

IN SAFE HANDS PROGRAM

INFORMATION FOR CLINICIANS

What is In Safe Hands?

The *In Safe Hands* program aims to **build and sustain effective health care teams**. It is designed to give health care teams the structure and tools to redesign their units and work together to deliver highly reliable, planned care to all patients.

Similarly themed programs launched internationally have demonstrated that effective teams have:

- Improved patient experiences through a patient-centred approach to care
- Improved patient safety
- Reduced patient lengths of stay
- Increased staff satisfaction through improved communication and team structures.

In Safe Hands enables teams to address daily challenges of patient care as an interdisciplinary unit. In an 'In Safe Hands Unit', **all members of the health care team share a common understanding** of the care of each patient, empowering them to make good decisions. Units are transformed from clinicians working in isolation to highly functioning teams.

Four key principles enable the development of highly functioning teams:

1. Unit-based teams
2. Co-leadership model
3. Structured Interdisciplinary Bedside Rounds
4. Continuous evaluation process.

Acknowledgement

The Clinical Excellence Commission acknowledges the creator of Structured Interdisciplinary Bedside Rounds (SIBR™) Dr Jason Stein of Emory University in Atlanta, Georgia. SIBR™ is a registered trademark of Centripital, Inc. For more information, please visit www.centripital.org.

Structured Interdisciplinary Bedside Rounds

Structured Interdisciplinary Bedside Rounds (SIBR) is one component of the In Safe Hands program. SIBR is a process where nursing, medical and allied health professionals involved in the care of the patient meet together daily with the patient and family to discuss the patient's care.

This allows clinicians to be co-located in one physical location, creating a cohesive team environment.

The team collaboratively cross-check information and hold each other accountable to a quality safety checklist. They can then synthesise and record a mutually supported plan of care.

These rounds ensure all team members are present, have a voice and communicate relevant patient information in a structured format that is clear and concise.



Clinical Excellence Commission - In Safe Hands Program

For further information on the In Safe Hands program, please visit <http://www.cec.health.nsw.gov.au/programs/insafehands>

An outline of the structure is shown below:



Becoming an 'In Safe Hands Unit'

All health care teams are unique. They are made up of different members, providing care to different groups of patients. For this reason, unit and facility leaders will need to design their own distinct approach to implementing In Safe Hands, tailoring it to their local team's needs. The key to successful implementation for each health care team is ensuring there is thorough assessment and planning of these needs and goals.

Tools and resources that can be adapted for each health care team are available from the In Safe Hands team. The In Safe Hands team is also available for support at every stage of the process.

In Safe Hands – Ten Functions

1. Leadership and Governance

Teams with good leadership and governance are more effective

2. Teams Structure and Dynamics

Teams and unit leaders require structures for decision making and consultation, with clear role definition for each team member.

3. Care Planning, Coordination and Deliver

An essential function of the team is to plan for and coordinate care of their patients

4. Standard Protocols and Procedures

Standardisation of core procedures at the ward or unit level ensures greater efficiency and effectiveness.

5. Patient Safety and Quality Systems

These systems ensure that feedback and opportunities for improvement are integrated into work practices.

6. Patient Experience

Teams must focus on establishing procedures that ensure positive patient experiences.

7. Education, Training and Supervision

All team members need to be appropriately educated and trained for the roles they perform. Effective supervision and mentoring of all team members bring increased learning and professional development opportunities.

8. Workforce Management

Effective workforce management requires an optimal balance of people with the right knowledge and skills in the right places at the right time.

9. Support Services and Equipment

These are essential for the delivery of good care, along with the systems in place to manage them to ensure clinical teams are supported effectively.

10. Information Management

Good care depends on good decisions, and good decisions depend on having the right information at the right time.

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