

Project Title

Improving Ward Nurses' Clinical Knowledge and Self-Efficacy of Wound, Ostomy, Continence Care

Project Lead and Members

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Project members: SSN Cai Junjie, SN Muhammad Yasin, SSN Valerie Seah, SSN Sardha Ratan Singh, SSN Yeoh Wuan Leong, SSN Vimala Devaraju, SN Muhammed Haziq, SN Lim Siew Yi

Organisation(s) Involved

Ng Teng Fong General Hospital

Aims

Ward 7 (Sub) intends to improve the percentage of nurses who pass the WOC Care test from 14.3% to >80% (6 out of 7 nurses) and the average self-efficacy score of WOC care from 6.32 to 8.0 by end of June 2019.

Background

See poster appended/below

Methods

See poster appended/below

Results

See poster appended/below

Lessons Learnt

It is important that a dedicated group of nurses are formed as it is essential as a driving force for the improvement project's success. It is important to nurture a clinical leadership at the ward nursing level to improve the overall standards of nursing care

Conclusion

See poster appended/below

Project Category

Healthcare Training & Education

Keywords

Ng Teng Fong General Hospital, Service Design, Quality Improvement, Improvement Tools, Ishikawa, Andragogies/ Pedagogies, Group Teaching, Wound, Ostomy, Continence Care

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IMPROVING WARD NURSES' CLINICAL KNOWLEDGE AND SELF-EFFICACY OF WOUND, OSTOMY, CONTINENCE CARE

MEMBERS: NC VASANTHA D/O KRISNAN, SSN CAI JUNJIE, SN MUHAMMAD YASIN, SSN VALERIE SEAH, SSN SARDHA RATAN SINGH, SSN YEOH WUAN LEONG, SSN VIMALA DEVARAJU, SN MUHAMMED HAZIQ, SN LIM SIEW YI

- SAFETY
- PRODUCTIVITY
- PATIENT EXPERIENCE
- QUALITY
- VALUE

Define Problem/Set Aim

Opportunity for Improvement:

Seasoned nurses in B7(Sub) felt clinically inept when dealing with patients with Wound, Ostomy, and Continence (WOC) care needs. In May 2019, only 14.3% (1 out of 7 nurses) of selected nurses in B7(Sub) met the passing score of 76% (19 out of 25 questions) of a WOC care test. Furthermore, their average self-efficacy score of WOC care was only 6.32 (out of 10). This reflected negatively on ward nurses' ability to provide quality WOC care for their patients.

Scope:

Wound: Skin Tears & Pressure Injuries

Ostomy: Ostomy pouching

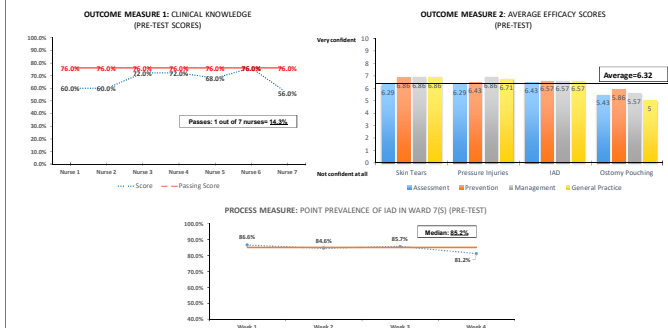
Continence: Incontinence-Associated Dermatitis (IAD)

Aim:

Ward 7(Sub) intends to improve the percentage of nurses who pass the WOC Care test from **14.3% to >80%** (6 out of 7 nurses) and the average self-efficacy score of WOC care from **6.32 to 8.0** by end of June 2019.

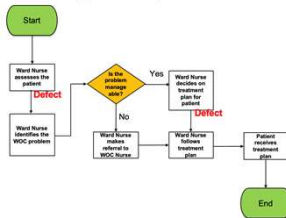
Establish Measures

What is your current performance?

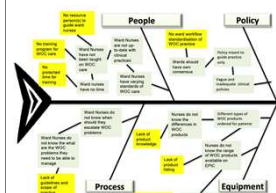


Analyse Problem

Current Process



What are the probable root causes?



Root causes that were identified are highlighted in yellow boxes. Of the 8 root causes identified, 6 of them were narrowed down for a second round of voting as shown on the Pareto chart.

Reflecting the 80/20 Rule - approximately 80% of the root causes can be attributed to 4 factors in the Pareto chart above:

1. Having no resource person(s) to provide guidance
2. Lack of training program for WOC care
3. Lack of product knowledge
4. Lack of guidelines and scope of practice

Select Changes

The appointed Resource Nurse will:

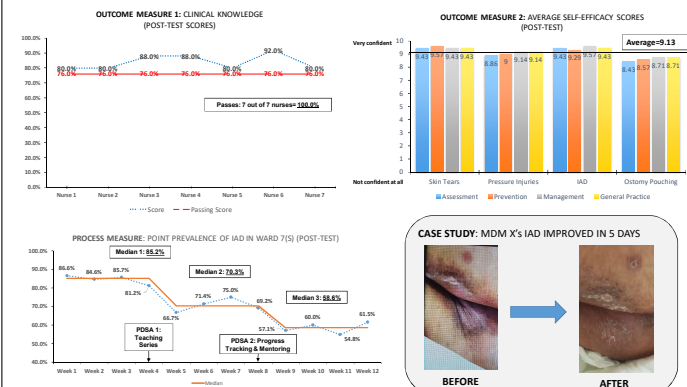
- Define the scope of practice of WOC care in the ward.
- Conduct a teaching series on defined scope (Skin Tears, Pressure Injuries, Incontinence-Associated Dermatitis, and Ostomy Pouching) to select group of Ward Nurses.
- Integrate product discussions on managing the above conditions.

Root Cause	Potential Solutions
No resource person(s) to guide Ward Nurses	1. Look for and hire resource person (i.e. wound and ostomy care nurse) to NTGH. 2. Send existing staff for external training to become resource person. 3. Employ a visiting consultant for WOC care to guide Ward Nurses. 4. Look for and appoint qualified nurse in the organisation to become resource person.
No training program for WOC care	1. Training department to come up with training programs for Ward Nurses. 2. Send Ward Nurses to external WOC care programs. 3. Resource person to come up with a focused WOC program for Ward Nurses. 4. Ward Wound & Stoma Champions to do peer teaching for the rest of the Ward Nurses. 1. Resource person to come up with a list of products and their use. 2. Integrate product discussion in WOC training program.
Lack of product knowledge	1. Vendors to conduct and teach for different WOC products. 2. Resource person to define scope that ward nurses need to manage. 3. Use existing guidelines from other hospitals and implement in B7(S). 4. Obtain and implement WOC care best practices from researchers.
Lack of guidelines and scope of practice	

Test & Implement Changes

How do we pilot the changes? What are the initial results?

CYCLE	PLAN	DO	STUDY	ACT
1	<ol style="list-style-type: none"> 1. Appointed Resource Nurse conducted a teaching series in the month of May-June 2019 to a group of 7 nurses in Ward B7(S). 2. Collated self-efficacy scores after lectures. 3. Participants did a post test after completion of the teaching series. 4. Tracked point prevalence of IAD in B7 (sub). 	<ol style="list-style-type: none"> 1. Participants are more aware of product range and its uses. 2. Participants started to change their nursing practice. 	<p>Initial results showed that:</p> <ol style="list-style-type: none"> 1. The percentage of nurses who passed the test improved. 2. Average self-efficacy scores per clinical topic improved. 3. Weekly IAD point-prevalence decreased after intervention. 	<ol style="list-style-type: none"> 1. Selected nurses have are now more clinically adept in WOC care. 2. To test the new change, case studies of patients were tracked.
2	<ol style="list-style-type: none"> 1. Tracked the progress of patients with IAD. 2. Mentored selected nurses through on-the-job training to close knowledge/skills gap. 	<ol style="list-style-type: none"> 1. Selected nurses became more proactive in WOC care. 2. Selected nurses started to influence other nurses. 	<ol style="list-style-type: none"> 1. More consistent care and lower point prevalence of IAD in the ward. 2. Selected nurses were able to produce tangible results as show in case study. 	<ol style="list-style-type: none"> 1. A positive culture of learning and improvement was created. 2. Plans were made to spread change to the rest of the ward.



Spread Change/Learning Points

What are the strategies to spread change after implementation?

- Form a ward-based WOC team in B7(Sub).
- Ward supervisor and Head of Department to validate the clinical leadership of the ward-based WOC team.
- Ward-based WOC team to implement standardised, algorithm-based approaches to care for patients with WOC needs.

What are the key learnings?

- Forming a dedicated group of motivated nurses, that have the support of nursing leaders, is essential as the driving force for the success of QIP.
- There is a need to nurture clinical leadership at the ward nursing level to improve the overall standards of nursing care.