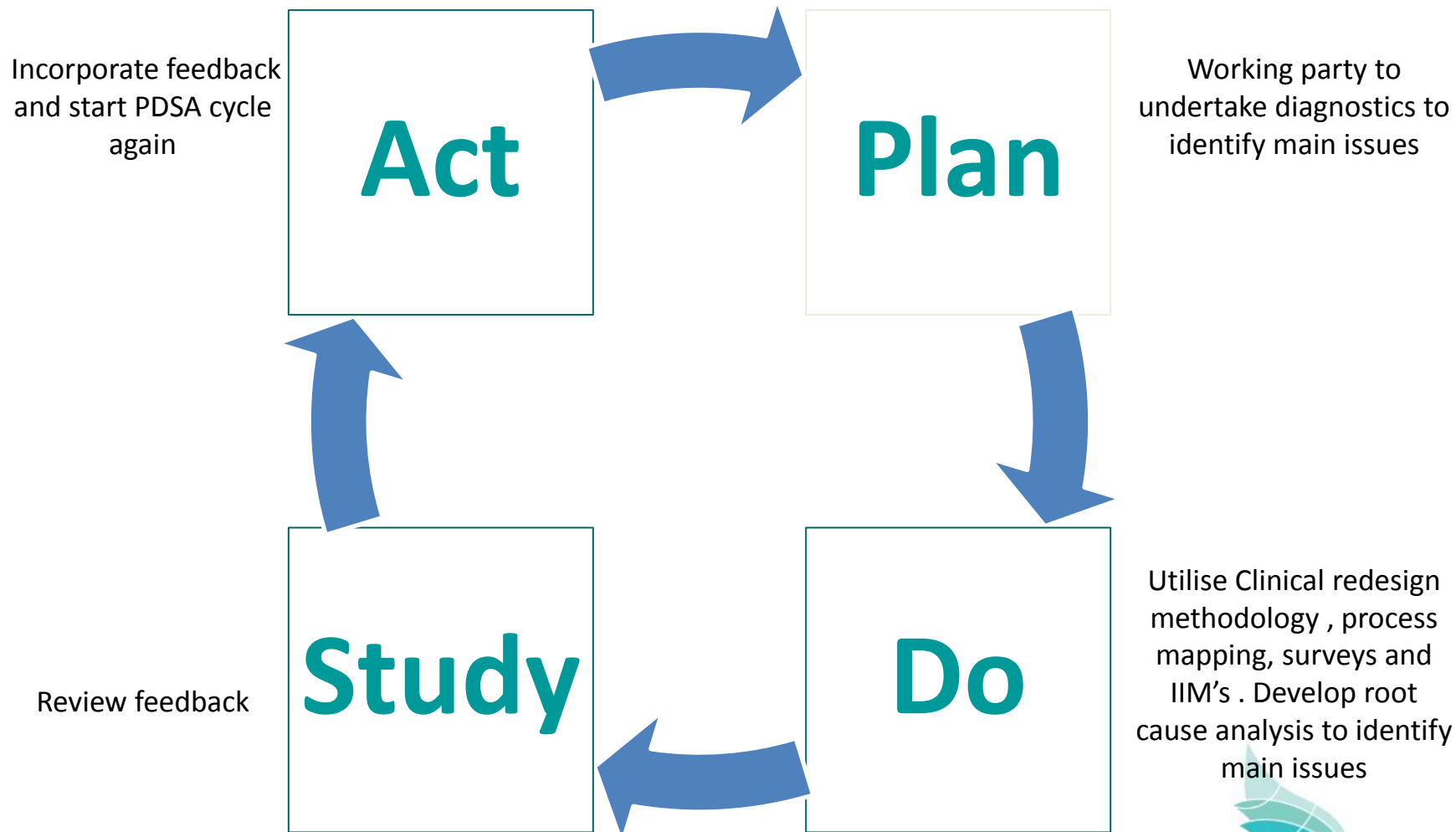
Possible solutions

A fish diagram was developed from the diagnostics, which shows four key areas requiring improvement.

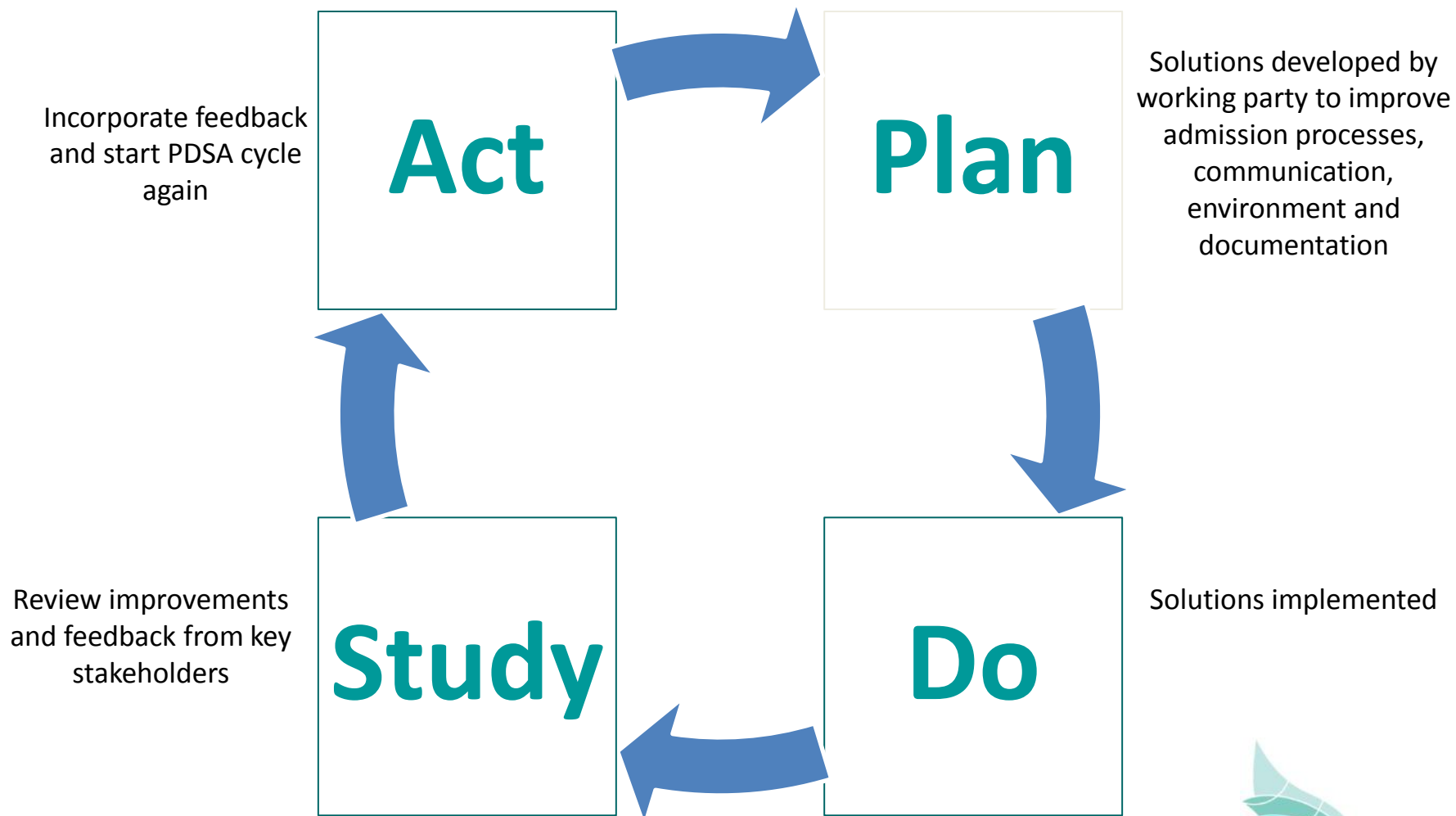
1. The environment of the GSAC waiting room required some enhancements to improve comfort.
2. The admission processes required streamlining to improve efficiency and patient privacy
3. Communication;
 - between Operating Theatres and GSAC staff regarding scheduling and delays
 - between GSAC staff and patients, to better inform patients regarding scheduling and delays and promote utilisation of the carers retreat
 - regular rounding, including utilisation of a log to identify and respond to clinical and comfort issues in a timely manner
4. Documentation to streamline admission processes and reduce delays



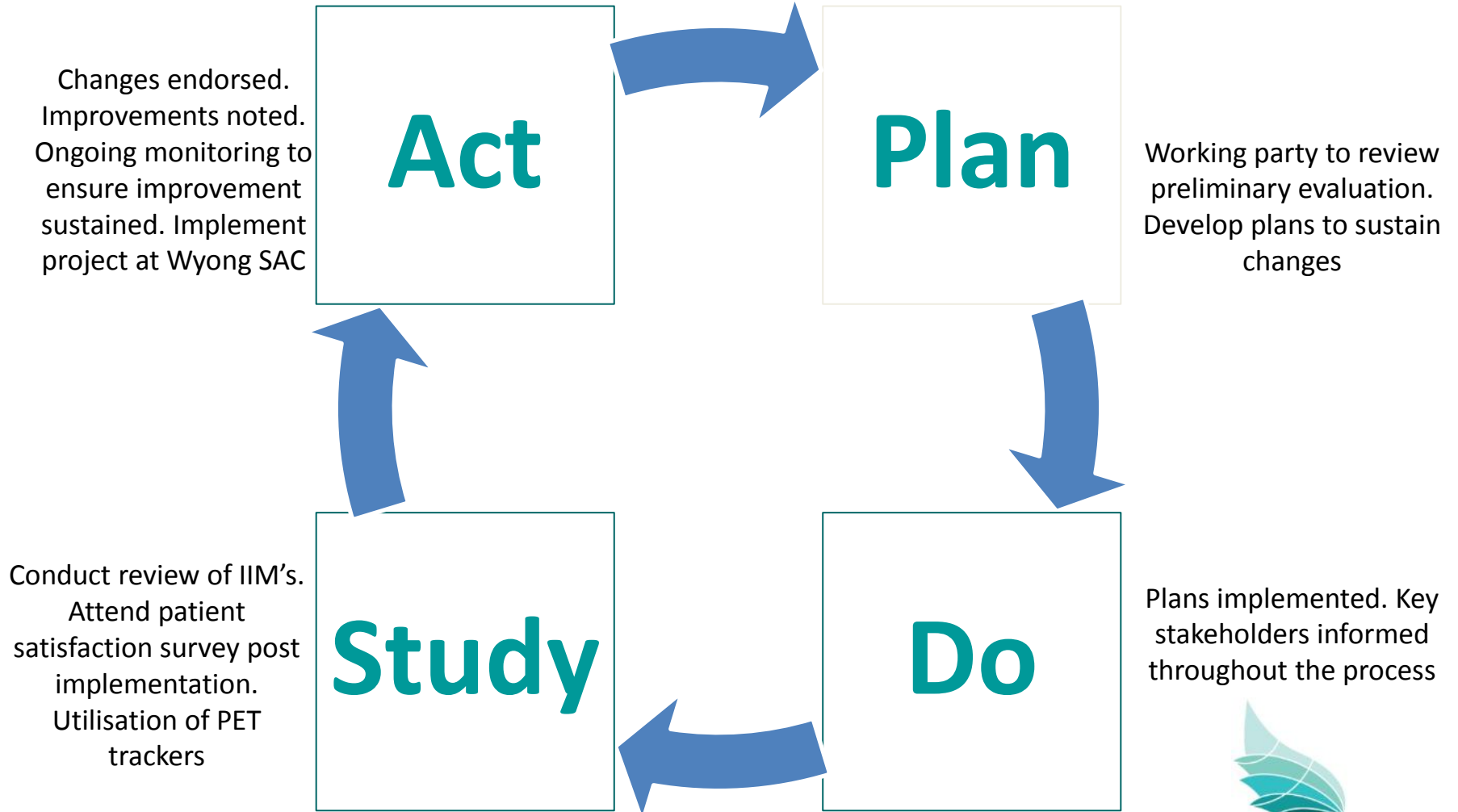
PDSA 1st cycle



PDSA 2nd cycle



PDSA 3rd cycle



Interventions made

Environment

As a result of consumer and volunteer observational audits, several immediate changes were actioned;

- A regular toilet cleaning schedule for the GSAC waiting room was implemented
- Maintenance department adjusted the waiting room temperature
- The Carer Support Unit provided posters outlining information of the availability of the Carers Retreat as a waiting place for relatives/carers . A Carer Unit Volunteer attended the waiting area on a regular basis to promote utilisation. This initiative created more space in the waiting room for elective patients, who on occasions, had no seating.
- The seating in the waiting room was replaced and reconfigured to improve visibility by staff
- The television has been replaced with a larger screen.

Admission Process

- The Patient Services Manager was contacted, to negotiate regular allocation of administrative staff members familiar with the GSAC admission processes. The aim was to promote continuity and improved communication between patients and carers. Customer service etiquette was discussed at Administration Staff meetings.
- A ticketing system to reduce lengthy queues and improve privacy of information has been implemented. This was identified as an issue by the observational auditor and at post op patient survey.



Interventions made (cont.)

Communication

- The working party developed a communication flow chart which identifies responsibilities for communication of changes to theatre scheduling between departments and to patients and families.
- The development of a patient rounding process has been established to provide the opportunity to identify, respond to and resolve potential clinical issues and patient concerns. The other benefit to patient rounding, is to inform the patient of expected time of transfer to Operating Theatres. It is anticipated that a flow on effect to Operating Theatre efficiency will result with a potential reduction in cancellations, as patients prepare themselves in a timely manner and arrive in Operating Theatres in an optimum time frame.
- Use of a white board has commenced which informs the patients of the current status of the Operating list, i.e. on time/delayed.
- A patient information poster was developed which displays information outlining reasons for delays and postponements; the poster incorporates photos and a dialogue.

Documentation

- A patient information brochure discussing theatre scheduling and delays (with consumer input) has been developed and made available for patients/carers
- The admission process for Day Only patients has been revised to decrease duplication.
- The rounding log acts as a record of issues identified to allow ongoing monitoring
- The Admission to Hospital Patient Information Book has been reviewed to provide information to patients and cares on the theatre scheduling and delays and the plan for care co-ordination when this occurs.



Data sheet with results in the key area

Consumer satisfaction

Feedback from a carer

This fabulous feedback from a carer who visited Friday - thought you needed to know - Congratulations! *David, a community visitor to the retreat while wife was undergoing surgery said a few things pleasantly surprised him: "Today a person in scrubs came into the SAC waiting room and announced to everyone that if they had any concerns, questions, or were feeling that the wait it too long, to please tell the staff and the problem would be addressed."*

"After my wife went in to the unit, a staff member came and got me, and suggested that I take the time to go to Bunning's, or Gosford shops, or go the Carer Retreat where I could relax, and get a free cup of coffee and something to eat. I took the latter option, and was delighted that I did."

Follow up consumer Observational Audit (November 2014)

"The audit noted significant positive change in the room both for seating / design and processes for admission, congratulations to you and your team. The volunteers who visit on a daily basis get a sense that people are more relaxed and it appears that they are moving through the centre quicker."

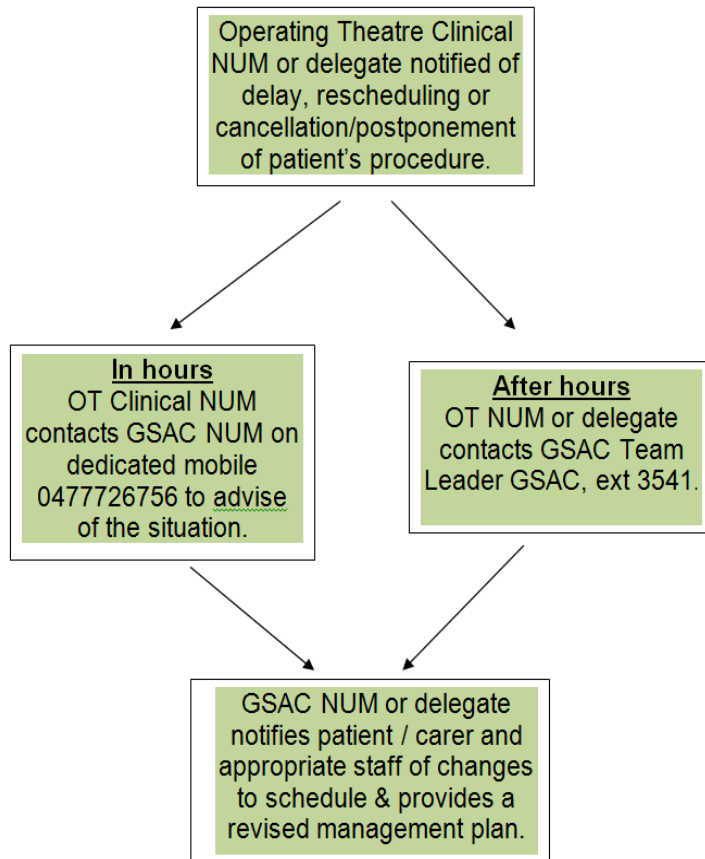
IIMS Complaint Review

IIMS notifications for complaints related to the GSAC waiting room has been reduced to 2 for 2014.



Communication improvements

PROCESS FOR COMMUNICATION TO PATIENTS AND STAFF OF CHANGES TO PLANNED SCHEDULE FOR ELECTIVE, EMERGENCY & TRAUMA SURGERY.



Welcome to Gosford Surgical Admissions Centre

At CCLHD, all Patients are admitted using the same process, regardless of the reason for their surgery

During your stay it is important to know that even though you may have been given an approximate time for your surgery; this can change due to emergencies or surgical procedures taking longer than anticipated. The staff will keep you informed if this occurs.



These unforeseen issues may result in reorganizing your surgery to another day. If this occurs the staff will advise you of the process. A staff member from the Integrated Booking Unit will contact you with your new date.



If while waiting you feel unwell or have any concerns please advise the staff as soon as possible so we can assist you.

On arrival

Please present at the Reception desk. The staff will ask for your Medicare Card, Concession Card and personal details. You will then be asked to take a seat and wait for the nurse to take you for your admission interview.



Next

Once the admitting nurse has called you for your admission interview and assessment, you will again be asked to take a seat in the waiting room until you are called to get ready for transfer to the operating theatre.

It may appear that other patients who have come after you are being interviewed ahead of you. Each patient is called according to their position on the theatre list and their allocated surgeon.

It is important that your relatives

or carer is aware that your expected time to return to the ward following surgery is a minimum of 3 hours. Relatives, carers or friends need to plan their time around this 3 hour period and may wish to take advantage of the Carer Retreat if they do not wish to leave the Hospital.

If your relatives or carer does leave the ward area, they must inform the staff so they can be contacted and advised of your return to the ward.

PET survey post project implementation



Weekly Feedback Report

Period: 15 September 2014 to 21 September 2014

Template: Patient Feedback- NumPad

Location: Wyong Hospital - Surgical Admissions Centre



Q1: Staff introduced themselves by name and what they do:	Ques. Score	Since last use	Q2: Staff cleaned their hands before and after treating me:	Ques. Score	Since last use
	100.0	0.98%		100.0	0.98%
<p>Always, 12, 100%</p>				<p>Always, 12, 100%</p>	
Q3: Staff worked in a professional, caring, and respectful manner, in partnership with you and your family:	Ques. Score	Since last use	Q4: Staff answered your questions in a way that you understood:	Ques. Score	Since last use
	100.0	0.49%		100.0	0.65%
<p>Always, 12, 100%</p>				<p>Always, 11, 92% Did not have any questions, 1, 8%</p>	
Q5: Overall, how would you rate the care you have received?	Ques. Score	Since last use			
	100.0	0.98%			
<p>Excellent, 12, 100%</p>					

Overall Feedback Score
100.0
0.8
Since last use
Number of Surveys
12
-39
Since last use

IIMs complaint data for GSAC waiting room evaluated = 2 complaints for 2014

Pre & post project phone call patient survey results

Post-operative Phone call survey QUESTION	Pre-project 'yes'	Post-Project 'yes'
Was the day surgery/EDO process explained to you during the nursing admission interview	93%	100%
Were you aware that there would be a 2-3hr waiting period between your presentation time at the hospital & your operation/procedure time?	90.6%	99.25%
If you did have any concerns were they dealt with in a timely manner and to your satisfaction?	51.10%	99.75%
Is the layout of the waiting room seating/temperature satisfactory?	44.10%	100%
Pre project comments: The toilets were filthy The chairs were uncomfortable The room was cold No current magazines or reading material	Post project comments: Everyone looked after us I was nervous Patient with back problems and they all cared for me Slightly too cold Wasn't admitted at the time I was advised, and no one advised me re delays	



Strategies for Sustaining Improvement

- Conduct regular and ongoing patient satisfaction surveys (PET and Phone call survey) and disseminate results to staff in the GSAC
- Monitor IIM's for complaints and clinical incidents in the waiting room
- Schedule regular consumer volunteer observational audits
- NUM or delegate to review rounding log to ascertain if any issues occurring, and identify further areas for improvement.

Strategies for Spreading

- The project improvement will be implemented in the Wyong Surgical Admission Centre.
- Project improvement available on the ACI Project Innovations website

Learnings from CLP

- I have enjoyed the program with the course content relevant and informative.
- The sessions offered theory as well as practical solutions to enhance learning.
- Several highlights have been the sessions on dealing with challenging behaviours, managing generational change and the financial management.
- The knowledge and skills I have attained through the course have been applied to my role at Central Coast Local Health District to impart knowledge and skills in supporting my colleagues.
- This project methodology will be utilised in future quality improvement projects.
- The course provided opportunities to develop networks with other participants and agencies such as the Clinical Excellence Commission.
- The challenges in project management included engaging stakeholders at the beginning, and taking the time to attend the project methodology. It was tempting to reach the solution too quickly without reviewing the processes.