**Stripe 1 – Discovery**

The Discovery phase is an assessment of the ‘current state’ of a clinical unit. Prior to commencing this phase, a timeline is agreed with the Team Stripes lead and the team. The Team Stripes lead maintains communication with all stakeholders and ensures the work progresses as close to the timeline as possible. During this 6-8-week phase, quantitative and qualitative data are collected.

**Safety Culture**

The purpose of measuring safety culture using a validated tool is discussed with the team during the introduction presentation. It’s not compulsory for teams to participate in the survey, particularly if they’ve recently completed one. For those teams that choose to participate in a safety culture survey we recommend the Safety Attitudes Questionnaire recognizing that there are other validated instruments available. The measurement of safety culture in this setting is context specific and administered only to the staff who work in the unit. This could include staff who go between other units, such as allied health and ancillary staff. Staff are assured that the survey results will highlight strengths and opportunities and will be presented back to them at the end of the discovery phase. The results are never used as a comparison with other teams. Please see the CEC [Safety Culture](https://www.cec.health.nsw.gov.au/improve-quality/teamwork-culture-pcc/safety-culture) resources.

**Patient and Carer experience**

Patient and carer experience data is collected to understand the perspectives of the patient and carer and to align improvement priorities with their needs as well as the needs of the unit staff. The best way to know whether improvements in care coordination have worked is to ask patients whether their needs have been met. Partnering with patients/consumers and their families/carers in change that will affect their care is important and will provide valuable insights. A review of patient compliments and complaints will also provide useful insights. The insights of patients are key to achieve the aim of person-centred care. There is enough evidence to support, that when staff experience is positive there will be a corresponding positive response in patient experience. Please see the CEC [Partnering with People](https://www.cec.health.nsw.gov.au/improve-quality/teamwork-culture-pcc/partnering-with-people) webpage.

**Incident data which includes SAER**

Review of the top three adverse events as well as near miss data is useful to detect patterns and identify contributory factors that lead to harm. These data can be collected through incident reporting mechanisms. When reviewed in line with the results of other discovery phase inputs, insights into local culture which impacts patient and staff safety can be highlighted.

**Other data**

There might be other data specific to the participating team that could be included in the synthesis during the Discovery phase. For example, when things go well (which is most of the time), what happens? Recognising successes and how they achieved them will motivate teams and highlight those with complementary skills to form improvement teams.

**Observation in clinical practice**

Observation in clinical practice is a method of data collection which aims to better understand the context within which teams work. This method allows an objective view of clinical practice, through observing processes, behaviours, attitudes and social interactions[[1]](#footnote-1).

Observations offer an opportunity to learn things that might not be revealed in surveys or discussions. They are also a chance to connect with point-of-care of staff and therefore it is important to gain the trust of staff when you enter their space. The observation visits can be structured or unstructured; for Team Stripes we apply a semi-structured stepped (Plan, Arrive, Observe, Learn, Feedback) approach with a focus on teamwork and communication. If this work is being done as part of a larger ethnographic research project, ethics approval will be required. The main purpose of the observations in this framework is to acknowledge the importance of context by seeking to understand cultural behaviour. Please see the suggested observer guide on page five of this document.

**Plan** – At the time of engagement arrange a pre-observation visit to the clinical unit. This helps for orientation, familiarity with the unit footprint and demonstrates interest and commitment to the clinical team. The number of observation visits will depend on the size of the clinical unit. In some instances where long distance travel is involved, the observation can be condensed over one whole day or 2 days if an overnight stay is included. For larger units, schedule observations at different times of the day spread over a 2-week period, for example. Observations can last from three to six hours but be aware they are complex and intense for the observer and the observed. As a non-participant observer, be unobtrusive in dress and actions and consider your footwear because you could be standing for long periods. Most clinical staff will be wearing scrubs so a corporate outfit will stand you apart from the point-of-care staff and serve as a barrier affecting the quality of experience.

**Arrive** –It’s helpful to arrive at the start of a shift to meet the staff and remind them of the purpose of your visit. Stay sensitive to the needs of the staff who are beginning their shift as well as those about to finish. No patient data or data to identify staff are ever collected during observations. Anticipate the concerns of staff and again, be transparent about the purpose of the observation. Remind staff that you’re there to understand the environment and assure confidentiality and non-judgement.

**Observe** – Remain open and interested during the observation visit to strengthen the engagement of participants. As a guest in the unit check in with staff as to your location during the observation being aware that the needs of the patient are their priority. First and always look for what is being done well and then notice the opportunities. The intent of the observations is to support the staff. Watch for informal, unplanned activities and nonverbal communication. Use the opportunity to witness communication between multidisciplinary team members and at what point the patient is included in the conversation. Observe structured communication processes for routines which may have become taken for granted and appear more checklist than inquisitive. Also, a lot can be gained by taking in the general organisation of the unit, such as the position and contents of data display boards for example.

**Learn** – Data that identifies individuals or patients is never collected and any interviews are conversational and not recorded. The aim of the observation is to support teams and to add to the existing quantitative data by providing objective insights that may escape the awareness of those who work in the setting. As soon as possible after the observation document your experience and what you saw, relevant to the purposes of the team culture work. The use of a structured template to complete immediately after the visit will help to capture relevant information.

**Feedback** – Learnings from the observations are combined with the data obtained through surveys and other methods. The insights are fed back to staff in the facilitated conversations and in the final report of the discovery phase.

# Observation guide

Doing an observation is an opportunity to be valued. The observer and the observed might feel vulnerable during this time. Follow the steps in the five-point plan to allay any uncertainty for staff. As the observer it will help to take a pause, just before the observation, to bring your mind into the present moment, for example:

* When you sanitise your hands at the entrance to the unit, take the opportunity to focus on the process mindfully; what the sanitiser feels like; is it cold; wet; oily; have you covered all parts of your hands and fingers. This will help you let go of what you have just left behind and bring you into what’s happening now. Or
* Find a quiet space and take a moment to notice three shapes in your environment, pause and then notice 3 colours, pause and then turn your attention to the sounds around you, pause, take a breath and notice how you’re feeling now compared to how you felt before you stopped. Now enter the observation space.

|  |
| --- |
| Observation template |
| * Be curious and notice what is going well
* The observation is relative to teamwork and communication
* Write notes at the end in a quiet space – you’ll remember the key points to note
* Write the notes straight after the observation or once you have left the unit
* Never document any identifying details of patients or staff
 |
| Date Time Start: Finish |  |
| Location  |  |
| What do you see? |  |
| What do you hear? |  |
| What were your thoughts? (how did you feel?) |  |
| What stood out? |  |
| What will be included in the feedback? |  |

1. Fry, M., Curtis, K., Considine, J. et al. 2017. Using observation to collect data in emergency research. Australasian Emergency Nursing Journal 20 pp. 25-30 [↑](#footnote-ref-1)