

L5: From documents to culture: how starting small can lead to significant change



Sønderborg

Udsigt i verdensklasse

Glokal: Storbyen i naturen

Grænseland: Det bedste fra to verdener

Handlekraft: Vi får det til at ske

Format: Workshop

Stream: Quality, cost, value

Content filters: Wellbeing

We will present our story of change, based on improvement work undertaken in elderly care homes and municipality in Denmark. The session will include how engaging with front-line staff on a relatively small yet important issue of clear, concise and consistent documentation, can lead to changes in workflow, processes and the overall service culture.

We will share examples of how things were, what we did, and what happened across various areas of care delivery starting with a focus on developing a clear understanding of documentation needs and practices. Data will be presented indicating improvements across a range of quality and safety metrics.

After this session, participants will be able to:

- Be aware of the difference between documentation, communication, and coordination
- Locate time-wasting activities and identify better solutions when involving the employees
- Understand the importance of looking at the entire system

Background

Project December 2020 – October 2022

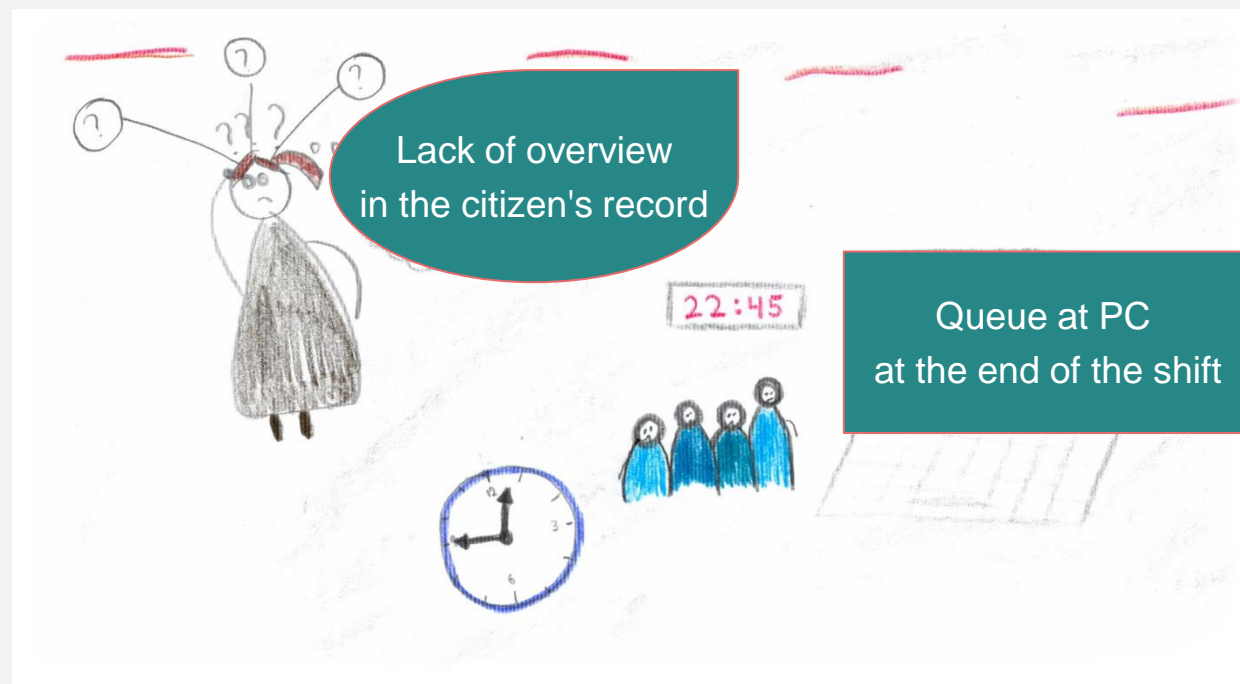
Collaboration with the Danish Society for Patient Safety and EOJ supplier Dedalus

- New national documentation method in 2018 and repeated inspections mean that we add extra documentation to ensure we meet the requirements
- When things don't get done, there was a culture of creating a form where the employees have to sign off that they have done the task
- A culture of control instead of trust has emerged – created by the employees themselves

Observation – pre-measurement carried out together with PS!

Lack of overview of citizens

- Employees did not know where to write
- They wrote in several places to ensure colleagues saw it
- The "common thread" in the documentation was missing
- The employees did not document at the citizens home or together with the citizens. They waited documenting until the end of the shift.
- Many small notes to remember values etc.



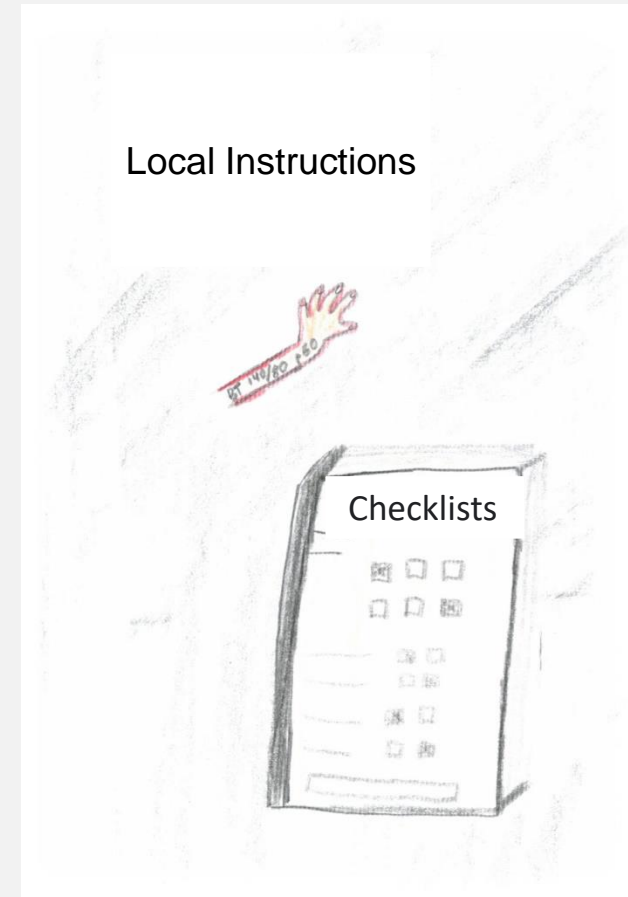
About documentation

Double documentation

- Many checklists on paper that get shredded
- There was a lot of control
- Local instructions for where and what must be documented
- Invents own rules for documentation

Documentation is not communication or coordination

- Important to talk about the difference
- Effect on the use of the systems



Plan for today's work

- Citizens get tired of being asked what they need help with.
- Failure to update actions and circadian rhythm schedule

What should I do?
maybe with him

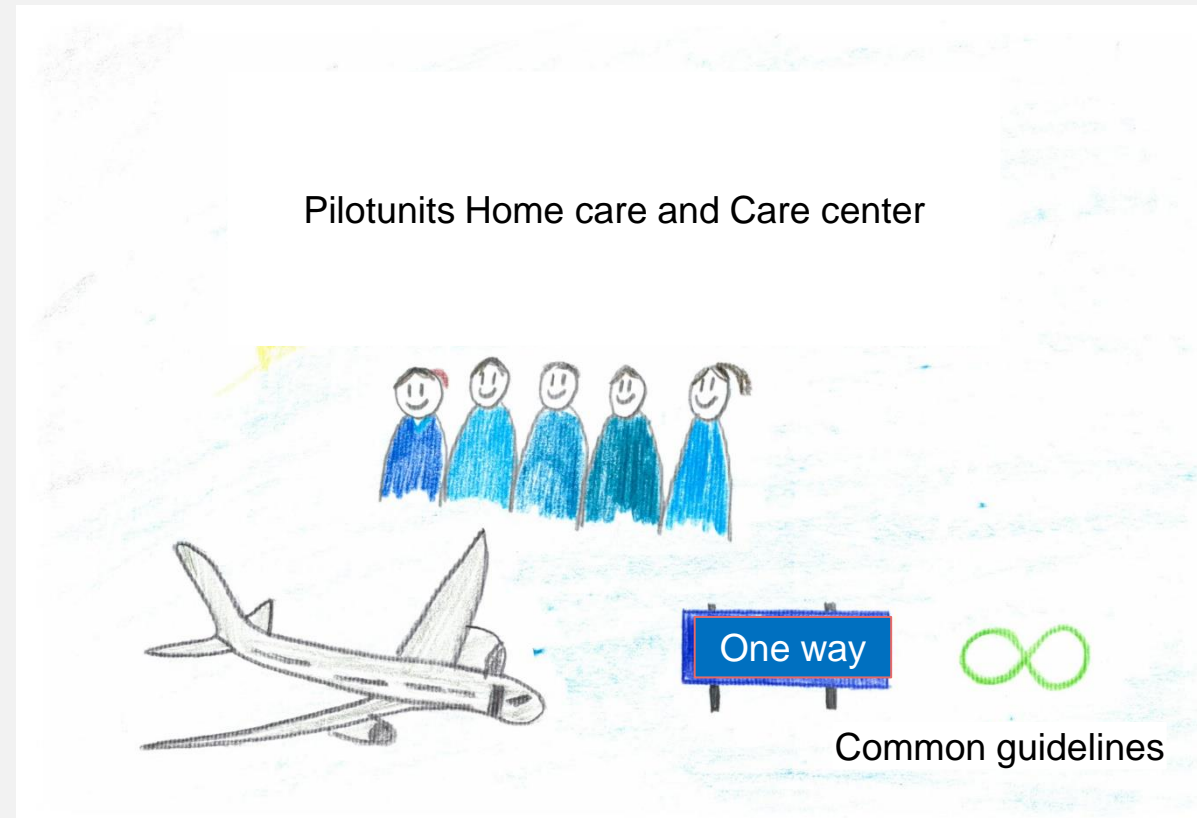
They don't know
what they should do
at my place



With project "Quality and simplification more presence with the citizens

Time out

- What is necessary to document?
- How little can we be content with documenting?
- Selected 2 pilot units to involve the employees in the improvement work.
1 Home and Nursing district and 1 Care center



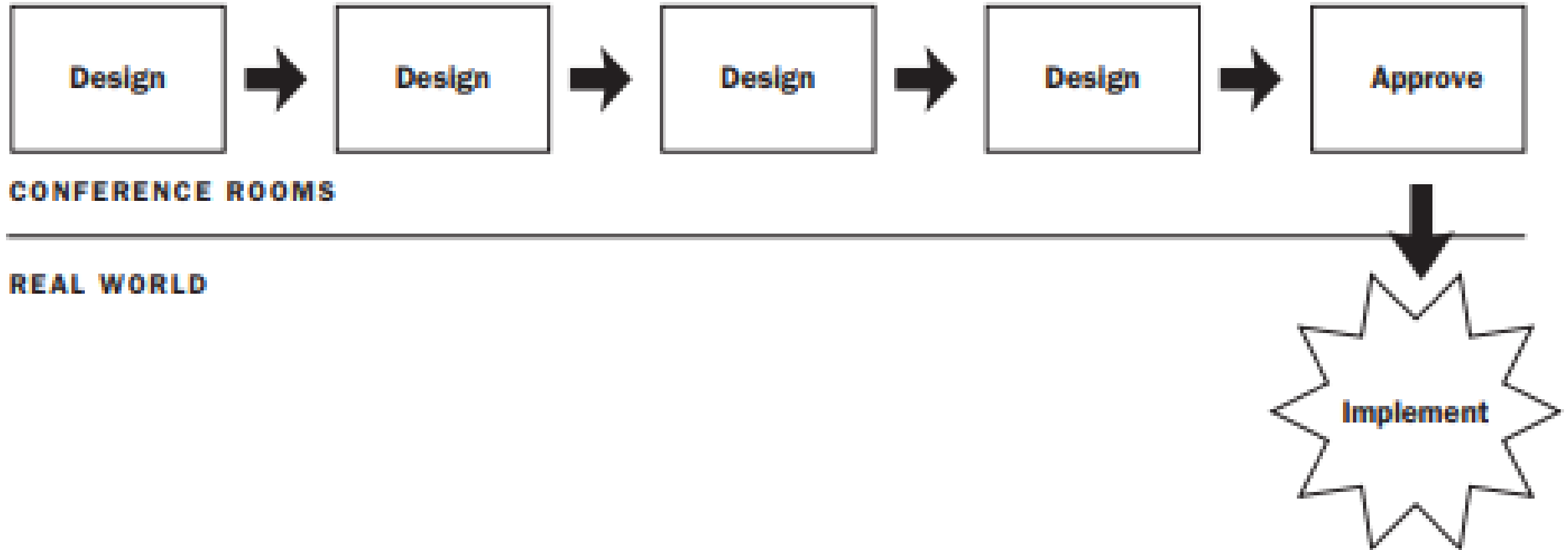
The improvement work

Pre-measurements

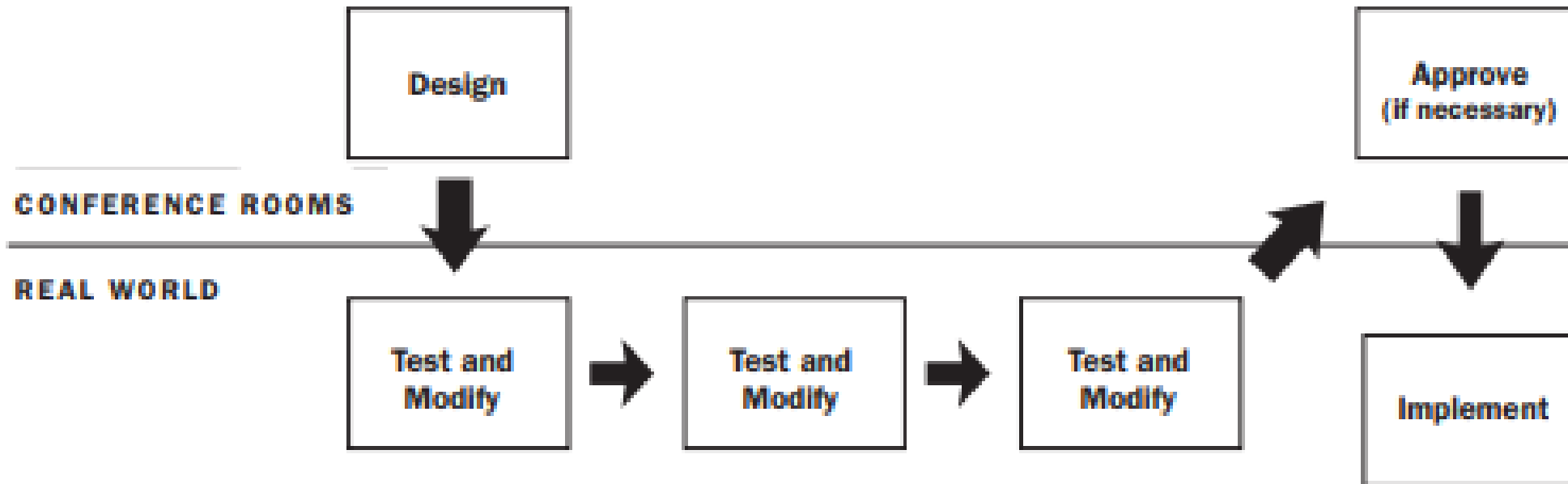
- Number of notifications (advis)
- Correspondence Notices
- FMK changes (united medicin card)
- Number of schedules
- Time spent in the office in the morning
- Overview in EOJ (documentation system)
- Consistent documentation (FSIII)



Traditional



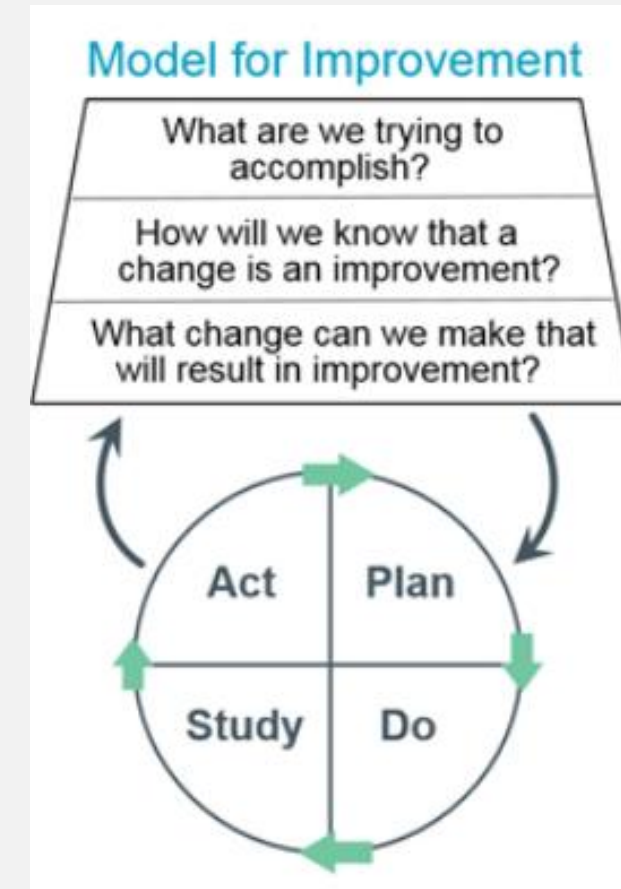
Improvement



In the pilot units, it was the staff who worked on the improvements.

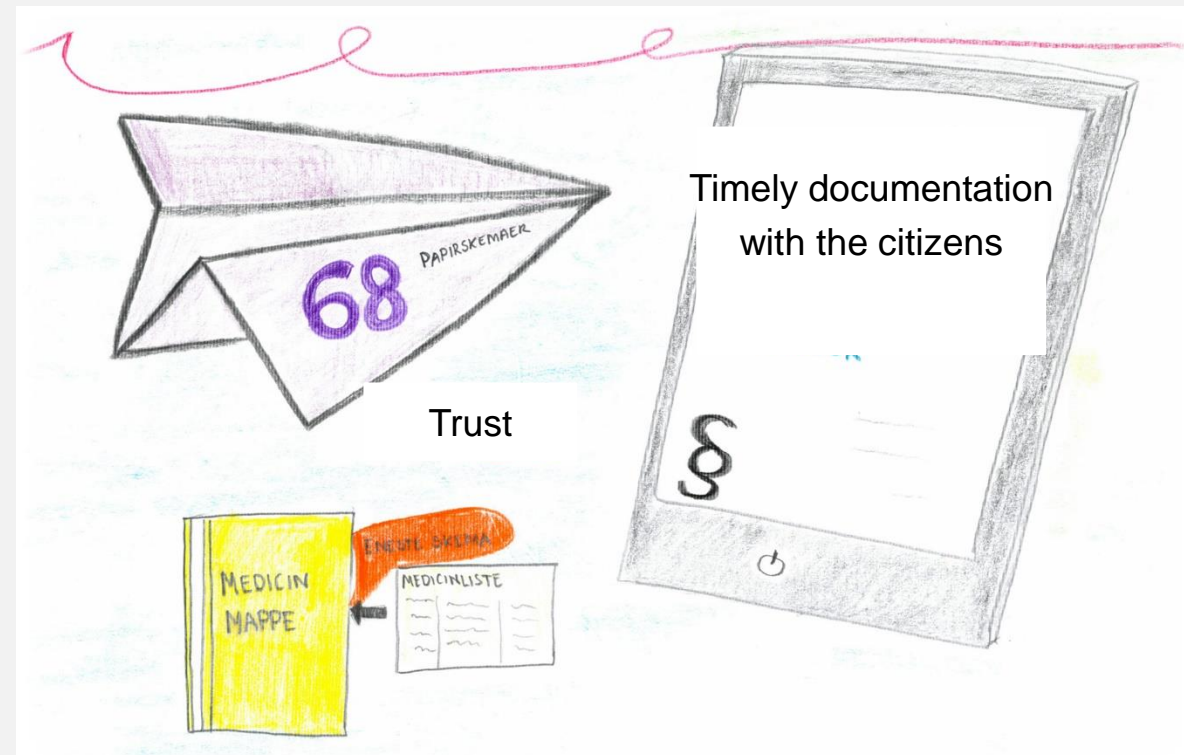
The staff was very motivated to work with PDSA

- They planned
- Look at "Study", to see if the change was an improvement.



What have we improved?

- Number of treatment schedules
- Control replaced by trust
- Focus on training the employees
- Documentation together with the citizen
 - Requires more devices at care centers and a focus on networks in home care
 - Timely documentation
 - Asking - What does the citizens say about it?
 - Asking - What does the employees say about it?



How little can we be content with documenting?

- We must describe the citizen's problem and what actions we take with the citizen.
- When the problem and the actions are updated, you only have to write in case of deviations.



Improvement - The potential in documenting with the citizen

Increase citizen involvement, greater patient safety and a better working environment.

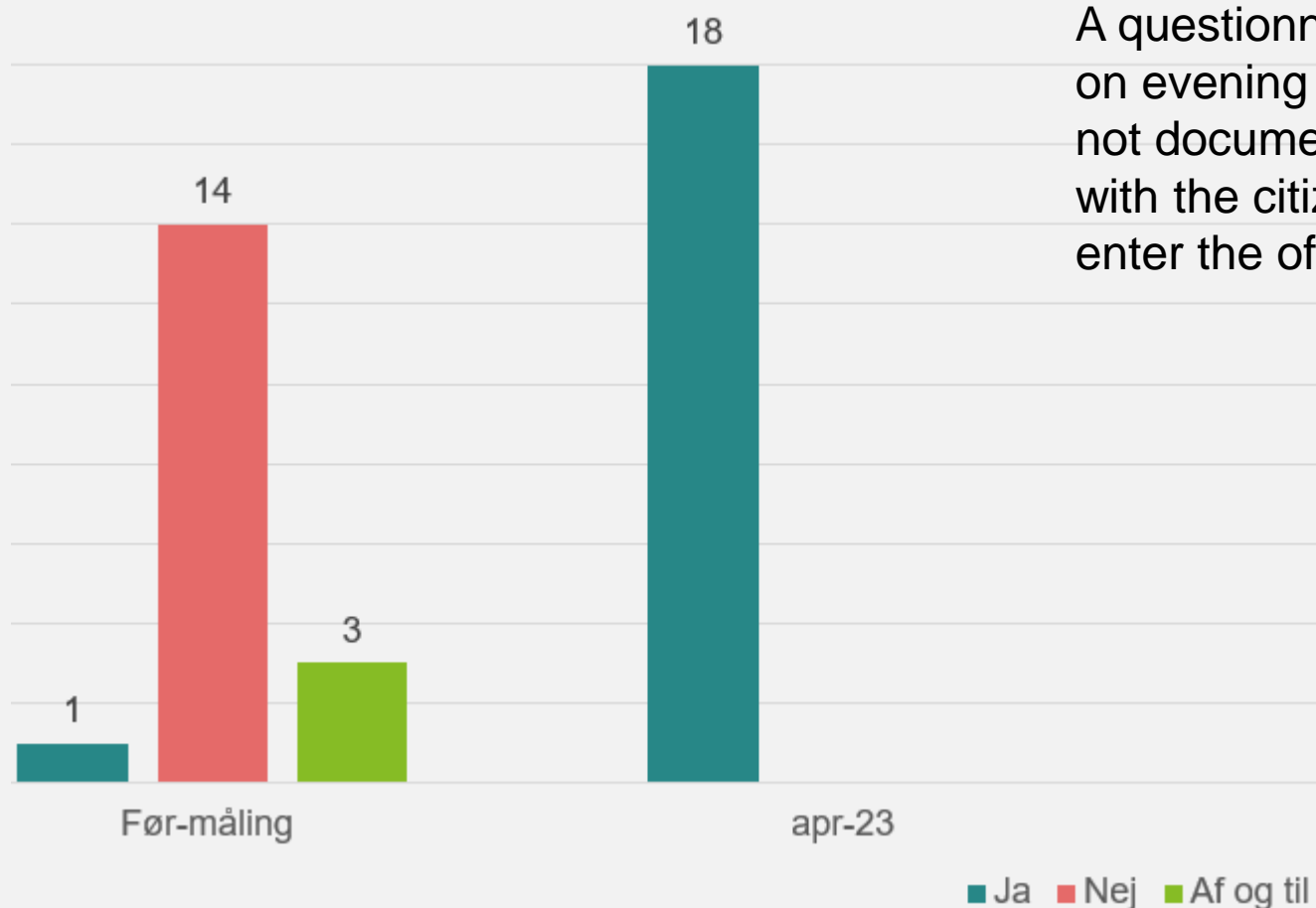
It is a misunderstanding that citizens do not want employees sitting with their tablet or PC documenting while they are in the home. In the project, some citizens were asked what they think of the employee documenting at their home. The reaction from the citizens is that they take it for granted or think it is nice to be involved.

Patient safety is increased by documenting as soon as possible, as the risk of forgetting information is reduced and the data that is documented is documented in a timely manner.

The working environment improves by documenting together with the citizens, and the employee does not have to remember and be afraid of forgetting things.

HOW DO YOU INVOLVE PATIENTS OR CITIZENS IN DOCUMENTATION?

Questionnaire evening shift Home Care



A questionnaire sent out to a group of employees on evening shift shows that the employees did not document while they were at the citizen or with the citizen, but they document when they enter the office.

Ex. on citizens' statements about documenting at home

What do you think about the staff sitting and documenting in your home?	How does it affect you that staff stay longer to document?	What thoughts do you have when staff have a computer/tablet with them?	How could you be involved in the documentation when the staff have a computer/tablet with them?	When do you feel included in the documentation?
That's fine - it's here anyway	not at all	-	They ask if what they have written is correct	When they ask me directly
It doesn't matter - they're done after all - as long as I don't have to.	It doesn't	It's something modern - just I don't have to	They ask me along the way so I join	It's me they write about - so I'm in.
It's alright	they are here a little longer because they have to be completely finished	As long as they don't ask me to write on that computer	They can read aloud before sending emails to those they write to.	As long as I've approved what they write, it's fine.
It's some modern nonsense - but they have to	I don't get involved in that	They probably have a lot of things to keep track of and lug around	.	.
The citizens think it's perfectly fine, so they can also have a say	It does not affect the citizens.	None of them have given any special thought	?	When they tell what they have written.

Improvement - Seek for medication changes

The potential of the improvement is that up to several hours can be saved daily in a district.

Previously, you got all medication changes when you applied.

Some changes must be responded to immediately, others can wait

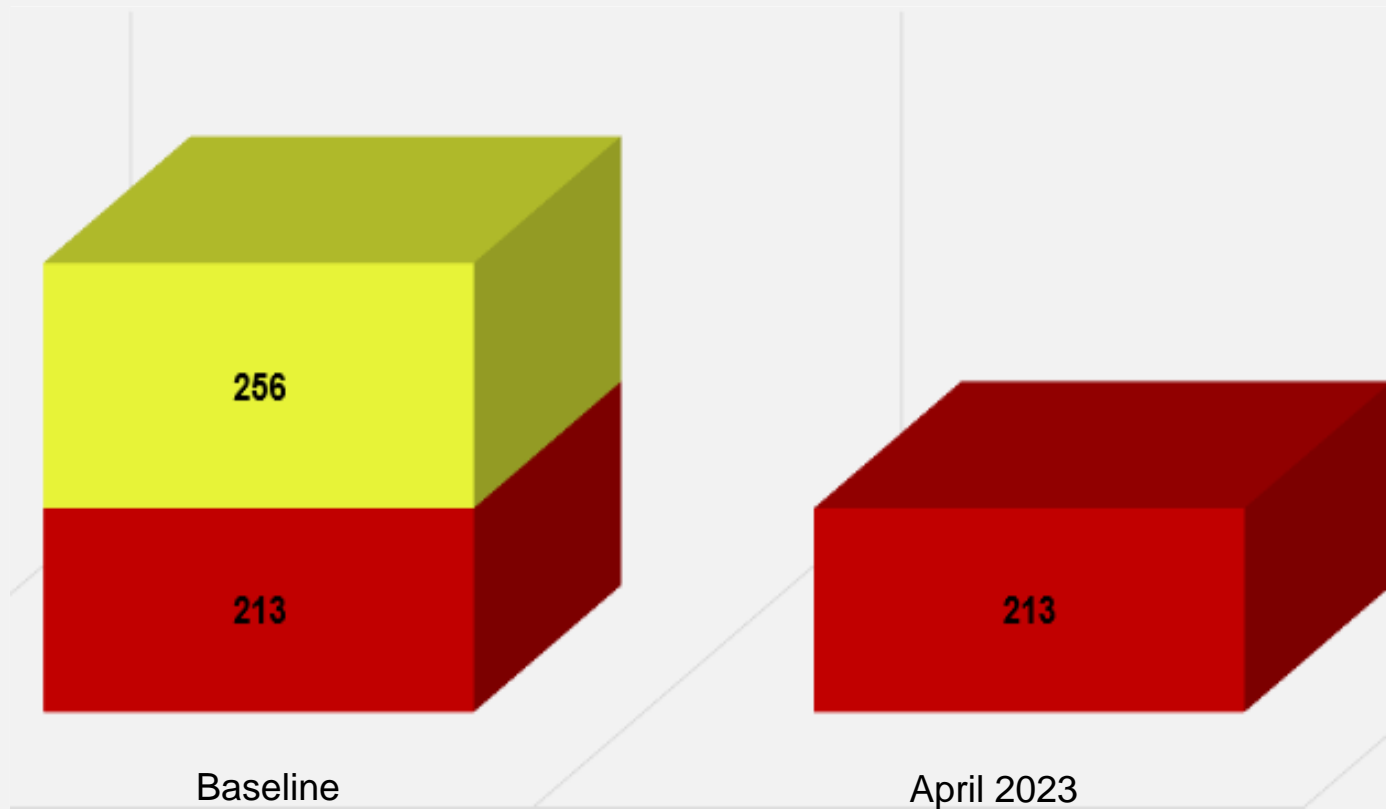
By splitting it into the system, you reduce the time spent responding by 54%, every morning.

In Quality and simplification, a potential has been demonstrated in simplifying the workflow, so that it is a nurse who treats red FMK for the group in each district.

The time gained can be used for follow-up with the citizens.

LOOK INTO YOUR OWN SYSTEM – ARE THERE A POTENTIAL FOR IMPROVEMENT?

Red and Yellow medicine (FMK) searches.



Improvement – Seek Correspondences

The potential of the improvement is that time can be saved for the individual group on a daily basis.

By changing the workflow, it is now one employee in the group who opens and processes KMs.

Saves 5-7 employees potentially opening and processing the same KMs.

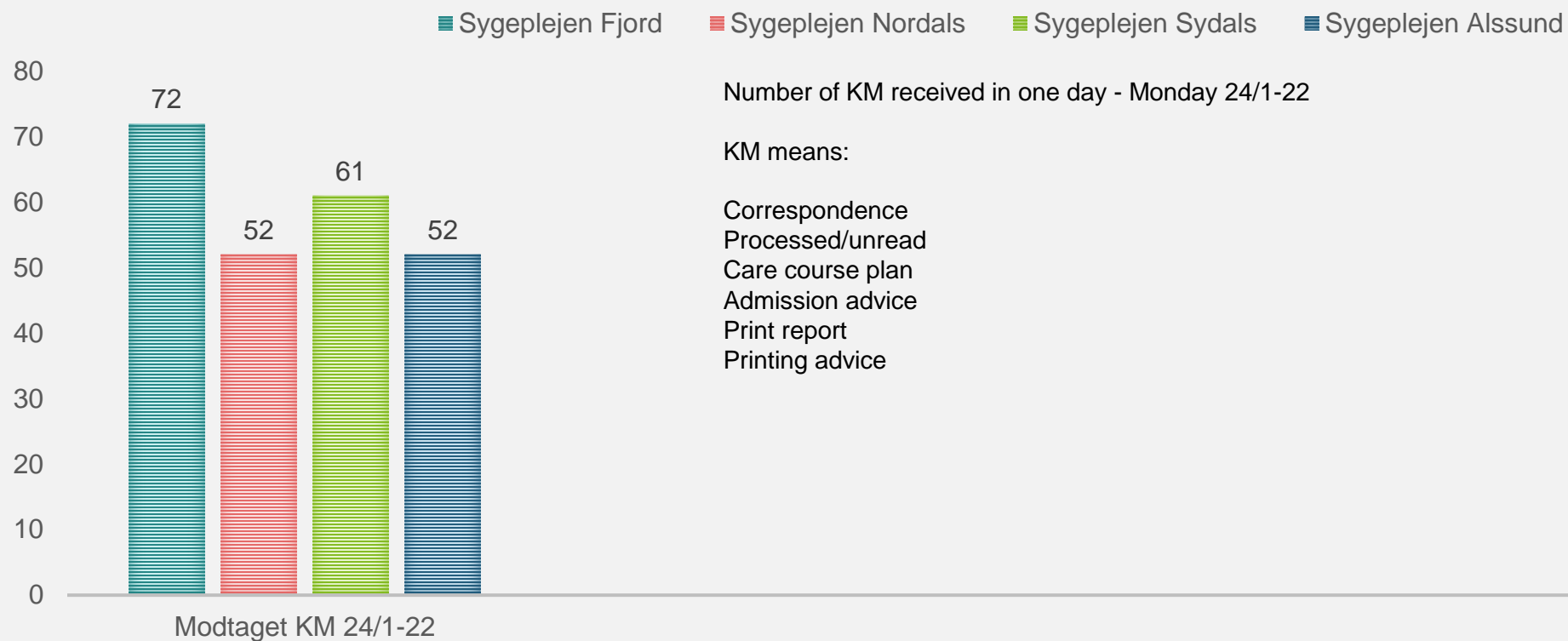
Before the simplification, between 227-311 KMs were treated.

After the simplification 52-72 KMs in the 4 districts of Home and nursing care.

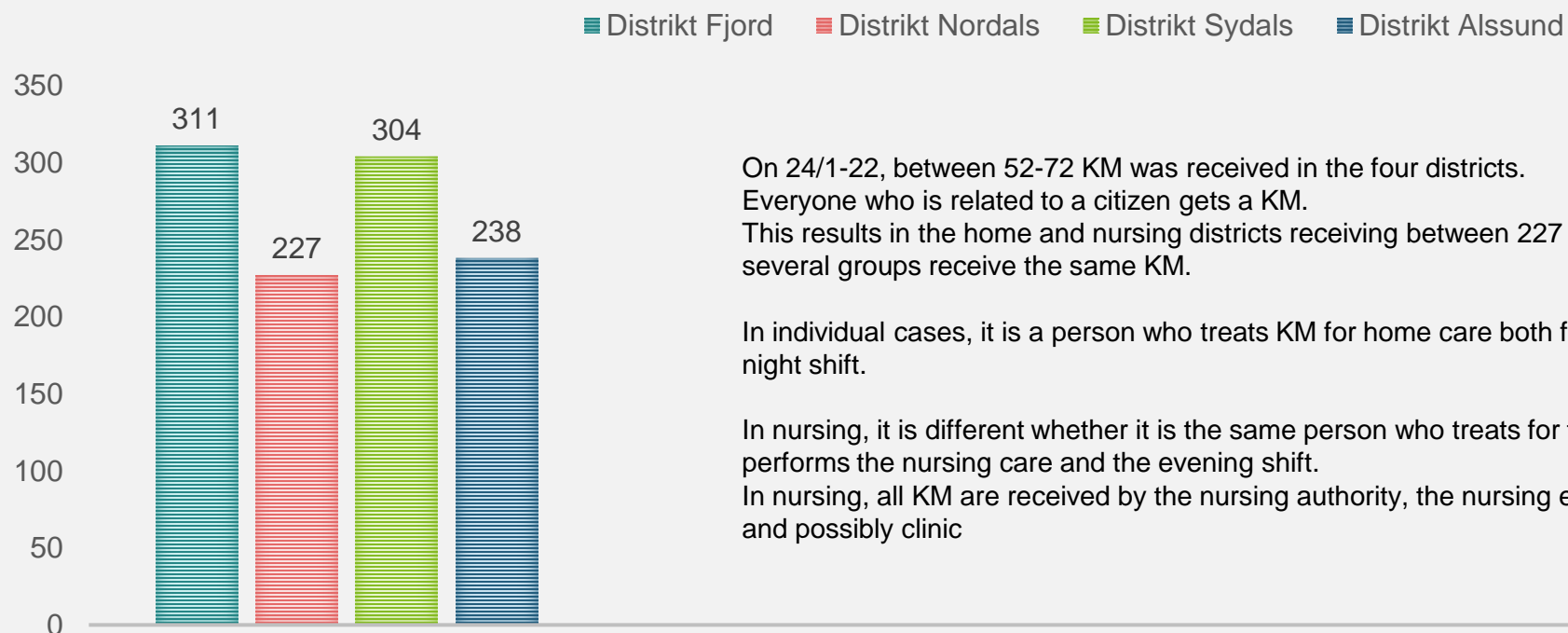
DO YOU HAVE PROCEDURES TO SIMPLIFY INTO LESS EMPLOYEES / GATEKEEPERS?

Number of KM received (Nurses) on 24/1-22 (Monday)

KM RECEIVED IN ONE DAY



HANDLERS OF KM IN A DAY IN THE DISTRICTS



KM som skal behandles i Hjemme- og Sygepleje distriktet d. 24/1-22

On 24/1-22, between 52-72 KM was received in the four districts.

Everyone who is related to a citizen gets a KM.

This results in the home and nursing districts receiving between 227 – 311 KM in one day because several groups receive the same KM.

In individual cases, it is a person who treats KM for home care both for day shift, evening shift and night shift.

In nursing, it is different whether it is the same person who treats for the nursing authority, who performs the nursing care and the evening shift.

In nursing, all KM are received by the nursing authority, the nursing evening shift, performing area and possibly clinic

Improvement - Reduction of notifications in the journal system

The employees are focused on what they are sending notifications about and to whom.

Is it relevant that a citizen has eaten his lunch when he always eats his lunch?

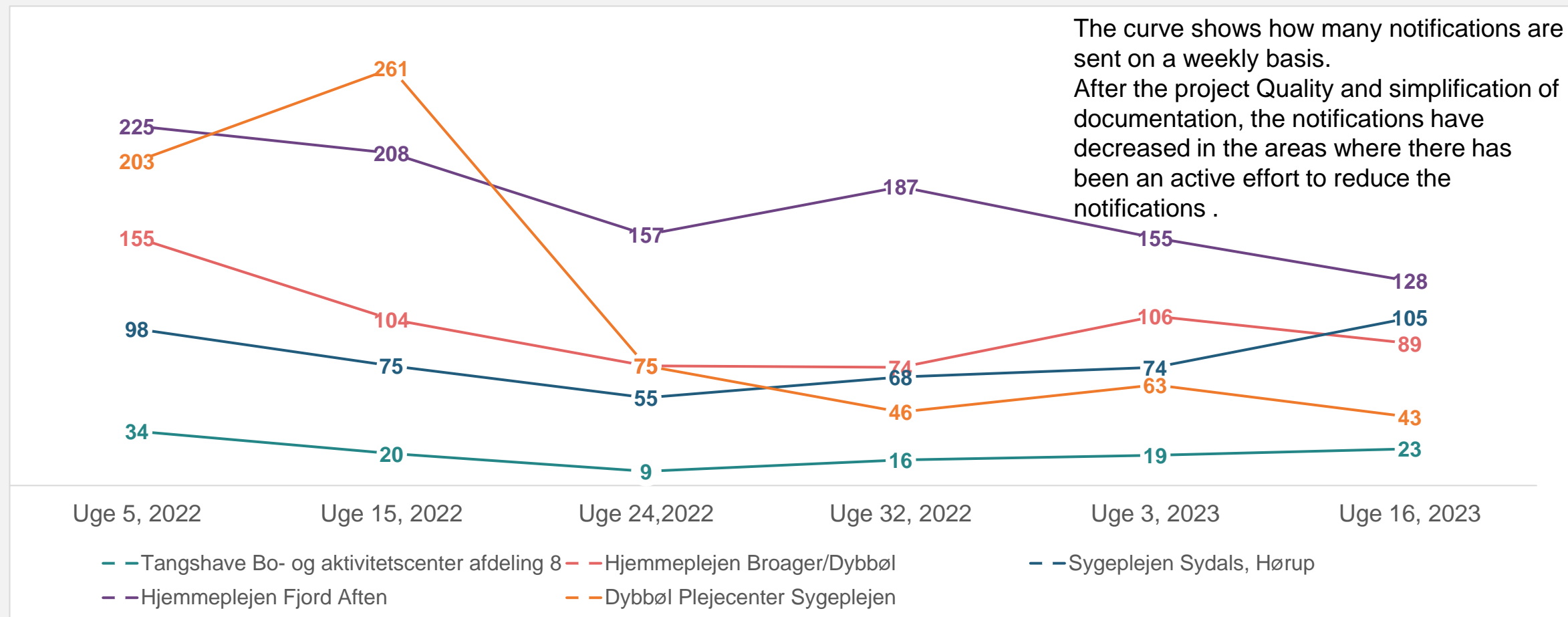
It is relevant when the citizen has problems with eating.

By reducing the number of notifications, you can gain time, which can be used to find out about your own citizens or to spend a shorter time in the office.

HOW ARE YOUR CULTURE FOR SENDING NOTIFICATIONS IN THE JOURNAL SYSTEM?

ARE THERE A POTENTIAL FOR SIMPLIFICATION?

Notification (advis) over time



Improvement - cleaning up paper checklists

You remove a degree of control and replace it with trust that the employees do what is planned for the citizens.

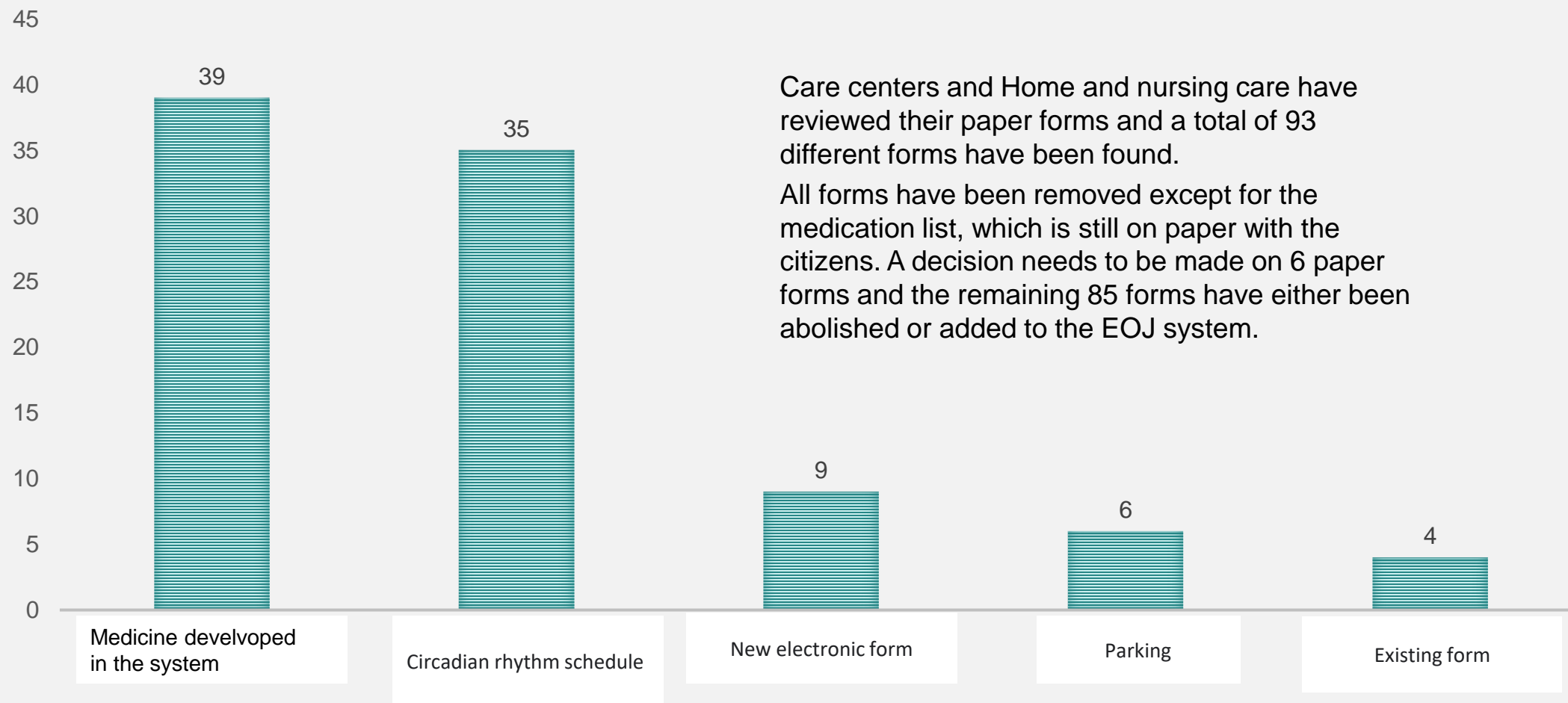
Most of the lists have been created to ensure that various actions were taken by the citizen.

In project quality and simplification, many of the cheklists have been removed, you write planned actions in EOJ and trust that the action will be carried out. If the action is not carried out, the employee documents it in the EOJ.

DO YOU HAVE PAPER CHECKLISTS TO MAKE SURE THINGS GET DONE?

HOW CAN YOU CREATE A WORKFLOW BASED ON WHATS WRITTEN IN YOUR JOURNAL SYSTEM AND BASED ON TRUST?

Paper forms - what happened



Improvement - Time spent on updating conditions at care centers

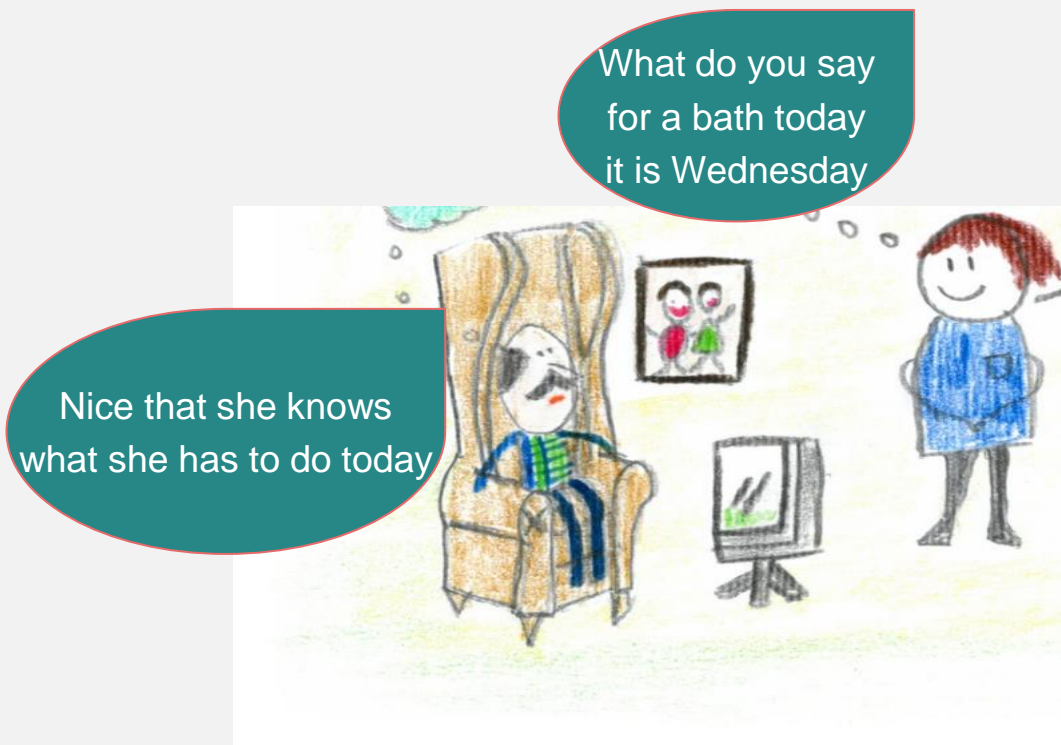
At the care centers, all (FSIII) conditions (expected and current) were updated every 3 months regardless of whether there were changes.

On the basis of Quality and simplification, the improvement is for stable conditions, the expected condition must be updated every 2 years and the current condition must be updated for changes.

Time has not been measured for how long it takes to update conditions, but at a care center with 40 citizens who, on average, have approx. 10 modes. The potential of the improvements is that you gain time to document changes for the citizens where there is a need.

HAVE A LOOK AT THE INTERVAL FOR UPDATING.

ARE THERE A POTENTIAL FOR CHANGE?





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