How can middle managers in hospitals facilitate the development of a safety culture in a clinical microsystem?

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Middle managers

- Role undervalued
- Can obstruct
- Can facilitate
- Will change/adapt leaderships plan
Challenges to middle managers

Define + agree on aims
Leadership
Learning
Clinical bundles
Data used in routine work
Patients involvement
Huddles
Links outside
Tools

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Participation of patients
Aims

- Mortality: 15% reduction
- Harms: 30% reduction
- By: Dec. 31st 2012
Translated

15 harms per day
15 deaths per month
fewer
Example pressure ulcer

• Currently testing
  – Patient brochure
  – Reminder next to bed

• Patient element in every bundle

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CPLE 2012 03 01
Huddle

Example huddles:
• 05 minutes daily (ev. each shift)
• 30 minutes 1330-1400 daily
• 30 minutes 0930-1000 weekly

CPLE 2012 03 01
The patient telegram

- ID
- Admission diagnosis
- Psychosocial factors/Comorbidity
- Open questions for next shift/day
- Risk
A teams session between two shifts

Roles
- Head nurse
- Nurse 1
- Nurse 2
- Secretary
- Physician

Tools
- Registration form (paper)
- Patient list (paper)
- Whiteboard with patient names
- Magnets for white boards

Task
- Talk through five patients
- Register all peripheral lines, central lines, catheters, risk for pressure ulcers
- Update patient list
- Update white board

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# Registration form

<table>
<thead>
<tr>
<th>Dato:</th>
<th>Registreret af:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.1.2011</td>
<td>Gry</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PVK</th>
<th>KAD</th>
<th>CVK</th>
<th>Tryksår</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1" alt="PVK" /></td>
<td><img src="image2" alt="KAD" /></td>
<td><img src="image3" alt="CVK" /></td>
<td><img src="image4" alt="Tryksår" /></td>
</tr>
</tbody>
</table>

Antal i alt i 0633 i dag | Antal med relevant og aktuel indikation i dag | Antal fjernede inden < 72 timer i dag | Antal ptt. med risiko for tryksår i 0633 | Antal ptt. med risiko for tryksår revurderet i dag

Sæt en streg "1" per "slange" eller "0" hvis der er ingen! Eksempel: ![PVK](image5) = 5 "slanger"

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# Harm logbook

![Image of Harm logbook](image6)

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Tools

- Tested
- Useful
- Adaptable
- Beautiful

Challenges to middle managers

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KAD relevant indikation

Risiko for tryksår rescreening

PVK med relevant indikation

PVK fjernet inden 72 timer
Data

- Translate
- Make visible
- Talk about them

Challenges to middle managers

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CLE 2012 03 01
**Bundles**

- Teoretisk bakgrund = faglig fundament
- Mål = klar retning
- Enkle intervensjoner = lett å implementere
- Indikatorer (process, resultat) = effekt kan evalueres

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**Elementer pakke**

1. Tryksår-risikoen vurderes hos alle nyindlagte patienter.

2. Patienter i risiko for tryksår revurderes dagligt.

3. Patienter i risiko for tryksår ernæringsscreenes, og hvis de findes i ernæringsmæssigrisiko skal der udarbejdes en ernæringsplan.

4. Patienter i risiko for tryksår mobiliseres maximalt og trykaflastes ved repositionering og anvendelse af trykfordelede og trykaflastende underlag i seng og stol.
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Udviklingsmodellen: afprøve ændringer

3 spørgsmål

- Hvordan ved vi, at en forandring er en forbedring?
- Hvad ønsker vi at opnå?
- Hvilke forandringer iværksættes for at skabe forbedringer?

+ PDSA cirkel

= Udviklingsmodel
Work with one partner:

- Aim: partner laughs
- Measurement: your choice
- Intervention: your choice
- Go for it!
Inge Ulriksen  
+ Gitte Madsen

Many small...
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Summary

• Define aims
• Be explicite
• Be patient
• Be a role model
• Create and tell stories
• Acknowledge, celebrate
• Relate to local context

Bundles

Data

... + Behavior and culture change = Prototype

Prototype
To facilitate a safety culture on a ward:

- Be there
- Be specific
- Follow through
- Make data visible
- Gather team regularly
- Acknowledge colleagues’ work

Dear Christian

I have a short comment concerning the patient who during the last weekend got a phlebitis. The patient said that, always when we flushed her peripheral line with NaCl, it hurt initially and then the pain stopped and it only felt cold. Just as other patients also describe it. So it did not hurt all the time, only in the beginning. I don’t know if we can use this observation, but I wonder if we could use them for patients that might have more vulnerable veins. So that we can pay more attention to patients that have similar experiences. I do not know what the solution could be. Perhaps we should change PVL’s every day. Or a solution could be to give them a slow infusion of NaCl to create a constant flow though the line and antibiotics could then be added on. Then the patient could avoid the start-flush pain. Or…? I do not know so much about these things, so these are only a couple of undocumented thoughts

Best regards

Sanne
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- Brit Holmgaard, RN
- Inge Ulriksen, RN
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A (safe) greeting from Danmark