



PATIENT SAFETY CHAMPIONS

LEADING CULTURAL CHANGE

LEAMINGTON DISTRICT MEMORIAL HOSPITAL



- 88 beds, small community hospital
- Under-serviced area for physicians
- Retirement community
- Economically strong
- In LHIN 1



LDMH'S 8 POINT PATIENT SAFETY PLAN

- ✓ Created in August, 2005 in response to:
- ✓ patient safety cultural assessment, April/05
- ✓ 65% staff response rate. They told us:
 - ✓ Our culture is one of blame & shame
 - ✓ Senior leadership doesn't care about patient safety
 - ✓ Senior leaders don't "walk the talk"



PATIENT SAFETY CHAMPIONS

- Focal point of Patient Safety Plan
- One volunteer from each clinical area: 4 RNs, 2 RPNs
- Role is to:
 - Be the advocate for patient safety on their unit
 - Bring messages to Senior Team through CNE
 - Take back messages to the front lines
 - Champion patient safety initiatives on the unit

PATIENT SAFETY CHAMPIONS

(cont'd)

- Patient Safety Champions Council monthly
- Quarterly President's Forum on Pt Safety
- Patient Safety Hotline
- Executive Walkabouts – report template
- Patient Safety Link on Intranet
- Broad based emails after meetings
- Challenges, successes reported in monthly hospital newsletter

Patient Safety Concern



- Champion brought sentinel event to Council:
- patient was found sliding down in a geri chair.
- patient was lodged by her neck between the chair & the table top.
- seat belt had been applied and the tray was also belted in place

Patient Safety Champions' Council



- reviewed the event and made recommendations
- reviewed the restraints currently in use facility wide and how staff tended to utilize them
- were alarmed at the frequency of use of restraints, particularly on shifts and weekends
- used as a method of fall reduction

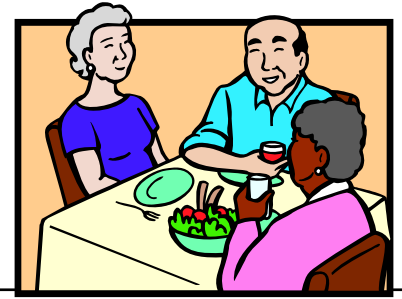


Champions Led the Change

- Reviewed RNAO Best Practice Guidelines
- Recommended we revise Least Restraint Policy.
 - Limit options in Consent form
 - Teach patients and families about restraints risks
 - Educate staff & physicians re: falls/injury risks related to restraint usage
 - Revise equipment choices



Equipment Review



- We decided that tabletops were only to be used at mealtimes for nutrition support
- Seat belts and straps were removed from Broda chairs and wheelchairs
- Locking trays on patient chairs were removed from the building
- Geri chairs removed from the building

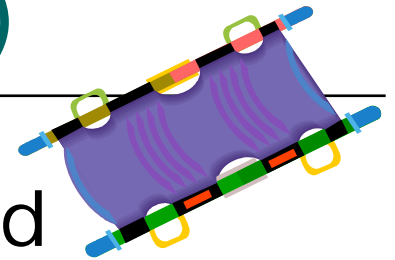


Equipment Review (cont'd)

- Patient Safety Champions advocated for
 - Fall out mats available on each unit
 - Replacement of all inpatient beds with high-low beds
 - High-low stretchers too
 - Installation of night light backed universal bathroom symbols at each patient bathroom

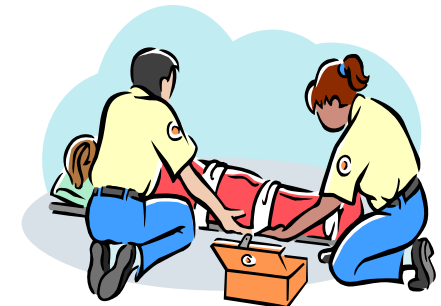


Equipment Review (cont'd)

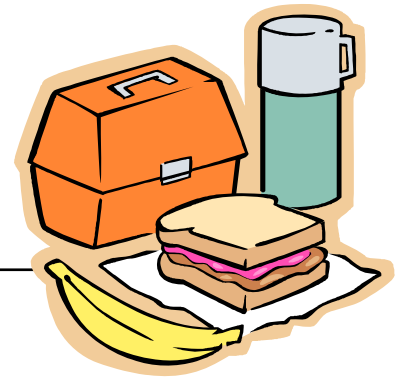


○ Other ideas brought forward include:

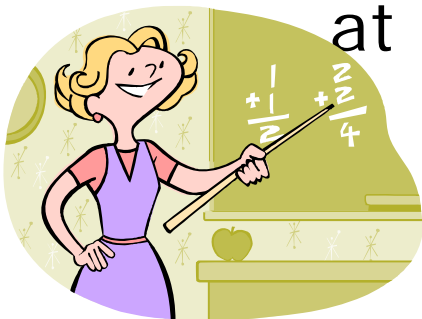
- ultra-low stretchers
- increased use of low seat wheelchairs
- Mag lock doors at every stairwell
- Mag Lock door at hallways for wanderers



Training Review



- Least Restraint Policy updated
- Lunchbox learning sessions hosted to introduce the revised policy
 - Led by Patient Safety Champion
- A clinical nursing teaching round was conducted on-site by University of Windsor Faculty of Nursing
- RNAO fellowship in falls prevention hosted at LDMH





OUTCOMES

- Hospital Board accepted patient safety equipment recommendations as corporate priorities
- Board & Senior Management endorsed Least Restraint Policy
- Falls Prevention strategies in place
- Delirium & Dementia screening initiated on all inpatients over 65
- We are a restraint free hospital

OUTCOMES (cont'd)

- Capital Investments approved for:
 - 9 High-Lo beds approved in year one of a 5 year plan to replace all beds
 - -1 Hi-Lo stretcher for transfers from ER
 - -2 year plan to replace all geri chairs with Broda chairs
 - Mag Lock doors for all stairwells & hallway door

OUTCOMES (cont'd)

- Staff Education led by Champions:
 - Least Restraint Policy & Consent Form
- Physician Education
 - Policy & Consent Form to MAC
 - “What will we do when staff ask us to order?”
 - Pre printed orders for Delirium & Dementia
- Family Education
 - “We don’t restrain” – literature re: falls
 - Not offered choice to sign for physical restraint



LEAMINGTON DISTRICT MEMORIAL HOSPITAL
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**PLAN OF CARE
 USE OF LEAST RESTRAINT**

Option #1: AGREEMENT TO THE USE OF LEAST RESTRAINT TO AVOID INJURY

Types of Restraint Available at LDMH (Check those which the patient/family agree to use if the need arises)

- a) **Chemical:** YES NO (Medications can be used as Chemical Restraints to sedate or alter behaviour)
- b) **Environmental:** Side-rails x 3 Chair to prevent rising (E.g.: Tilt Chair) Other (See Nursing Actions)
- c) **Physical:** Not used outside of ICU or ER

I _____ understand that Leamington District Memorial Hospital uses the least amount of restraint when caring for patients. I understand there is a likelihood of falls, with or without restraint, in any environment. The problems associated with restraints have been reviewed & I agree to the least amount of restraint if required during my care. Please notify my next of kin immediately, if restraints are used.

Patient/Family: _____ *(Signature)* **Date:** _____

Option #2: I _____ *(Print Patient Name)* do not agree to any form of restraint. Contact my next of kin if restraints are required. **Patient/Family:** _____ *(Signature)* **Date:** _____

NURSING DIAGNOSIS: Least Restraint To Avoid Injury – Activate Plan of Care if restraint used

Verbal Agreement to POC Obtained: Yes No
 Date: _____ (Obtain written agreement as soon as possible)

Physician Ordered: Yes No
 Date Ordered : _____
 (Obtain Physician Order within 12 hrs of restraint application)

Re-order requirements Q72 hours - Acute areas & Non-acute monthly - Exception: wrist restraint – re-order q24h			
Re-Order/Nsg Signature	Date	Re-Order/Nsg Signature	Date

Date	Planned Outcome	Outcome Target Date	Initials	Date Outcome Met	- Initials
	<ul style="list-style-type: none"> • Client/Family will verbalize understanding of the POC & awareness of problems associated with restraints, such as: <ul style="list-style-type: none"> ❖ Increased risk of injury ❖ Skin breakdown ❖ Functional Decline ❖ Loss of appetite ❖ Constipation ❖ Dehydration ❖ Disorganized behaviour ❖ Emotional distress 				
	<ul style="list-style-type: none"> • Client will receive referral(s) for: <ul style="list-style-type: none"> 1)Pharmacy: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ 2)Otx: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ 3)PTx: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ 4)Other: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ 				
	<ul style="list-style-type: none"> <input type="checkbox"/> Family want client restrained to protect his/her safety (See page 7 BPG) - Nurses respectfully explain LDMH does not use certain types of restraints as research indicates they are unsafe 				
	<ul style="list-style-type: none"> <input type="checkbox"/> Families made an informed decision to relocate 				

Date Initiated & Initials	<p align="center">NURSING INTERVENTIONS</p> <p>Nursing Diagnosis: Least restraint usage to avoid injury</p>	Date DC/d & Initials
	<p>Teaching that took place when consent was given & reinforced PRN:</p> <input type="checkbox"/> Type of restraints available at LDMH <input type="checkbox"/> Provide full disclosure to the likelihood of falls with or without restraint (there are limits to safety inherent in any new environment) <input type="checkbox"/> When families request a restraint associated with injury, Nurses will – with respect & in a non-judgmental manner – identify the risks associated with such practices & explain these are not used at LDMH	
	<p>Current Client Behavioural Assessment (Check all that apply)</p> <input type="checkbox"/> Dx of Dementia <input type="checkbox"/> Dx of Delirium <input type="checkbox"/> Dx of Depression <input type="checkbox"/> Agitated <input type="checkbox"/> Screaming <input type="checkbox"/> Poor Sitting/Posture <input type="checkbox"/> Aggressive <input type="checkbox"/> Wandering <input type="checkbox"/> Unsteady Gait <input type="checkbox"/> Combative <input type="checkbox"/> Disoriented <input type="checkbox"/> Fall Reported <input type="checkbox"/> Pharmaceutical Reaction to _____ <input type="checkbox"/> Other _____ <p>Repeat Behavioural Assessment in _____ Days</p> <input type="checkbox"/> No Change from the initial Assessment <input type="checkbox"/> Change from the initial Assessment (Describe): _____	
	<p>Attempt to find alternative to restraint (Check all that were tried)</p> <p><i>Psychological</i></p> <input type="checkbox"/> Reassurance <input type="checkbox"/> Family Support <input type="checkbox"/> Active Listening <input type="checkbox"/> Other _____ <input type="checkbox"/> Reasoning _____ <input type="checkbox"/> Reality Orientation _____ <p><i>Physiological & Physical</i></p> <input type="checkbox"/> Pain Relief/Control <input type="checkbox"/> PT/OT referral <input type="checkbox"/> Monitor I/Os <input type="checkbox"/> Assess Bowel & Bladder Function <input type="checkbox"/> Monitor Lab (Electrolytes, FBS, WBC, RBC, Hgb etc.) <input type="checkbox"/> Wrist Restraint (ICU Only) <input type="checkbox"/> 4-point Restraint (Emergency Room only) <p><i>Environmental</i></p> <input type="checkbox"/> Wheelchair adaptation <input type="checkbox"/> Accessible Call Light <input type="checkbox"/> Alternative Seating <input type="checkbox"/> Tilt Seating <input type="checkbox"/> Mattress/pad on floor <input type="checkbox"/> Reduce Noise <input type="checkbox"/> Reduce Glare <input type="checkbox"/> Priority light <input type="checkbox"/> Other _____	
	<p>Nursing Actions (Check interventions that are appropriate)</p> <input checked="" type="checkbox"/> Review need for restraint q shift & PRN <input checked="" type="checkbox"/> Repositioning Q 2 Hours minimum standard <input checked="" type="checkbox"/> Monitor for client dignity q 1 hour <input type="checkbox"/> Provide Companionship (<i>Family</i> <input type="checkbox"/> Yes <input type="checkbox"/> No) (<i>Staff</i> <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Additional repositioning Q _____ hours <input type="checkbox"/> Remove/reapply wrist or 4-point restraint for 10 mins every hr (alternate limbs) <input type="checkbox"/> Review Client Medications <input type="checkbox"/> Set up daily ambulation schedule: Ambulate OD BID TID QID <input type="checkbox"/> Provide frequent verbal reminders & orientate as appropriate <input type="checkbox"/> Relocated near Nurse's Station <input type="checkbox"/> Camera Monitoring System <input type="checkbox"/> Initiate oral treatments Vs. NG/ IV <input type="checkbox"/> Provide warm oral fluids <input type="checkbox"/> Remove catheters & drains ASAP <input type="checkbox"/> Bed Alarm (Tabs) <input type="checkbox"/> Provide soft music <input type="checkbox"/> Keep radio on low (voices)	

Date	Initials	Review*				Date	Initials	Review*				Date	Initials	Review*			
Review*	N	D	E	Review*	N	D	E	Review*	N	D	E	Review*	N	D	E		

*Review of Interventions – review plan of care means you look at potential interventions and actions – you are satisfied what has been initiated is appropriate and you may add or discontinue.



OUTCOMES (cont'd)

- Senior leaders have demonstrated commitment to patient safety
- Patient Safety has high profile
Champions wear their buttons with pride
- Champions held up as example of staff empowerment, front-line leadership
- “We need to create more roles like these”



LESSONS LEARNED

- Let the Patient Safety Champions set their own agenda. Just listen to them
- Wait for them: they haven't read the literature
- Fix the small things first; quick successes win their trust & enthusiasm, empower them
- They'll take pride in their roles;
- They'll take on their colleagues: moral suasion
- They become dynamic leaders – full of enthusiasm and ideas for innovation

NEXT STEPS

- Replicate the cultural change model by introducing other Champion roles
- Example:
 - Infection Control Handwashing Program
 - Policy to introduce requirement that no rings, jewelry, nail polish be worn
 - Infection Control Champions in each area of the hospital
- Invite non-nurse staff members to become Patient Safety Champions
- Repeat Cultural Assessment

CULTURAL CHANGE HAS ONLY JUST BEGUN

