

Project Title

Initiatives to Improve Pain, Elimination, Environment, Reinforce (PEER) Round

Project Lead and Members

Project lead: Mohd Alif Bin Mohd Zin

Project members: Rohana Anang, Sa'adiyah Arsad, Nurimah Ismail, Pee Chee Ling, Nur Azmira Binti Azlan, Wee Zhen Ting, Annapuraneswari

Organisation(s) Involved

Ng Teng Fong General Hospital

Healthcare Family Group Involved in this Project

Nursing

Project Period

Start date: Apr-2018

Completed date: Jul-2018

Aims

To accomplish zero incident in falls due to elimination Needs and Hospital Acquired Pressure Ulcer (HAPU) by 19/7/2018 for Ward B15S because we want to provide safe and effective Nursing Care to our patients.

Background

See poster appended / below

Methods

See poster appended / below

Results

See poster appended / below

Lessons Learnt

Brainstorming for solutions is easy but choosing the best and appropriate solution requires a systematic approach. Implementing change is not easy when staff is so used to their routines. Changing staff mind-set to embrace PEER round is challenging unless they can see the benefits behind the changes, which can be done with education and consistent supervision.

Conclusion

See poster appended / below

Project Category

Care & Process Redesign, Quality Improvement, Workflow Redesign, Access to Care, Turnaround Time, Value Based Care, Safe Care, Length Of Stay, Care Continuum, Inpatient Care

Keywords

Patient Falls, Hospital Acquired Pressure Ulcer, Bed Crunch, Elimination Needs

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INITIATIVES TO IMPROVE PEER ROUND

- SAFETY
- PRODUCTIVITY
- PATIENT EXPERIENCE
- QUALITY
- VALUE

ANANG, R.; ARSAD, S.; MOHD, Z. M. A.; ISMAIL, N.; PEE, C. L.; AZLAN, N. A.; WEE, Z. T.; ANNA, K.

Define Problem, Set Aim

Problem Statement

Analysis of NTFGH Inpatient Falls statistics between Jan to Dec 2017 showed that 42% (60 cases) of inpatient falls that happened were due to elimination needs*. Out of these 60 cases, 7 were from Ward B15S. 2 Cases of Hospital Acquired Pressure Ulcer (HAPU) were also reported in Jan - March 2018. This could lead to prolonged hospital stay, increased cost for the patient and worsened bed crunch situation.

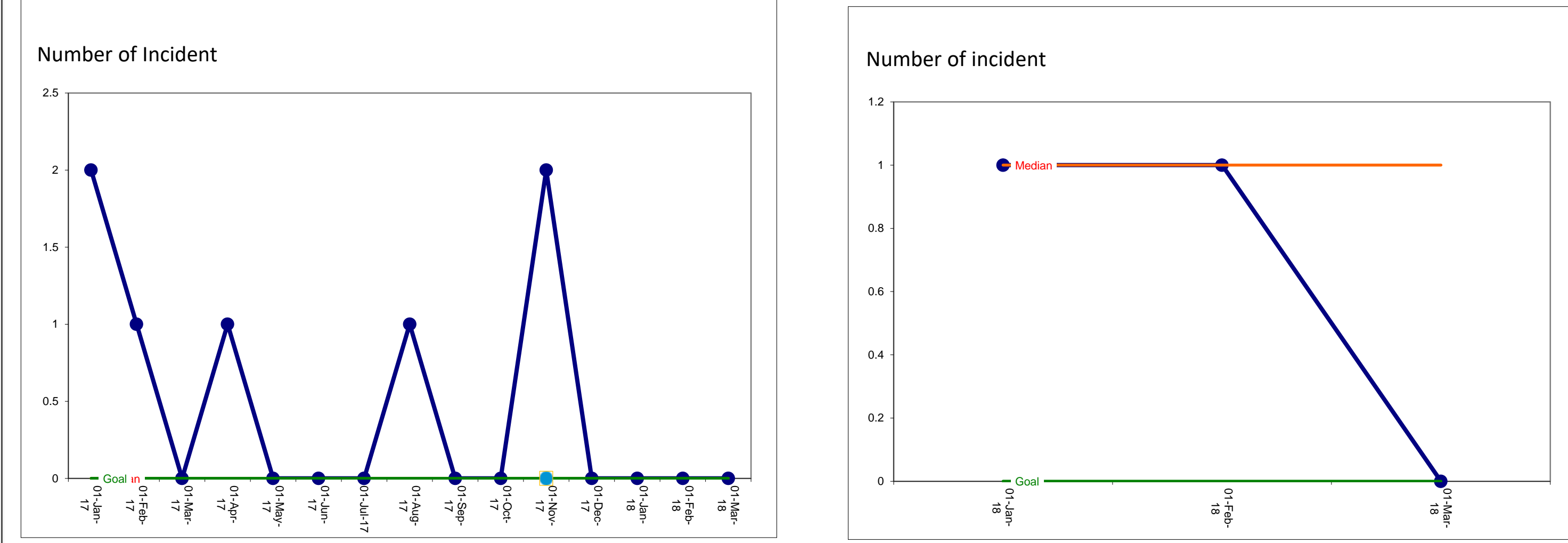
*patient needs to go toilet

The team intended to accomplish Zero incident in Falls due to Elimination Needs and HAPU by 19/7/2018 for Ward B15S because we want to provide safe and effective Nursing Care to our patients.

Establish Measures

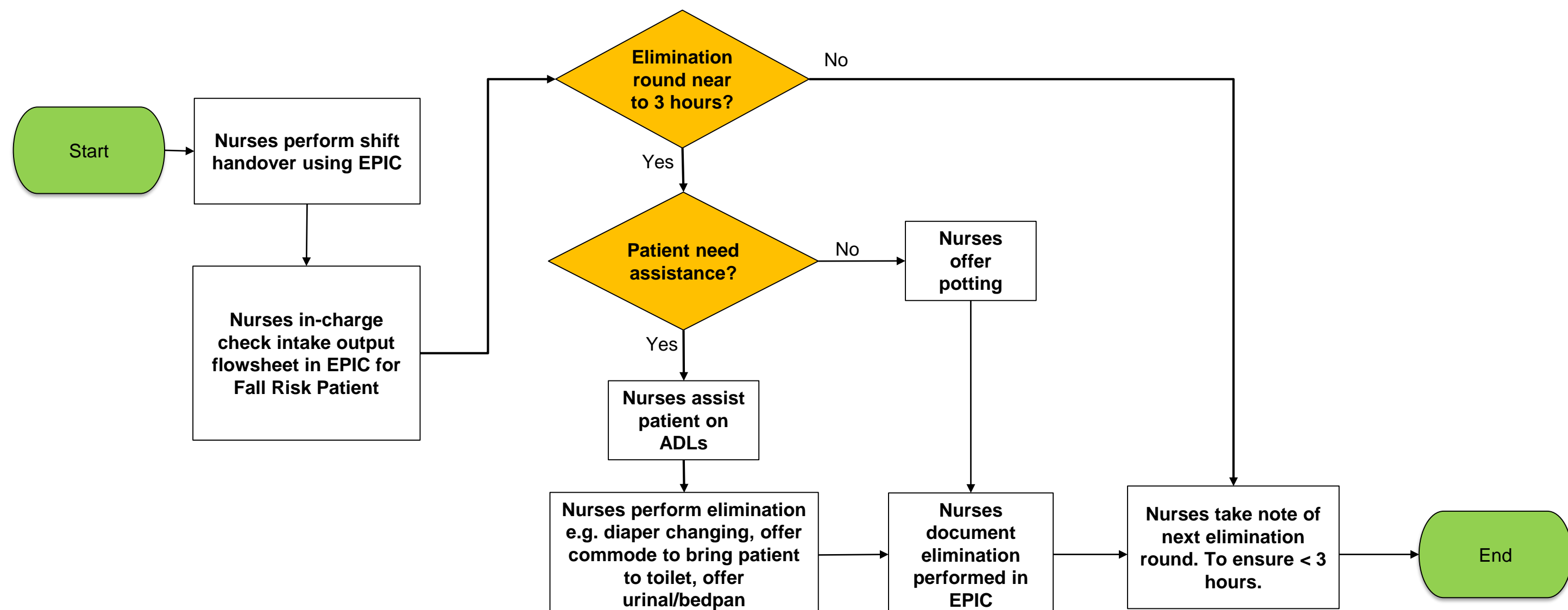
Outcome Measures

1) Number of Falls due to Elimination Needs in Ward B15S 2) Number of HAPU in Ward B15S



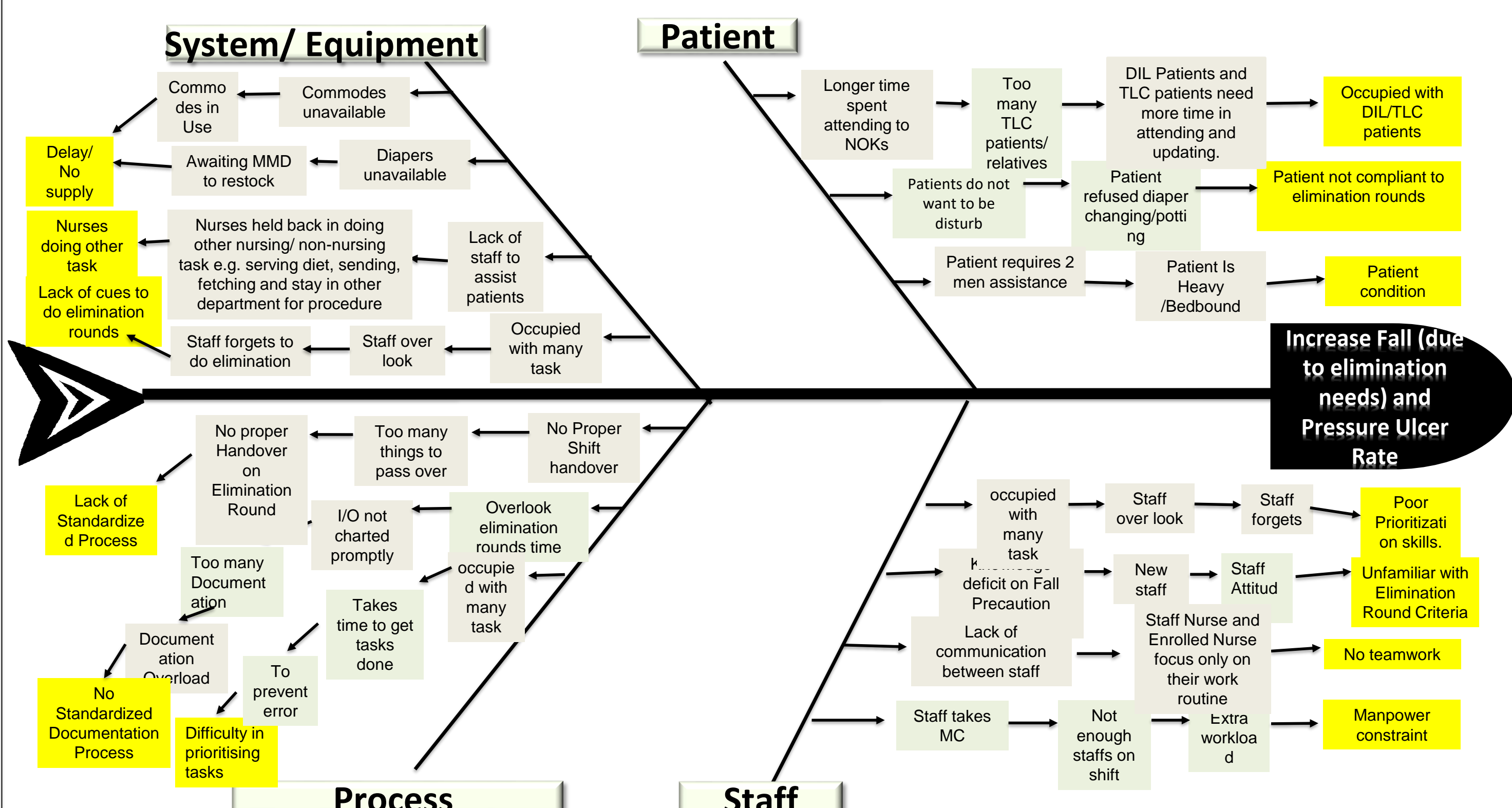
Analyse Problem

Process Before Improvement

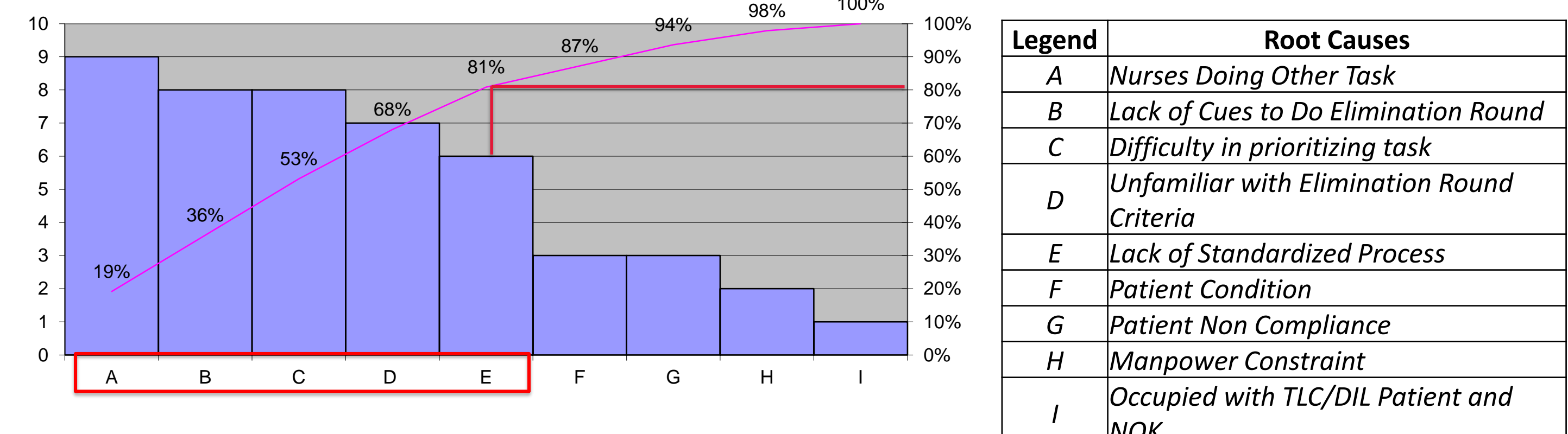


Root Cause Analysis

Fishbone Diagram



Pareto Chart



Select Changes

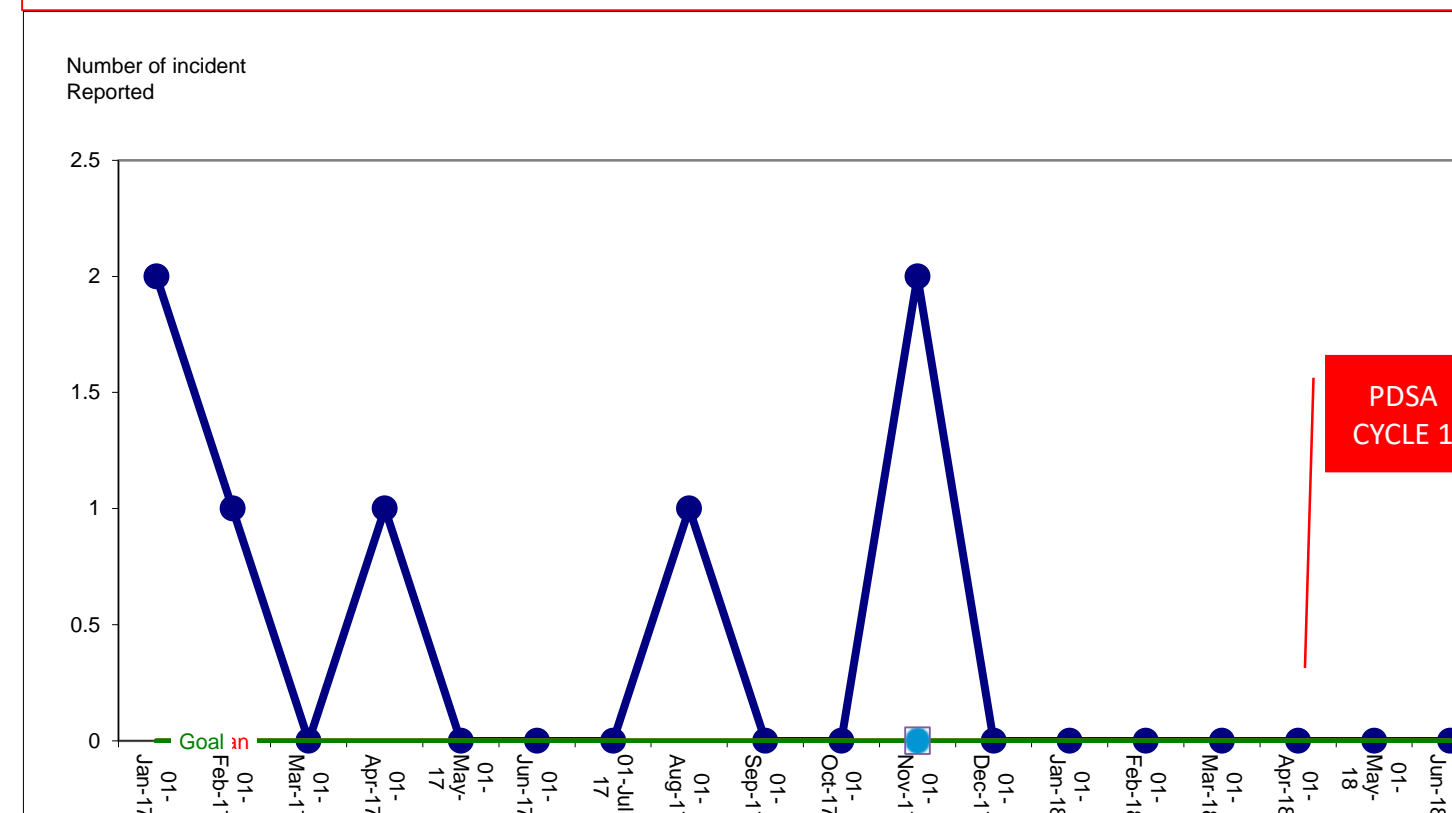
Root Cause	Potential Solutions	Impact	Implementation
A (Nurses Doing Other Tasks)	1 Hire Ancillary Staff	High	Do Last
	2 More Manpower	Low	Never Do
	3 More Volunteer/Bedside buddy	Low	Do Next
B (Lack of Visual Cues to do Elimination Round)	1 Wall Clock	High	Do First
	2 Flip chart	High	Do First
	3 Worklist in Epic	High	Do First
	4 Notes on COW	High	Do First
	5 Timer	High	Do First
	6 Reminder by In-charge	High	Do First

Test & Implement Changes

CYCLE	PLAN	DO	STUDY	ACT
1	<p>1. A Wall Clock to remind the nurses to do PEER round (P=Pain, E=Elimination, E=Environment, R=Reinforce) is hung up near the entrance of each cubicle.</p> <p>2. A flip chart was created to reinforce on PEER round for patients who require 2 hourly turning and 2-3 hourly elimination round Verbal instruction has been shared during Roll Call and Instruction Sheet has been provided to all Ward Cubicle to ensure the nurses know about the initiative.</p>	<p>Yes, 2nd April 2018 Limitation: 1) Many times the Wall clock does not reflect the time for the next PEER round as nurses prioritise other task than adjusting the "hands" on the clock. 2) Delay in doing PEER round due to Various Reasons.</p> <p>Feedback and observations from the ward nurses: Nurses are well reminded to do the PEER round every 3 hours especially when they first enter the cubicle. Reinforcement still need to be done as turning the chart require extra step for the nurses on the ground and the time is not fixed for all patients. Generally it has been appreciated more on the reminder to the nurses to do PEER round.</p>	<p>There is no Fall (due to elimination needs) and HAPU reported till May 2018</p>	<p>1) Enhance Training and In-service on PEER Round. 2) Source for an automatic timer with light indicator to give visual cues to remind nurses on the PEER rounds.</p>

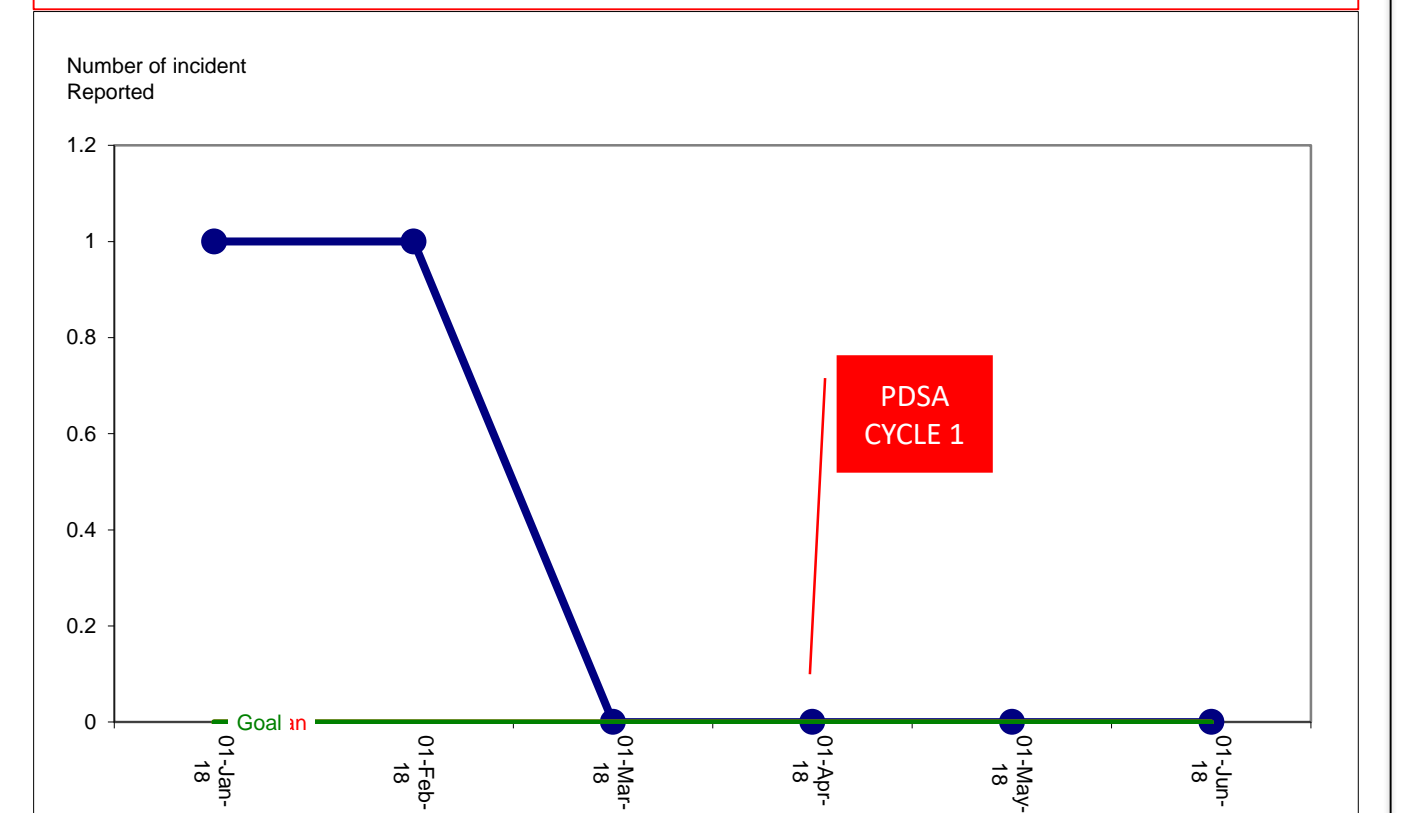
Outcome Measure 1:

Numbers of Fall due to Elimination Needs in Ward B15S



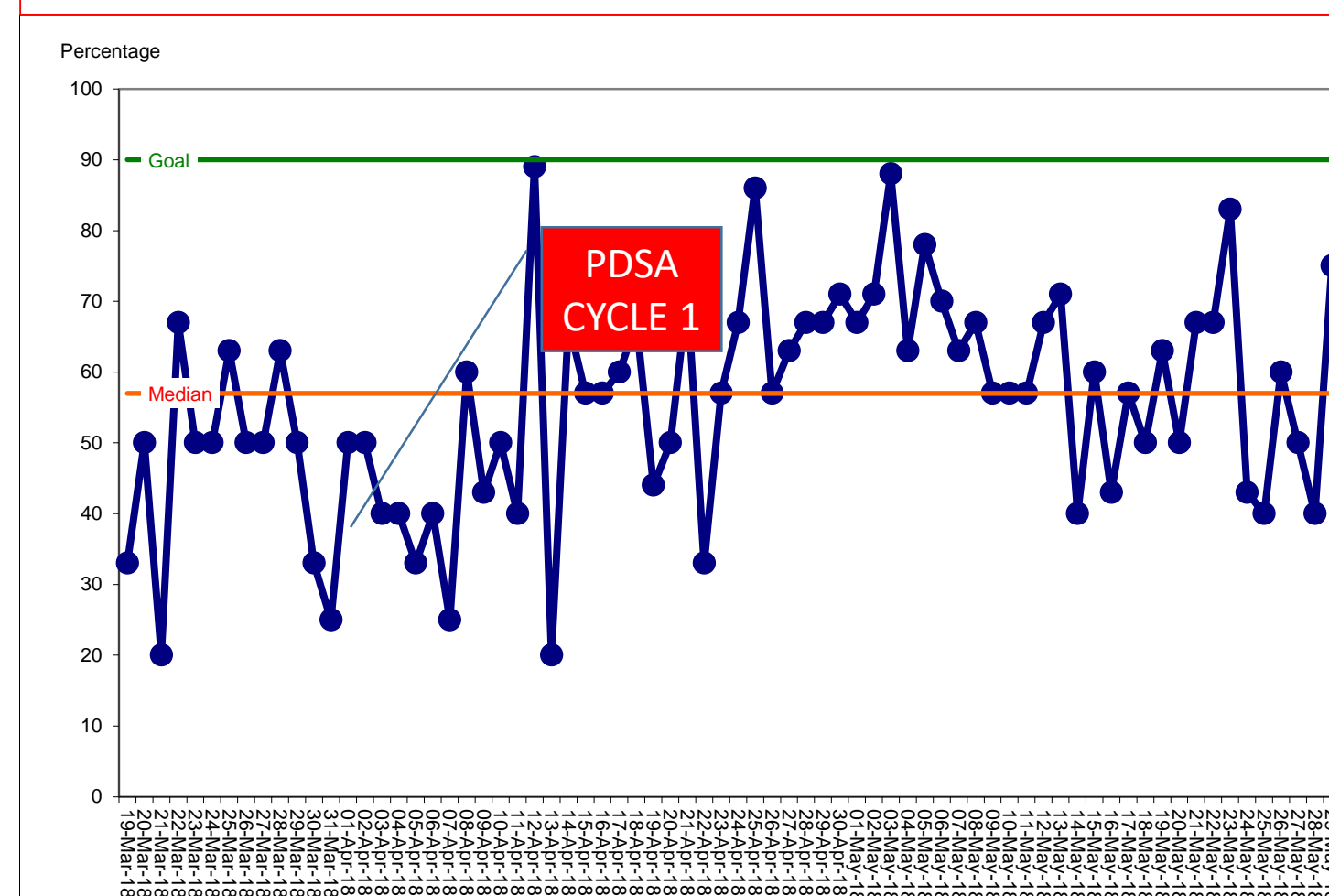
Outcome Measure 2:

Number of HAPU in Ward B15S



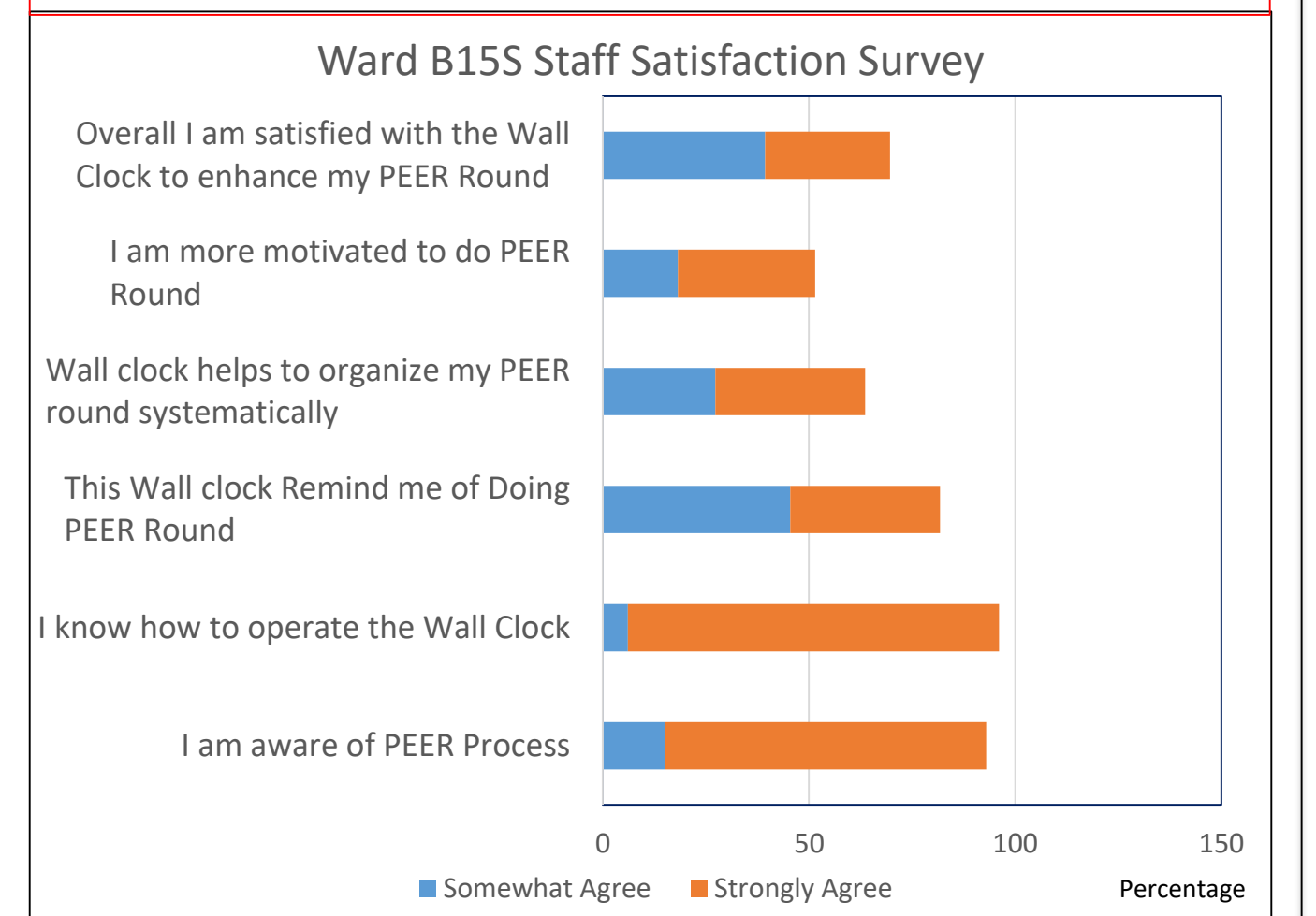
Process Measure:

PEER Round Done 3hourly in Ward B15S



Balancing Measure

Staff Satisfaction



Learning Points

Brainstorming for solutions is easy but choosing the best and appropriate one to implement needs a systematic approach. Wall Clock and Flip Chart have been chosen in consideration of 'Easy Implementation with High Impact'.

Implementing change is not easy when staff is so used to their routines.

Changing staff mind-set to embrace PEER round is challenging unless they could be bought in to the idea that it benefitted them along the way. We believed it can be done with education and consistent supervision.

Initial change might show only slight improvement and not significant. The team will continue to look into other interventions and do more PDSA cycles.