

In Safe Hands - 10 functions

1. Leadership and Governance

Teams with good leadership and governance are more effective.

2. Team 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 Delivery

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.

About the Clinical Excellence Commission

The mission of the Clinical Excellence Commission (CEC) is to build confidence in health care in New South Wales by making it demonstrably better and safer for patients, and a more rewarding workplace. Our function is to promote best practice systems for clinical quality and patient safety, support Local Health Districts (LHDs) in implementation of their clinical systems, monitor and report on the state of clinical quality and patient safety, provide education and training for clinicians and health managers on the implementation of their clinical systems, engage with patients and families to promote safety and quality, and provide advice to the Minister on matters relating to clinical quality and patient safety.

For further information

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Clinical Excellence Commission

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In Safe Hands

Information for Clinicians



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 into strong, interdisciplinary teams that work together to deliver highly reliable, planned care to all patients.

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

- > improved patient experience 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 health care 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 processes

Structured Interdisciplinary Bedside Rounds (SIBR)

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 throughout the day, 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. An outline of the structure is shown below:

- 1 Introduction
- 2 Review of issues and test results
- 3 Update current status
- 4 Patient Safety Checklist
- 5 Allied Health Input
- 6 A Plan of the Day is developed



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.