How using a patient journey approach helps to educate nurses about patient safety

A children’s hospital redesigned its clinical update sessions, using a patient journey approach to improve staff perceptions of the importance of safety.

INTRODUCTION

University Hospitals Bristol Foundation Trust recommends that all clinical staff attend an update session once every two years to maintain professional competence. The mandatory topics are:

- Blood transfusion;
- Record keeping and documentation;
- Medicines management;
- Consent;
- Incident reporting and investigation.

However, managers felt that the session that ran until October 2008 had limited value for clinical staff as it failed to keep them updated on new practice and policies. As a result, a consultation was launched to change the session. The trust trainers’ forum (a children’s service committee dedicated to reviewing training and education) was involved and a proposal was submitted to the head of nursing to change the session.

Ethics approval was not obtained as it was felt the change would not have a detrimental effect on participants. Staff members were sent letters before the session advising them it would be in a new format and they were given a reading list. There was no selection bias as there was no control over the application process.

THE NEW SESSION

The main aim of the new patient safety update was to provide a patient pathway that could be adapted to include the basic themes of the clinical update session. It also aimed to help staff reflect on decision making processes relating to clinical care, by emphasising patient safety issues.

A variety of allied health services, including the Great Western Ambulance Service Trust, were involved in writing the pathway to ensure it was as realistic and relevant as possible. All nursing and allied health professional staff in children’s services at the Bristol Royal Hospital for Children attended the training.

The session starts by separating participants into colour coded groups, usually on four tables in teams of six. The aims are to ensure a mix of staff grades and experience and to expose participants to roles and issues in different clinical areas and professions. The day’s aims and objectives are then set out, followed by an explanation of how these will be met and the resources that are available.

Each workshop has a theme to ensure all the mandatory trust update areas are covered.

BOX 1. WORKSHOP 1 – CHILDREN’S A&E

- At 11pm a 10 year old boy is involved in an accident, in which he is knocked off his bicycle by a passing car. The ambulance service has radiographed the boy’s head to inform children’s A&E that he has sustained possible internal injuries.
- On admission to A&E, the young boy is conscious and orientated, but he looks extremely frightened and will not give his name.
- The patient has a CT scan, confirming abdominal injury, which requires surgical intervention. Bloods are taken and anaesthesia is given. As the theatres are all busy, the patient is transferred to the ward at 2.55am.
covered. There are five workshops in total during the session and all teams undertake them. A team is then chosen to feed back their thoughts on the patient safety issues raised by the scenario; follow up discussions are supported by the facilitator.

To encourage incident reporting and analysis, several issues that could be identified as adverse events for patients are explored, such as a misfiled blood result and a failed communication between nurse and doctor. The latter is demonstrated with a DVD of two conversations between the nurse and doctor. The first is a rushed exchange between the two, which results in a limited handover of critical patient information, while the second references the SBAR (situation, background, assessment, recommendation) structured communication tool, which is being introduced across the trust. The DVD forms part of a scenario that all groups watch.

The workshops start and the facilitators and departments.

The first issue of note was that participants in the new programme felt the sessions needed to be in greater depth. Only 12% commented on this aspect of the new programme and they programme felt the sessions needed to be in greater depth. Only 12% commented on this aspect of the new programme and they programme felt the sessions needed to be in greater depth. Only 12% commented on this aspect of the new programme and they programme felt the sessions needed to be in greater depth. Only 12% commented on this aspect of the new programme and they programme felt the sessions needed to be in greater depth. Only 12% commented on this aspect of the new programme and they programme felt the sessions needed to be in greater depth. Only 12% commented on this aspect of the new programme and they programme felt the sessions needed to be in greater depth. Only 12% commented on this aspect of the new programme and they programme felt the sessions needed to be in greater depth. 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When asked what changes they would like made to the programme, participants from the old session made comments about its lack of interest or depth. Staff also made suggestions about the new programme but these were more specific and more positive in tone, for example: “I wanted to practise finding things on DMS [document management system].”

Limitations

The new session has been cancelled once due to lack of participants as we had felt its interactive nature required a large group. The previous format had many cancellations for several reasons, but would have been able to go ahead with only 6-8 participants. This issue has been raised with the trainers’ forum and a decision has been made to continue with the new session even if there is only a small number of participants, to ensure the programme maintains momentum.

IMPLICATIONS

The new approach has improved staff perceptions of the usefulness of the sessions, and increased their confidence in using the skills and knowledge they gain in practice.

This has been achieved by changing the programme’s format and the people who deliver it, while retaining its mandatory content. It has proved to be an effective method of delivering patient safety messages. The pilot of four subsequent sessions had consistently positive evaluations, and the results have been consistent through following sessions as well as with different trainers delivering the new programme. The trainers’ forum and the head of nursing agreed that this strategy will continue to be used and the model has been adapted for use on the trust induction programme. As this is attended by medical staff, it offers greater opportunities for raising awareness of patient safety across all healthcare professional teams.

The facilitators decided to send out further evaluation forms to find out whether staff still felt the benefits from the programme a year later. The results are again extremely positive, with respondents remaining confident in the areas covered on the programme and happy to recommend it to others. This has reassured the trainers’ forum that the format should continue.

CONCLUSION

The new programme for clinical update has shown significant improvements in formal evaluation. Feedback from staff shows that this new patient journey format provides a more relevant and useful session. It has achieved the aim of improving the quality of the session and the recommendations for change set out in the original proposal. However, we do recognise that there are areas for improvement, such as encouraging greater allied health professional and medical staff participation. In addition, to ensure the programme’s ethos is maintained, we have to continue developing new trainers and new pathways, and meeting the changing needs of all staff.

REFERENCES

