

# ACCIDENTAL DISCOVERY

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# Research culture



- Strong research culture
- Nursing research fellow role (2002)
- Nursing Practice Council (2005)
- Opportunity to participate in several projects at one time



2008



- **Discovery interviews**

– (Jenny Fereday)



- **Models of Care project**

– (Georgie Kakoulis & Chris Williams)



# Discovery interviews



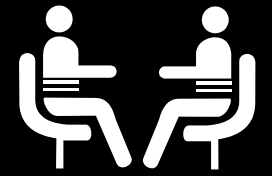
To learn from the stories of patients and their families, ways to improve hospital services and delivery of care to better meet their needs.

# Discovery Interviews



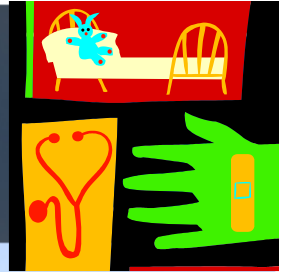
- Endorsed and used extensively in UK
- Continuous quality improvement concept
- Make improvements that are sensitive
- Opportunity for formal closure of experience

# Methodology



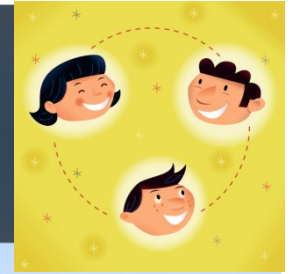
- Research learning opportunity
- Two units involved
  - Surgical
  - Haematology/oncology
- Semi-structured interviews conducted
- Parents/patients interviewed by a nurse who did not care for them at the bedside
- Interviews taped with consent

# Sample



- Patients/parents who are receiving or who recently received in-patient services from the hospital
- Aimed for 2 interviews a month
  - (number of improvements generated from interviews more important than actual number of interviews conducted)

# Analysis



- Interview analysis group (IAG)
  - From ward where child was hospitalised
  - At least 1 nurse, doctor, allied health representative and research facilitator
- Meet in quiet space, listen to tape (s)
- Individually document positive/negatives from narrative
  - Compile list of issues/discuss as group/ identify practice implications/ develop action plan
- Issues can be stand alone or cumulative

# Results (12 months)



- $n = 8$  for Haem/Onc  
– 1 patient (12)
- $n = 0$  for surgical

Diagnosis	$n$
BT	1
Leukaemia	5
<i>Relapsed</i>	<i>(3)</i>
<i>BMT</i>	<i>(2)</i>
Osteo	1
Non - malignant	1

# Models of Care



## Nursing Practice Council project



# Clinical Issue



- Less experienced nurses
- Difficulty recruiting (global problem)
- Regular use of agency staff
- Increased acuity & complexity of care
- Increased stress & responsibility on more experienced staff
- Less work satisfaction for all staff
- Increased risks to patient safety

# Practice Development



- Literature search & review
- National benchmarking
- PCNI
- Unit values exercise
- **Staff 'Discovery' sessions**

# Staff 'Discovery' Sessions



- Conducted four sessions in April
- 88% staff participated ( $n = 23/26$ )
- Three aspects investigated:
  - What is good/bad about working in ward
  - What is good/bad about working in OPD
  - What is a team? Are we a team?





# Results of 'Discovery' – The Echo!



## OPD

- Three common themes for dissatisfaction
  - Environment
  - Patient flow
  - Communication
- Patient groups
  - Different issues

# OPD - Environment



- **Parents**

- » Not enough space
- » Too small – cramped
- » Too Open – no privacy
- » No privacy for HP to talk to patient/family
- » Not connected to main hospital
- » No appropriate isolation facilities
- » Not enough toilets
- » Environment impacts on everyone
- » Chaotic/noisy
- » No room for support people
- » Depressing for child to hear other children receive treatment

# OPD - Environment



- **Staff**

- » Dangerous layout if there is an emergency
- » Too small – cramped
- » No privacy – can't maintain confidentiality
- » No quiet space for families/staff
- » Not connected to main hospital
- » No isolation rooms
- » One toilet not enough
- » Environment of clinic stressful for all
- » Chaotic/noisy
- » Too crowded
- » No soundproof rooms for distressing procedures

# OPD – Patient flow (waiting)



- **Parents**

- » Long days waiting in clinic because we can't go straight to the ward
- » Why can't we go straight to the ward?
- » Waiting times too long for bloods & procedures

- **Staff**

- » Families wait a long time for ward admissions
- » Admissions should start in ward
- » Waiting for bloods – delays can take hours
- » Layout unsuitable to receive patients

# OPD - Communication



- Parents

- » Doctors/Nurses trying to do too much
- » Feel like taking up HP's time when asking a question
- » Staff flustered/ too busy
- » Misunderstandings b/w nurses & parents
- » No communication b/w staff & parents

- Staff

- » Feel like you can't give time to parents when busy
- » Parents feel like they can't stop and talk
- » Feel pressure from everywhere, pulled everywhere
- » Doctors and parents don't understand the chaos
- » Lack of communication b/w doctors & nurses

# OPD – Patient Groups



- **Parents**

- » Teenagers should not be mixed with small kids
- » Too many children – no one her own age to socialise with

- **Staff**

- » Unpredictable patient activity
- » Medical staff reluctant to balance work load over week

# Results of 'discovery' - Ward



- **Parents**

- » Experienced team – Trust staff
- » Staff excellent
- » Support from staff
- » Feel at home on ward – very comfortable
- » Environment positive/clean/bright
- » Privacy and space
- » Good environment does help
- » Continuity of care important
- » Enjoy bedside handover
- » Nurses fantastic – know you by name
- » Parents included as part of team, positive relationships

# Ward



- Staff

- » Good staff
- » Supportive staff
- » Good atmosphere
- » Single rooms good for education
- » Privacy decreases stress
- » Better continuity of care on ward
- » Bedside handover
- » Families get to know you/respect you
- » Work well together, communication better, get to know families

# Ward – negative issues



- **Four themes**

- » Environment
- » Relationships between staff and parents
- » Entertainment for children & young people
- » Communication

# Ward - Environment



- Parent

- » Far too busy
- » Not enough staff
- » Staff slow to respond at night to pumps/toileting
- » *Issues with transplant room*
- » *Parents beds*
- » *Not able to have dinner as family*

- Staff

- » Environment can be overwhelming
- » Very busy
- » Difficult to support staff when really busy
- » No down time

# Ward - Relationships



- **Parents**

- » Nurses are young and don't have kids or they would do things differently
- » Barrage of clinicians – too many faces/names

- **Staff**

- » Feel like you can't give enough time to parents
- » Only get to do tasks not psychosocial care
- » Current model of care not appropriate

# Ward - Entertainment



- **Parents**

- » Play room disappointing for older child
- » Small child harder to entertain than older child
- » Harder to get child through second transplant
- » School disappointing
- » Don't do AYA well

- **Staff**

- » Play room too small

# Ward - communication



- **Parents**

- » Don't assume knowledge
- » Information not always easy to understand
- » Poor communication b/w ward and clinic

- **Staff**

- » Absent notes from ward
- » Drugs not ordered
- » Poor communication b/w doctors/nurses
- » Judgements made b/w shifts
- » Difficult to support new staff

# Implications



- May assume we have different perspectives
- Because of shared experience of facilities and systems – similar frustrations
- Improve environment and different perspectives arise

# Future



- 15 million dollar grant from federal government
- Comprehensive paediatric and AYA service (one stop shop)
- Several recommendations have been made regarding service provision