insafe hands

CLINICAL EXCELLENCE COMMISSION

10 FUNCTIONS OF IN SAFE HANDS

A Guideline

Revised January 2015

Acknowledgement of Structured Interdisciplinary Bedside Rounds (SIBR™)
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INTRODUCTION

The In Safe Hands program is designed to assist in building and sustaining efficient and effective health care teams within a complex health care environment. Through international evidence (De Meester et al. 2013, Kim et al. 2014, Henneman, Kleppel & Hinchey 2103) we have learned that good teamwork has a positive impact on:

- patient safety through a reduction in morbidity and mortality
- increased efficiency in care
- improved patient and family/carer experience
- enriched staff experience.

The program is supported by ten functions that together build and strengthen teams to become a cohesive unit, placing patients at the centre of high quality care. The ten functions of In Safe Hands are:

1. Leadership and Governance
2. Team Structure and Dynamics
3. Care Planning, Coordination and Delivery
4. Standard Protocols and Procedures
5. Patient Safety and Quality Systems
6. Patient Experience
7. Education, Training and Supervision
8. Workforce Management
9. Support Services and Equipment
10. Information Management

This guide will outline the ten functions of In Safe Hands in greater detail and identify opportunities for integrating these functions into clinical practice in order to develop highly efficient and effective health care teams.

To ensure that continuous improvement is undertaken by the unit, it is recommended that each function be routinely evaluated to track progress and determine areas for improvement. The self-assessment questions found in this document at the end of each function are a useful way of tracking this. Other assessment tools can be downloaded from the CEC In Safe Hands website.

1. LEADERSHIP & GOVERNANCE

Teams with good leadership and governance are more effective

Leadership and governance is the cornerstone for effective teamwork. Good leadership provides direction, models a high standard of clinical care and is considerate about the needs of individual team members.

Within this domain:

- The N/MUM role is clearly defined and emphasises the importance of their role in the clinical coordination of care
- There is well defined interdisciplinary leadership that incorporates nursing and medical staff to ensure optimal clinical decision making
- There is clarity of delegated authority and roles between unit leaders to avoid ambiguity
- Leaders are able to empower others to speak up and challenge when appropriate, promote and facilitate teamwork and negotiate to resolve differences when required
- Leaders actively promote and model team values

What should it look like?

Got it right	Room to improve
✓ Clinician managers have received extra training in management and leadership	✘ There is a lack of multidisciplinary decision making
✓ The ward has a set of identified values that are multidisciplinary and developed by the team	✘ Performance appraisal processes do not exist
✓ Reporting lines are clear for all staff in the ward	✘ There is no sense of team cohesion and identity
✓ Clinical leaders meet regularly to discuss ward issues and are seen as a cohesive force, leading culture and practice in the unit	✘ Medical and nursing leaders act independently of one another so that messages and actions from leaders are not always consistent or the same

Resources

What could help?

- CEC Clinical Leadership Program
- HETI Clinical Team Leadership Program
- HETI Clinicians and Executives Team Leadership Program
- HETI Rural Leadership and Management Essentials
- Essentials of Care Program
- Take the Lead Program

Suggested practice:

- Regular ward based team meetings that incorporate all members of the health care team
- Opportunity for team members to provide feedback to one another and identify patient safety issues, celebrating those that were managed well and identifying areas that could have been managed differently

Self-assessment questions

Assessment	Yes, always	Yes, partially	Not met
There is a co-leadership model for the unit that includes nursing and medical leadership			
There is clarity between the roles of the unit leaders			
The leader/s of the ward based clinical team establishes clear goals and expectations			
The leader/s of the ward based clinical team fosters a respectful and positive culture			

2. TEAM STRUCTURE & DYNAMICS

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

Team structures and dynamics are important elements for good decision making. Situational awareness of team members, including the patient and the environment, aides in understanding factors that may affect team performance, decision making and the delivery of safe and effective care.

Within this domain:

- The patient is an active member of the team
- Ward rounds are the essential decision making structures of clinical teams
- Team communication ensures all team members have a shared mental model and understanding of the current situation and plan for the patient
- There is a distribution of clinical expertise across the team and a mutual respect for each team member

What should it look like?

Got it right	Room to improve
✓ There is team cohesiveness that allows team members to interact effectively with each other	✘ Teams are not able to communicate concerns with others
✓ There is a shared understanding of the roles and functions of each team member	✘ Individual team members opinions and input are not sought after or listened to
✓ Input from all team members is encouraged and respected	✘ Team member roles are not clearly understood by other team members

Resources

What could help?

- Establishment of regular ward meetings for all staff
- Structured Interdisciplinary Bedside Rounds (SIBR™)

Suggested practice:

- Ward meetings with a standard agenda are undertaken regularly so that unit performance and any outstanding issues can be discussed and addressed.
- Medical, nursing and allied health staff come together at the patient's bedside to discuss the patient's current clinical status and develop a plan of care for the patient using a structured format for communication
- Include the patient in the conversation
- Team members share all relevant information at the round which will assist in good care coordination

Self-assessment questions

Assessment	Yes, always	Yes, partially	Not met
Contributions from all members of the health care team are considered when developing the patient management plan			
There is a mutual trust between colleagues within the ward based clinical team			
Members of the clinical team communicate well with other team members regarding the care of patients			
Interdisciplinary ward rounds are structured in relation to time, content and personnel			
Care planning decisions are made at interdisciplinary ward rounds			
Direct communication occurs between all members of the health care team. E.g. Between nurses and AMO / VMO, or allied health and nurses or AMO / VMO			
Team issues are discussed and resolved effectively during interdisciplinary team meetings			
Team efforts and achievements are acknowledged			

3. CARE PLANNING, COORDINATION & DELIVERY

An essential function of the team is to plan and coordinate care with the patient

Care planning and coordination is essential to ensure timely, effective and efficient care for patients. This is particularly important for patients with complex health care needs.

Within this domain:

- Care planning provides objectives so that the patient and health care team know the goals for care
- There is care coordination by identified members of the team to ensure that the right care occurs at the right time
- The patient is central to the care planning and decision making processes

What should it look like?

Got it right	Room to improve
✓ Regular structured bedside rounds that include the patient and involve medical, nursing and allied health members in the care planning process	✘ Mechanisms to plan and communicate care are not structured and do not promote a shared model for understanding
✓ Patient goals and the plan for care is clearly articulated and documented daily	✘ Care planning processes are unstructured and risk missing or overlooking important information
✓ There is a collaborative team environment in which information is gathered and shared to develop the plan for care	✘ There is no defined process for ensuring care is coordinated effectively and efficiently

Resources

What could help?

- Structured Interdisciplinary Bedside Rounds (SIBR™)
- Safe Clinical Handover principles

Suggested practice:

- Medical, nursing and allied health staff come together at the patient's bedside to discuss the patients current clinical status and develop a plan of care with the patient using a structured format for communication
- The patient is included in the conversation
- Team members share all relevant information at the round which will assist in good care coordination
- ISBAR is used for all clinical handover situations

Self-assessment questions

Assessment	Yes, always	Yes, partially	Not met
All patients who come through the ward/unit have clear objectives for their care documented in a care plan or clinical management plan			
The patient is included in developing the plan for care			
All patient management plans have interdisciplinary input			
Care is delivered in a coordinated way between disciplines			
There is a nursing leader responsible for the coordination of care at a unit level			
Care is handed over using a structured format in relation to time, content and personnel			

4. STANDARD PROTOCOLS & PROCEDURES

Standardisation of core procedures at the ward or unit level ensures greater support for team effectiveness

Standard protocols, procedures and tools provide clinical teams with the resources and skills needed to provide safe and effective care continuously.

Within this domain:

- Structured handover processes such as ISBAR to ensure essential information is communicated to team members at the change of shift or transfer of care
- Standard observation charts to ensure the most important vital signs are recorded and trends can be identified
- Utilisation of best practice care protocols and pathways

What should it look like?

Got it right	Room to improve
✓ Compliance with accepted standards and procedures is consistently demonstrated	✘ Standard procedures and protocols are not followed consistently
✓ Unit level standards and procedures are based on current literature and best practice and are reviewed and updated regularly	✘ There is limited role modelling or leadership in ensuring clinical standards and protocols are implemented and followed
✓ National and state led initiatives for improving patient care are incorporated into daily practice	✘ Information relating to new standards and initiatives is not clearly disseminated or articulated to all team members

Resources

What could help?

- Structured Interdisciplinary Bedside Rounds incorporate appropriate patient safety checks for the clinical setting
- Patient safety checklist items are linked to best practice care protocols and pathways

Suggested practice:

- National and state wide quality improvement initiatives such as Between The Flags, Venous Thromboembolism Prevention, Delirium and Sepsis are incorporated into patient safety checklists and management plans where clinically appropriate

Self-assessment questions

Assessment	Yes, always	Yes, partially	Not met
There are standard protocols and procedures for all essential or high risk processes of care, and these are accessible for all members of the health care team			
All staff have received education and training in the use of standard protocols and procedures used on the clinical unit			

5. PATIENT SAFETY & QUALITY SYSTEMS

These systems ensure that lessons are learned and acted upon

Patient safety and quality systems assist in ensuring that what we are doing is working. Reflecting on clinical practice and evaluating care outcomes is an essential component in the delivery of safe effective care.

Within this domain:

- Incident reporting and review for risk identification and continuous improvement
- Quality and Safety Checklists used to identify individual patient risks
- Identification and implementation of relevant quality improvements initiatives

What should it look like?

Got it right	Room to improve
✓ There are systems in place to ensure that patient risks are identified early and prevention strategies are implemented	✘ Patient risks are not always recognised early and communicated to the team
✓ Incidents and complaints are reviewed and managed as a team to identify areas of concern and trends for which action may be required	✘ Clinical incidents and near misses are not always reported through the incident management system
✓ Clinical data and patient feedback are used to evaluate, guide and improve practice	✘ Audit, case discussions and team meetings are not used to evaluate care and develop standardised protocols
✓ Teams identify 1 – 2 key improvement initiatives each year to develop and improve practice within the clinical unit	✘ New improvement initiatives are not developed or team members work independently to develop improvement initiatives

Resources

What could help?

- CEC Clinical Practice Improvement Training Program
- Incident Management Systems

Suggested practice:

- Regular ward based team meetings that incorporate all members of the health care team
- Team meetings incorporate a review of clinical quality and safety items regarding clinical incidents and complaints in order to ensure current practice is identifying at-risk patients and planned interventions are achieving the desired outcome
- Regular audits relevant to clinical practice are conducted and reviewed at team meetings as a measure of quality control
- Ward morbidity and mortality are reviewed at team meetings
- New improvement initiatives are identified and developed as a team through collaborative discussion based on evidence, literature and clinical data

Self-assessment questions

Assessment	Yes, always	Yes, partially	Not met
All staff are aware of their responsibilities in regard to incident management on the clinical unit			
All staff take responsibility for reporting incidents and near misses that occur on the clinical unit			
Incidents are reviewed as a team and actions are taken when incidents occur			
The team is actively involved in patient safety improvement activities			

6. PATIENT EXPERIENCE

Teams must focus on improving patient experiences and establishing approaches to address this

Patients and their families are equal members of the health care team. As such, it is essential that teams monitor and assess what is important to patients and whether they are meeting their needs.

Within this domain:

- Teams are asking, listening and responding to patient needs and concerns
- Early intervention and management of patient concerns in person that minimise the possible loss of confidence

What should it look like?

Got it right	Room to improve
✓ Engages patients in decision making relating to their care and respects their choices	✘ Patient needs and wishes are not listened to when developing a plan for their care
✓ Treats patients courteously and compassionately, respecting their privacy and dignity	✘ Insufficient time is spent with patients and their families to build an appropriate therapeutic relationship built on trust and mutual respect
✓ The expected clinical course, as well as possible outcomes and complications are discussed with patients and families	✘ Treatment options and outcomes of treatment are not clearly articulated to patients and their families

Resources

What could help?

- Structured Interdisciplinary Bedside Rounds (SIBR™)
- CEC Partnering with Patients Program
- Clinical Handover Program
- Intentional rounding

Suggested practice:

- Patients are encouraged to participate in their care through engagement in the development of their plan for care during Structured Interdisciplinary Bedside Rounds (SIBR™)
- Handover is conducted at the patient's bedside and includes the patient in the handover process
- Unit based patient surveys are conducted and findings are discussed at team meetings to identify priorities for improving the patient experience
- Teams undertake a review of NSW Health Patient Survey results to drive improvements
- Whiteboards at the bedside identifying key information for the patient and their family include the medical and nursing team members responsible for providing care to the patient for that shift. These boards can also be used by patients and families to identify issues

Self-assessment questions

Assessment	Yes, always	Yes, partially	Not met
The patient and family are acknowledged as part of the team			
The patient and family are central to all decisions made			
The patient and family are regularly involved in developing the plan for care			
Tools to measure patient experience are used on the clinical unit regularly			

7. EDUCATION, TRAINING & SUPERVISION

All team members need to be appropriately educated and trained for the roles they perform

Training and professional development is fundamental to building and maintaining a sustainable workforce with appropriate skills and knowledge. Effective supervision and mentoring of all team members brings increased learning and professional development opportunities.

Within this domain:

- Core skills training (e.g. DETECT) programs are competency based and delivered to ensure all members of the team can perform their essential roles
- Mandatory training requirements are clearly defined and assessments are completed by all staff as required
- Clinical supervision and clinical training are components of everyday practice that ensure safe clinical practice at all times and consider development requirements for succession planning

What should it look like?

Got it right	Room to improve
✓ There is appropriate levels of supervision for all staff categories	✘ There is little interest among team members to assist in developing the skills and knowledge of junior staff
✓ Clinical encounters are used as learning opportunities for the team	✘ Learning opportunities are not regularly identified and utilised effectively within the clinical environment
✓ There is a process for regular constructive feedback	✘ Training sessions for team members are not regularly scheduled

Resources

What could help?

- HETI eLearning modules

Suggested practice:

- Mandatory training requirements are maintained and up to date for all staff. Mandatory training is available in the online format
- Clinical teaching opportunities are regularly identified within the workplace throughout clinical practice so that clinical teaching is a part of everyday practice
- Regular interdisciplinary ward in-services are held that enable reporting back from external courses and conferences attended by staff, including review of recent literature relating to clinical practice and general discussion of new and emerging trends relevant to clinical practice on the unit
- Clinical supervision that provides a safe and supportive environment to critically reflect on professional practice is available for staff

Self-assessment questions

Assessment	Yes, always	Yes, partially	Not met
All staff are encouraged and provided with opportunities to learn and develop new skills			
Staff in the ward based clinical team are provided with the education and training required to perform their respective roles			
There is adequate supervision for all staff disciplines working within the ward based clinical team			

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, within available resources

Workforce management has an important role in supporting high performing teams. Processes can be designed to ensure effective teamwork is valued and sustained through recruitment practices, role descriptions, performance reviews and professional development. Standards for team behaviours should be defined and upheld through effective workforce strategies and processes.

Within this domain:

- Rostering for seniority to make sure leadership and clinical skills are available at all times
- Skill balance to ensure that appropriate skills are available for managing the patient group across the health care team

What should it look like?

Got it right	Room to improve
✓ Succession planning strategies are in place that ensure appropriate staff competency and skill level is available at all times	✘ There are often gaps in staff skill level and expertise particularly during periods of leave or following attrition
✓ Performance reviews focus on staff development goals and opportunities	✘ Performance reviews are not routinely conducted for all staff
✓ Standards for team behaviours are defined and upheld	✘ Orientation processes do not promote the integration of new staff into team culture, values and processes

Resources

What could help?

- HealthShare State wide Rostering Program
- Staff performance appraisals

Suggested Practice:

- Performance appraisals are regularly conducted, identifying and encouraging individual learning and development opportunities to ensure local skill development and succession planning meets the ongoing needs of clinical teams
- Reflective practice is encouraged among clinicians in the unit

Self-Assessment Questions

Assessment	Yes, always	Yes, partially	Not met
There is a suitable level of experience and skill mix of staff within the clinical team (e.g. there is an optimal balance of knowledge across all team members)			
There is good succession planning in my clinical team			
There is an orientation process for new and rotating staff designed to fully integrate new staff into the culture and work roles within the clinical team			

9. SUPPORT SERVICES & 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

Staff such as patient support assistants, cleaners and biomedical engineers play an important role in supporting the health care team to provide safe, effective care. Collaboration with these team members is frequently required.

Within this domain:

- Management of supplies required to ensure availability to meet clinical needs
- Prioritisation of equipment to meet needs

What should it look like?

Got it right	Room to improve
✓ There is a collaborative approach to ensuring support services are meeting the needs of the clinical unit	✘ Support services staff are not valued as a part of the team
✓ Procurement and management of medical equipment and supplies is undertaken with consultation between biomedical engineering, material resources teams and clinicians	✘ Equipment and consumables do not meet the clinical needs of the unit
✓ There is an equipment plan in place that is regularly updated and reviewed with clinical input	✘ Future equipment needs are not regularly considered as a part of ward development and planning strategies

Resources

What could help?

- HealthShare Supply Chain Information Systems
- HealthShare Business Procurement Services

Suggested practice:

- There is standardisation of procurement processes and procedures
- Ensure all relevant equipment and supplies are available at all times
- Equipment plan is in place and regularly updated and reviewed with clinician input

Self-assessment questions

Assessment	Yes, always	Yes, partially	Not met
Essential equipment for patient care is available to the clinical team			
Essential medical supplies for patient care are available to the clinical team			

10. INFORMATION MANAGEMENT

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

Tools such as electronic journey boards and information sharing systems assist in ensuring that patient information at the point of care is current. Communication, teamwork and decision making relies on having accurate patient information and communication pathways.

Within this domain:

- Electronic Medical Record systems for ready access to patient information at the point of care
- Readily available up to date patient information to ensure clinical decisions are supported by accurate patient history and results

What should it look like?

Got it right	Room to improve
✓ Clinical information is accurately recorded using the appropriate formats and systems	✘ Relevant clinical information is not always accessed or considered when developing a plan of care for patients
✓ Investigation results including laboratory testing and imaging are available and accessible at the point of care	✘ There are frequent delays in accessing or reviewing results from clinical investigations
✓ Electronic systems are utilised to assist in care planning and communication	✘ Electronic systems are underutilised or not effective in assisting with communication and care planning

Resources

What could help?

- Electronic Medical Record
- Electronic Journey Boards
- Patient Flow Portal
- Point of Care Clinical Information Systems
- Health system performance data

Suggested practice:

- Electronic record systems are used to document patient care, plan and map the patient journey and communicate clinical information to members of the health care team, as well as other clinicians that may be involved in the patient's care
- The unit is proactive in remaining up to date with new technology and electronic support systems through early uptake and implementation of new systems
- Access to computers, relevant web portals and IT devices enables the use of online clinical information such as CIAP and other online information portals

Self-assessment questions

Assessment	Yes, always	Yes, partially	Not met
Clinical information is easily accessible from the relevant systems on the ward (e.g. Radiology, Pathology Results)			
Point of care clinical systems are readily available to assist in clinical decision making			

SUGGESTED FURTHER READING

Pain, C.H, et al. "In Safe Hands - Releasing the Potential of Clinical Teams" presented at Patient Centred Health Care Teams: Achieving Collaboration , Communication and Care (2012). Trinity College Dublin, Ireland

This paper discusses health care systems and the importance of building highly functioning health care unit teams to deliver the highest standard of health care and achieve the best outcomes for patients. Also included is the framework of ten functions that enable clinical teams to perform effectively at a ward or unit level.

O'Leary, K., R. Buck, et al. (2011). "Structured interdisciplinary rounds in a medical teaching unit: improving patient safety." Arch Intern Med. 171(7): 678-684.

This article describes the implementation and outcomes of Structured Interdisciplinary Rounds in a medical unit in the US. The goal was to improve effective collaboration and team work in order to provide safe clinical care. The results report a statistically significant reduction in adverse events on the trial unit when compared to both an historical control and concurrent outcomes from another unit at the same hospital.

Flin, R. H., P. O'Connor, et al. (2008). Safety at the Sharp End: A Guide to Non-Technical Skills, Ashgate Publishing Company.

This book outlines seven non-technical skills that are important factors contributing to errors in high risk work environments such as health. The seven non-technical skills discussed are; situation awareness, decision making, communication, teamwork, leadership, managing stress and coping with fatigue. Each chapter describes skills and strategies that can assist in reducing errors related to these factors.