



IDEAS AND INFLUENCES

Enhancing the quality and safety of the nursing model of care: planning for a new children's hospital in Western Australia

Joanne Siffleet*, Tessie Abbott, Anne Bourke and Sue Peter

*Corresponding author: Perth Children's Hospital, Child and Adolescent Health Service, Perth, Western Australia

Email: Joanne.Siffleet@health.wa.gov.au

Submitted for publication: 2nd April 2014

Accepted for publication: 7th May 2014

Keywords: Practice development, person-centred care, model of care, patient safety, quality care

Introduction

This paper will describe how the ideas gained during a study tour to investigate models of care have influenced the ways in which nursing has been transformed in preparation for the move to a new, purpose built paediatric hospital.

Background

Princess Margaret Hospital in Perth, Western Australia, is on track to relocate to new, purpose built premises in November 2015. While this is an exciting prospect, it has thrown the spotlight on several factors in nursing that were already on the strategic agenda when the move was proposed in 2010. Increased clinical demands on specialty nursing, including paediatrics, arising from the global nursing shortage, have been well documented, notably in the context of increasing patient acuity and complexity, the drive towards shorter hospital stays, and a number of health reforms (Australian Government Productivity Commission, 2005). Adding a new hospital to this mix made more pressing the imperative to develop and implement a contemporary nursing model of care.

Nursing models of care

The nursing models of care project was launched at Princess Margaret Hospital in March 2011 to implement an inpatient model of nursing care across six clinical areas, which would have implications for nursing throughout the organisation. Concurrently, recommendations made by the Australian Council on Health Care Standards and the Australian Commission on Safety and Quality in Health Care have provided strategic direction for many of the activities within nursing that fall under the umbrella of the models of care project (Australian Commission on Safety and Quality in Health Care, 2013).

Against the background of a global push to increase the time nurses spend delivering direct clinical care to patients, within existing resources, a dynamic model of care delivery is required. The model needs to optimise autonomy, learning, critical thinking and innovation to bring about continuous improvement to patient safety and health outcomes. A contemporary model of care is also expected to include strategies to increase job satisfaction for nurses and satisfaction with services for patients and their families.

The executive director of nursing and patient support services and a senior nurse undertook a study tour of the eastern states of Australia to investigate innovative models of care and nursing workforce development strategies, which included a review of current and planned nursing roles. Information from the study tour provided the first step of an iterative process of nursing service review and reform.

Study tour

The study tour included visits to four states and a number of hospitals. The Royal Children's Hospital in Brisbane used transformational practice development strategies to empower nurses to reform clinical practice. This was achieved under a programme called 'Doing things differently', implemented by the nursing executive, who recognised the need for change in an organisation unable to offer additional resources. Similarly, the Children's Hospital at Westmead in New South Wales was observed to use transformational practice development to engage and empower nursing staff in the evaluation and improvement of clinical care. The Royal Children's Hospital in Melbourne also reported using transformational practice development. The tour demonstrated a number of things, notably that our interstate colleagues were facing the same issues of limited resourcing, the nursing shortage and increasing patient acuity. However, there was visible evidence that nursing executives were employing a 'bottom up' approach, engaging staff in ownership of the changes required to support contemporary practice.

Practice development

Following the tour, we invited members from the International Practice Development Collaborative (IPDC), whom we had met in Sydney, to conduct an introductory workshop for senior nurses at the hospital: Fostering a Culture of Effectiveness of Care through Practice Development. The senior nursing management team considered it important to be knowledgeable about developments in person-centred care and to plan in advance for the transition to a new hospital, with a focus on models of care. The curriculum set for this programme had a high challenge/high support framework that valued participation, sharing experiences, experiential and active learning, critical reflection and feedback, and translation of knowledge and skills into practice. The IPDC workshop provided the platform for the transition to the new hospital.

A number of workshops were designed by the models of care project team at Princess Margaret Hospital, based on the tools and facilitation work shared with us by the IPDC facilitators. More than 250 nurses have now attended various workshops, aimed at fostering a culture of accountability, empowerment and ownership of change.

Workplace culture

The ongoing cultural change work required ahead of the move also entailed workshops to introduce key concepts of practice development and workplace culture change to nurses in the clinical areas. The purpose of these sessions was to develop understanding of the concepts and tools required by nursing staff to be able to work within teams and bring about a change in the culture at the hospital. The objectives of the workshops were to:

- Develop an understanding of workplace culture and effective team functioning
- Incorporate a shared nursing vision into the clinical areas
- Promote effective participation in group work
- Explain the importance of ways of working and their impact on the clinical team functioning

To date, the expectations for staff engagement at these sessions have been surpassed. Requests for workshops and ward based activities have increased following attendance, while workshop evaluations indicate that the content and timing met the needs of nurses during a time of unprecedented demand for change on many fronts.

Table 1: Highlights and key achievements of the nursing models of care project

- Increased clinical leadership from the clinical nurse managers on the six non-specialist inpatient wards
- Implementation of a practice partnership model of care, hourly rounding and devolved nursing stations
- Collaboration with the Perth Children's Hospital team and participation in designing new inpatient wards in line with the nursing model of care
- Evaluation of the nursing practice environment and movement from a 'mixed environment' to a 'favourable environment' using the Practice Environment Scale of the Nursing Work Index (Warshawsky and Sullivan-Havens, 2010)
- Development of nursing governance procedures that support frontline accountability
- Use of real time data to evaluate quality care in order to drive practice improvement at ward level
- Use of the models of care project to drive strategic clinical reform, support communication and manage change
- Improved two-way communication between clinical nurses and nursing leaders at Princess Margaret Hospital
- Development of generic paediatric nursing competencies for the professional development framework (completed)
- Participation in an international research study investigating nursing key performance indicators
- Participation with the International Practice Development Collaboration

References

- Australian Commission on Safety and Quality in Health Care (2013) *Accreditation Evidence of Implementation of the National Safety and Quality Health Service Standards*. Sydney: Australian Commission on Safety and Quality in Health Care.
- Australian Government Productivity Commission (2005) *Australia's Health Workforce: Research Report*. Canberra: Productivity Commission.
- McCormack, B., Manley, K. and Wilson, V. (Eds.) (2009) *International Practice Development in Nursing and Healthcare*. Oxford: Wiley-Blackwell.
- Warshawsky, N. and Sullivan-Havens, D. (2010) Global use of the Practice Environment Scale of the Nursing Work Index. *Nursing Research*. Vol. 60. No. 1. pp 17-31.

Acknowledgements

We would like to thank Val Wilson (PhD, RN), Director of Nursing Research and Practice Development, The Children's Hospital at Westmead, Professor of Nursing Research and Practice Development, The University of Technology, Sydney, Australia.

Joanne Siffleet (MSc, BNg, CCRN), Lead Project Coordinator, Perth Children's Hospital, Child and Adolescent Health Service, Perth, Western Australia.

Tessie Abbott (PGCert Family and Community Health, PGDip Clinical Nursing, BNg), Nurse Researcher, Child and Adolescent Health Service, Perth, Western Australia.

Anne Bourke (MSc, BNg), Executive Director of Nursing and Patient Support Services, Child and Adolescent Health Service, Perth, Western Australia.

Sue Peter (MSc, RGN, RSCN), Nurse Practitioner, Child and Adolescent Health Service, Perth, Western Australia.