Nursing After Hours Governance

Altair

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HRT 1512 Nursing Improvement Group

6 – 7 August

Sydney

Key Problem

- In February 2015 Altair transitioned from a 450 multi-day bed tertiary care facility with established senior and specialist out of hours nursing and medical teams to a 300 bed specialist hospital with a focus on aged care, rehabilitation, specialist elective surgical services (orthopaedic, ophthalmology and same-day procedures) and mental health.
- The full transition of 37 clinical tertiary services and associated medical supports has resulted in a site that has limited access to resources and expertise out of hours.
- The new organisational service streams (1, 2 and 3) needed to be linked outside of business hours.
- The escalation of clinical and corporate issues to the Hospital Health Coordinator was dependant upon the judgement calls of often novice after hour clinical nurse managers.

Aim of this innovation

- To improve governance out of hours by the creation of and embedding of a system and reporting framework that eliminates the “judgement call” of a manager as to whether or not to escalate issues

Baseline Data

- Non reporting or escalation of critical clinical incidents out of hours
- Inappropriate over /under utilisation of non establishment and nursing resources
- Decision making accountability and responsibility often beyond the scope of the SRN3, eg opening unfunded beds or closing funded beds.
- Silo mentality across the 3 services-Surgical, Medical and Mental Health missing opportunity to provide leadership support across services

Key Changes Implemented

- Introduction of HHC Daily Update
  - Web based form completed by the designated CNM AH post medical and CNM Service 1,2 and 3 huddle.
  - Completed at 1900hrs daily and at 0800hrs on weekends and public holidays.
  - Automatically emailed to HHC email group
  - Policy/Practice that this is followed with a telephone call to the on-call HHC for discussion/clarification of any issues.

Report Date:	**8/07/2015 20:00**
Theatre activity planned - today:	**0**
Theatre activity planned - tomorrow:	**19**
ICU patients (vent/non-vent):	**0/2**
Booked patient NOT yet arrive:	**0**
Available staffed beds (S1 - Surgical):	**15**
Available staffed beds (S2 - Medical):	**5**
Available staffed beds (S3 - MH; Locked/Unlocked/Aged care):	**W43-3**
Available staffed beds (S1 – ICU):	**8**
Agency/overtime FTE (Ward | number | reason):	**S1-0** **S2-1 Pool, 1 CC, 1 B7N, 1 NW, 1 PCA CPE for specialling 27 behavioural pts.** **S3- 1 NW, 4CC RMHN 2for specialling W41 and W51**
Update regarding any changes to SRN roster:	None
Patient issues:	None
Staff issues:	None
Any other issues:	**Clerical Supervisor off sick this evening. Roving Clerk Andrea started work at 1700 hrs instead of 2000 hrs.** **Registrar off sick escalated to XXXXXX**
Submitted by:	
Last Modified 8/07/2015 19:10 by	

Outcomes so far

- The HHC report has provided a valuable and auditable framework for the site and the Executive point of governance outside of business hours.
- HHC s' report satisfaction and confidence regarding patient and staff quality and safety through being more aware of and able to influence:
  - Escalation of care from site to other health care provider
  - Maximising patient flow across the 3 services
  - Sharing of resources
  - solutions to cohort and manage patients requiring extra workload resources rather than automatically allocating companion etc.

Lessons Learnt

- Creating a prescriptive framework for the SRN to report in to HHC at designated times increases overall site governance.

- Being prescriptive in what information is required eliminates ambiguity and helps focus on transference of important information.

- The requirement to report on all 3 services on one report necessitates the SRNs and Medical Staff to meet and gather the data and information. This meeting encourages solution based conversations and sharing of expertise and resources thus strengthening the new team.