



## News from the Director of Nursing

Dear Colleagues



Firstly I would like to acknowledge the hard work and committed nurses who are making a positive impact on patient's and their families. When I am out and about I see and hear about amazing changes are occurring in their practice environment. The Science Fest posters, oral abstracts along with all the Nursing and Midwifery award applications provide me with additional evidence of excellence of practice. The key is to spread the pockets of excellence across our DHB. This is our challenge. Do consider attending the Science Fest presentations at Telstra Event Centre as this provides insight into how innovation occurs and the importance of research.



Our ever changing environment places many demands on our ability to be flexible and responsive. No two days are same so you would think we had our planning and ability to anticipate demand was fine tuned however it is not the case. Our systems are designed to give us what we have got... The Safe Staffing Healthy Workplaces initiative has given us the opportunity to work closely with NZNO and PSA looking at *how, when and why* we have staffing/safety issues. (Please do take the opportunity to fill in the survey from the 15<sup>th</sup> April-1st May-we need your feedback).



The next step is to really understand and implement processes to identify the requirement for the right care matching demand and resources while having supportive and informative systems. This will require effective wholesale organisational change and will result in taking our organisation from being a good to being a great organisation. The 'books' say organisational culture change is at least a 10 year journey. I believe we are on the right path and a few years along the track. Leadership in making this happen will be everyone's responsibility so can I ask you to keep yourselves informed, have an open mind and focus on the tasks in hand.

See you at the Nursing and Midwifery awards on the 12<sup>th</sup> May at Waipuna Hotel

Kind regards  
Denise Kivell  
Director of Nursing



Nurses midwives, HCA's and PCA's at CMDHB will have an opportunity to have their say on matters that concern them most about their daily work requirements. Counties is one of the 3 pilot sites across NZ, and this Safe Staffing Health Workplaces (SSHW) survey provides an opportunity for feedback on ways for DHB's to improve staff working conditions and patient care. The survey is anonymous and occurs mid-April 2010 for 2 weeks. The questions assess progress over the last six months in supporting excellence and safety in front line service delivery for both patients and staff, and will act as a benchmark to assess future progress. The survey asks questions relating to staffing structure, processes and quality of patient care, the way work is organised and delegated, and participants' job perception. Survey results will inform the wider sector of the ways best practice approaches can be implemented.

The survey is the first of its kind to test areas that relate specifically to safe staffing and healthy workplaces for nurses, midwives and healthcare assistants.

We acknowledge that Counties Manukau did a wide staff survey in March 2010; however this survey is different and will capture distinct information. The SSHW survey is timed to coincide with the other 2 pilot sites and will inform future work being undertaken by our DHB and the unions.

Nursing and midwifery participants will be able to access results of the analysis through their DHB intranet in August 2010.



## Guardrails - a Patient Safety Initiative

What is Guardrails?

**Guardrails** – is a software suite, being installed within the IV volumetric pumps, GH and CC syringe driver pumps throughout CMDHB, converting them into “Smartpumps”. This software will help to reduce IV medication errors by

- ✚ Preventing inadvertent overdoses
- ✚ Measuring and
- ✚ Standardising IV drug administration

It will also help support

- ✚ Patient safety
- ✚ Clinical productivity
- ✚ Consistent application of approved IV administration guidelines within divisions.

So what has happened so far?

Since October 2009, when the project began much has happened behind the scenes!!

Activities to date have included:

- ✚ Development of a Guardrails Steering Group - to provide multidisciplinary clinical input – including Pharmacy, Biomedical Engineering, CMO, QIU, CND's, IV CNS group, NE's, DAH, CD's.
- ✚ Development of the datasets to set limits on medication doses, rates and concentrations tailored to each clinical area to ensure best practice for IV medication administration.
- ✚ Installation of the Guardrails software into all IV pumps, plus loading the datasets for each clinical area.
- ✚ Development an education plan for use across all services so that the software changes and medication information is effectively disseminated to the nursing staff - end users of the IV infusion pumps.  
CareFusion will be involved with the education rollout – along with CMDHB senior nursing staff

So what is next?

- ✚ Identification of key nursing staff to check the medication datasets are consistent with medication policies and guidelines. Two days have been organised for this – 17th & 18th February.
- ✚ Also require Medical staff input to ensure dataset integrity.
- ✚ A 'Train the Trainer' programme to be run – as part of the education rollout. This will be supported by both CareFusion and CMDHB staff
- ✚ Identified key RNs to complete 'Train the Trainer' programme – to be Resource person within their divisions

Expected Timeline for Dataset checking, education and rollout

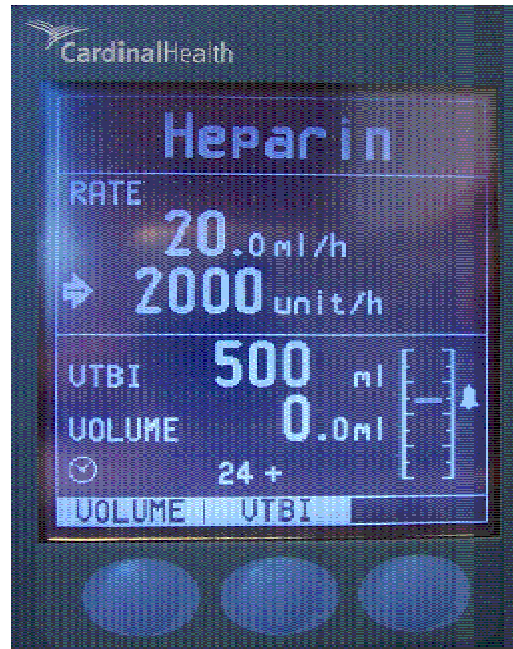
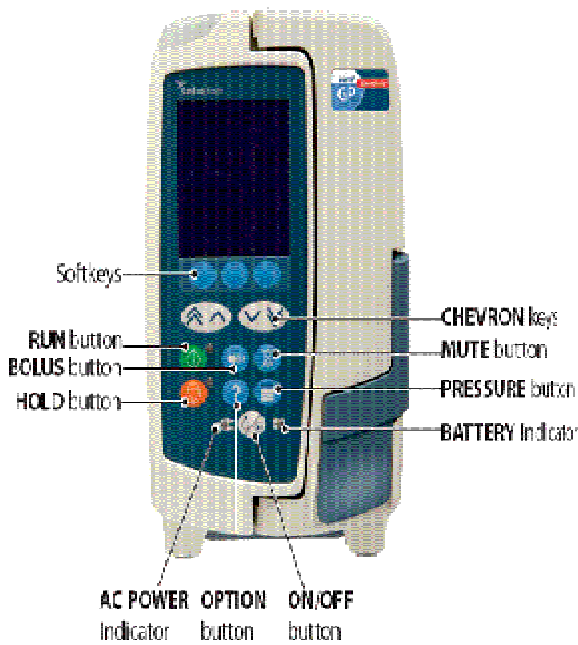
- ✚ **28th February:** All Clinical feedback on datasets returned for data entry
- ✚ **22nd March:** First draft completed
  - Copy to CareFusion for review
  - Dataset will be uploaded onto 5 Demo pumps for thorough check and review by Pharmacy and key Clinical staff
- ✚ **5th April:** All final amendments to be returned to pharmacy for entering.  
No further changes will accepted after this date
- ✚ **10th April:** Final Draft completed. A final thorough Dataset check to be completed.
- ✚ **23rd April:** Dataset Sign Off, dataset to be sent to CareFusion.
- ✚ **7th June:** Education commences

- ✚ **28th June:** Pump upgrade and Dataset upload commences
- ✚ **7th June:** Rollout to commence

### Rollout Plan

The rollout plan is not due until July.

However we do need to start training and education of the nursing staff prior to this time. If anyone is interested in becoming a 'Super' within their ward please talk with your Nurse Educator or contact either Vicki McCoubrie ext 7866 or \* 3811 or alternatively Michele Carsons – ext 7715 Mob 021713229



## Post Graduate Education (CTA Funding)

The semester is now well underway and many nurses have now commenced work on their first assignment. I have had several nurses contact me unsure of what the lecturer wants. While I am more than happy to help in any way I can, please remember that the lecturer wants to help you also. In fact they are there to help you. Please contact them if you are unsure on what they want. And earlier rather than later.

Also important is the structure and format of the assignment is important. Read the universities handbook for the layout they want. Referencing while frustrating is important. This website is great to help you <http://www.cite.auckland.ac.nz/index.php?p=quickcite>.

What I am trying to say is use your resources to get help when you need it. Do not wait to the last minute.

With April coming at the end of the week, comes the next application round for CTA funding.

**Applications open 19<sup>th</sup> April and close 14<sup>th</sup> May.**

We have the same amount as funding as last time. So again, I believe we will have some disappointed people. Please do not take it personally. CMDHB would like to fund everyone but we do not have the funds. Please check the website for the eligibility criteria. It is very important that all aspects of the application forms are completed in full. If the information is not there, the forms will be returned to you. Of particular importance is the section on education planned where the Nurse Educator signs. You will need to indicate how you are going to share the information you have learn while taking the papers. Decisions on funding will be made by the end of May and letters sent out then.

# Nursing Handover

Nursing handover is considered to be a vital part of how we communicate our patient's status to on-coming staff. Without clear handover, we cannot ensure that the patient's needs are communicated and acted on in a timely manner and that we reduce the likelihood of harm arising from poor communication.

The senior nursing team decided to undertake a quality improvement project to identify current practices, develop a standardised approach and evaluate the effectiveness of the new clinical handover process.

- Improve the quality of nursing shift handover and standardise the process
- Reduce the length of time of handover on the wards

We wanted to follow our organisations quality improvement methodology by focussing on the process to identify barriers through root cause analysis, develop solutions through problem solving and small trials of change (PDCA cycles) and incorporate standardisation.

We decided to:

- Do a stock take of current handover practices
- Standardise the approach to nursing clinical handover using a mnemonic -SBAR – which stands for Situation, Background, Assessment Recommendations
- Introduce bedside handover in all clinical ward areas
- Video handovers and review the process with the nurses involved to identify areas for improvement and good practice. Three wards were selected to pilot the videoing of the handover process. The 2pm handover was videoed and reviewed by the ward staff. Areas of consideration were:
- Length of handover; Location; Common structures – tools; Content; Interactions
- An audit tool was developed to measure the nursing documentation and this was used on ten sets of notes per ward
- Nursing and patient feedback was gathered using surveys.

## Results

What we found – handover was not done in a consistent way in Middlemore Hospital Handovers were long, in one ward, the handover typically took over 30 minutes, and not all vital information was handed over in a consistent way Overall the results show that nursing documentation could be improved.

1. After the intervention:
    - i) Nursing feedback ( $n=30$ , convenience sample):
      - § 9 % of nurses responding thought the information they received at handover was improved.
      - § 69% reported that there was an improvement in the uptake of bedside handover.
      - § Handovers have been reduced in time from 20-30 minutes to 15-20 minutes, allowing time for bedside handover.
    - ii) Patient survey ( $n=21$  convenience sample):
      - iii) 76% of patients surveyed said they had witnessed a bedside handover
        - § 76% said they were able to participate in the handover
- 100% of patients surveyed suggested that their privacy was respected.

**SBAR— Verbal & Written Communication**

Shift to Shift: SBAR Bedside: SBAR Documentation :SBAR

<b>S</b>	<b>Situation</b>	Introduce self and patient. Date and time, presenting complaints, diagnosis Status e.g. stable/unstable
<b>B</b>	<b>Background</b>	Relevant medical & surgical clinical history Resus status Infection control Significant interventions and response Assessment
<b>A</b>	<b>Assessment</b>	Your assessment about current conditions, safety concerns and needs. Current PUP score and changes in PUP score
<b>R</b>	<b>Recommendation</b>	Be clear in your requested plan of care e.g. review/transfer/treatment

## Outcome

Standardising nursing handover, and introducing bedside handover, has improved the quality of this vital communication, and decreased the time taken to for handover. The SBAR tool and bedside handover will now be rolled out across all in-patient ward areas on the **12<sup>th</sup> April 2010**, supported by an education package delivered by the nurse educators and revised policy and procedure.

The nursing handover project group:

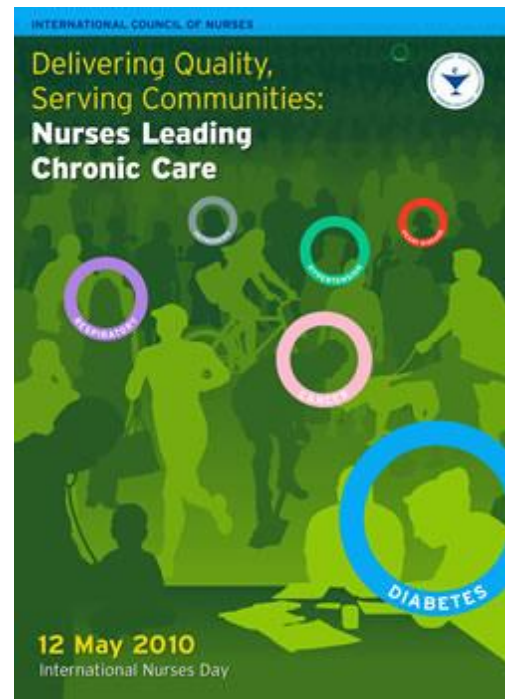
- Trista Andrew (CNM)
- Alison Kyd (CNM)
- Emma Hamilton (CNM)
- Vicki Rawiri (CNM)
- Carol Frankson (CNM)
- Swasthie Amichand (NE)
- Cate Fleckney (NE)
- Kala Kumar (RN)
- Sarah Dodds (RN)
- Michele Carson (CND)
- Penny Impey (CND)

## Some important Dates for 2010

International Midwives Day 5<sup>th</sup> May 2010.



International Nurses Day 12<sup>th</sup> May 2010.



## Nursing and Midwifery Nursing Awards 12<sup>th</sup> May 2010 1630 hours onward Waipuna Hotel

### Nursing Grand Rounds:

Month	Division
20-Apr	Surgical & Ambulatory Care
18-May	KidsFirst & Women's Health
15-Jun	ARHOP/ARRC
20-Jul	Mental Health
17-Aug	Quality
21-Sep	Primary/Community
19-Oct	NPDU/Nurse Educators
16-Nov	Other teams e.g. IV therapy
21-Dec	Denise

All Nursing Grand Rounds are on the 3rd Tuesday of every month

Venue: KidsFirst Meeting Rooms 1 & 2

Time: 1-2pm

All staff welcome.

# Achievements

Congratulations – Successfully completed all papers towards a Post Grad Qualification

Post Graduate  
Certificate  
Christianah Oyin' Adesina



Masters:  
Janine Horsfall



## Congratulations Jan Steel – 25 yrs working for the Burns & Plastics Service at MMH

In 1973 Jan started her nursing journey training under the hospital based system as an enrolled nurse at Thames hospital, but in 1985 the bright lights of Auckland City appealed to the young couple and their 2 sons to widen their career opportunities. Despite the floods of the Coromandal Peninsula on the 16<sup>th</sup> February they left Thames to start a new life. Two days later under the management of Sister Ros Brebner, Jan arrived on the then Ward 6 to start her career in Burns & Plastics, 25 years later having moved with the department to Ward 14/15 and their new home on the National Burn Centre Jan has remained a constant figure. Highlighting her reasons for staying as having passion for her role and feeling lucky to have worked with so many great colleagues, Jan is a valued team member – where to from here then Jan.... Coz you're not leaving now!!



**Andy McLaughlin**  
Nurse Practitioner Cardiology

Congratulations

Welcome to all the new nurses to CMDHB. Hope you enjoy working at CMDHB

Also welcome to the DON Governance Team:  
Amanda Browne- Nurse Coordinator PDRP (Secondment)  
Anne Goddard- Nurse Coordinator NETP (Secondment)  
And Welcome back from Maternity Leave –  
Janine Horsfall- Nurse Coordinator undergraduates



CMDHB  
**Science Fest**  
TelstraClear Pacific Events Centre, Manukau

**Tickets on  
Sale from  
March 22nd**



### Science Fest

is a mini conference celebrating innovation and effective practice, featuring prizes for oral papers and poster presentations, followed by dinner during which the winners are announced.

**April 22nd 2010**

### ORAL PRESENTATIONS

start at 4:30pm. They are open for all to attend free of charge.

### DINNER FROM 8:00PM

If you wish to attend the dinner tickets can be purchased for \$35 per head from:  
Staff Centre Reception Desk MMH,  
Reception Desk at MSC,  
Support Building Reception Desk,  
DHB Reception Desk