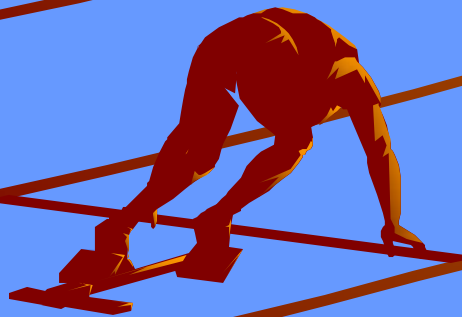


Putting the spring back into a nurse's step



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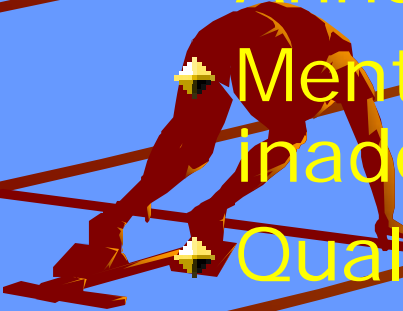
<http://go.to/funpic>

Background

- The decision to trial 10 hr night shifts was undertaken to address key educational deficits, fatigue, recruitment and retention
- Changing night shift to 10 hours creates a 2 hr overlap of staff between 1300 and 1500 daily, allowing staff members off line time each day for approximately 1.5 hours



Critical Issues Identified

- ✦ Lack of available time for staff to attend education
 - ✦ Time for skills development and risk management strategies
 - ✦ Annual mandatory training incomplete
 - ✦ Mentoring of junior and graduate staff inadequate
 - ✦ Quality audits not undertaken
 - ✦ Portfolio work for CN's - insufficient time
 - ✦ Fatigue related issues due to the nature of the 'late/early' shift
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Overall Objectives

- To foster a culture of opportunity, learning and excellence within medical/surgical services
- To promote risk management strategies to improve patient outcomes
- To implement 10hr night shifts as a cost effective project

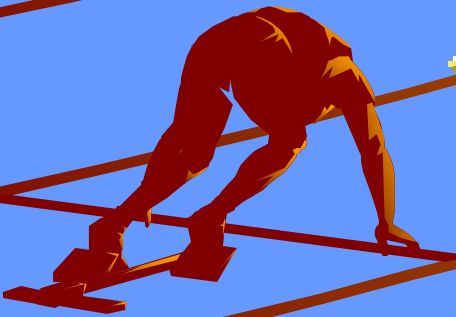


CHANGE: Which Direction to take ?



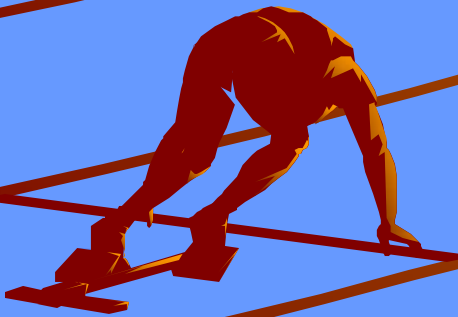
CONCEPT

- ◆ Not new but new for QLD
- ◆ Discussions / Education
- ◆ Stages
- ◆ Work Life Balance -
Addressing fatigue and
education lethargy
- ◆ Financial Implications -
Organisational / Personal



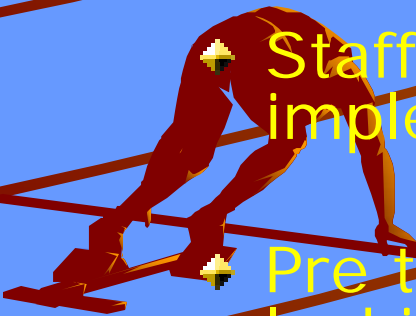
Initial planning – Stage 1

- ◆ Sowed the seed
- ◆ Needed a Change Champion who was comfortable for a bottom up approach
- ◆ Identified educational needs across the Med / Surg Units by clinicians (Change Champions at local level) that addressed mandatory, organisational, professional and clinical needs
- ◆ Consulted QNU representatives
- ◆ Developed a template for rosters



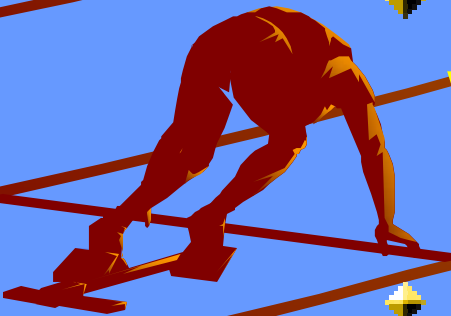
Stage 1 continued,

- ◆ NUMs reviewed financial implications under BPF
- ◆ Very keen to progress as it became a recruitment and retention initiative
- ◆ Staff participation encouraged in the implementation process
- ◆ Pre trial survey completed with majority of staff looking forward to change
- ◆ Staff survey resulted in 85% of staff agreeing to a 6 month trial from the April 2006 roster



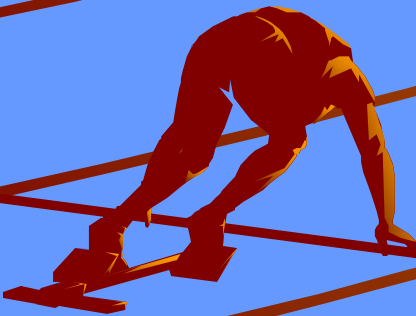
Stage 2: Staff involvement

- ◆ Clinical Nurses with education portfolios involved
- ◆ Developed an education plan that was circulated for discussion
- ◆ Staff identified mandatory training as first priority



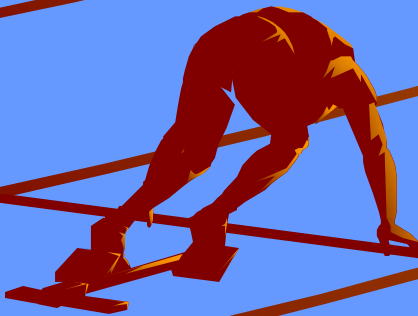
Stage 3: Trial Roll Out

- ✦ Monthly evaluation and feedback by CN/Nurse Educators/NUM group
- ✦ Variety of presenters
- ✦ Sessions: a mix of theory and interactive practical application discussion and quizzes
- ✦ Ideas for program inclusion and improvement were shared across all six wards, breaking down previous barriers in communication and information sharing



Stage 4: Post trial Survey

- ◆ Comparison with pre trial results
- ◆ Facilitating change, practice and service development
- ◆ Weekly amendments made to accommodate clinical /organisational need
- ◆ Fostering widening participation and collaboration by all involved
- ◆ Support by the after hours CNC team who were involved in the weekend programs and facilitated less confident CNs, RNs and EENs



Outcomes

- ◆ Mandatory training completed by 90% of staff compared with 14% the previous year

- ◆ Night shift staff –

more organised due to the earlier start 2130 (as opposed to 2300) and the ability to assess patients before they go to sleep

- ◆ Nurses -

reported that access to training and education to develop clinical skills has improved immeasurably

Outcomes continued

- ◆ Pressure area management improved including review of adverse events and risk management practices
- ◆ Overlap has provided environment for staff to undertake tertiary studies
- ◆ Pain management: improved review of epidural care and monitoring
- ◆ Documented and anecdotal evidence of better managed emergency responses



Outcomes continued

- ◆ Facilitated implementation of corporate initiatives: TrendCare®, PRIME, HEAPS, Blitzes, Statewide insulin and heparin infusion forms
- ◆ Provided forum to address medication safety, advanced care directive
- ◆ Preparation of unit based material for future presentation e.g.; case studies, clinical specialties
- ◆ Empowerment and motivation of nursing staff has energised both nurse educators and the nursing team



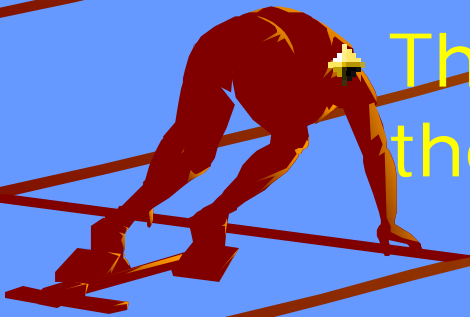
Summary – the journey

- ◆ Ward education part of the culture

- ◆ Core skill credentialing improved

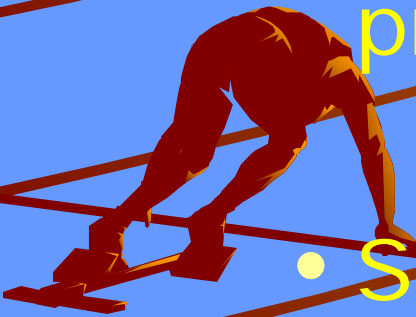
- ◆ The late/early factor in rosters plus the addition of 1 less day / month

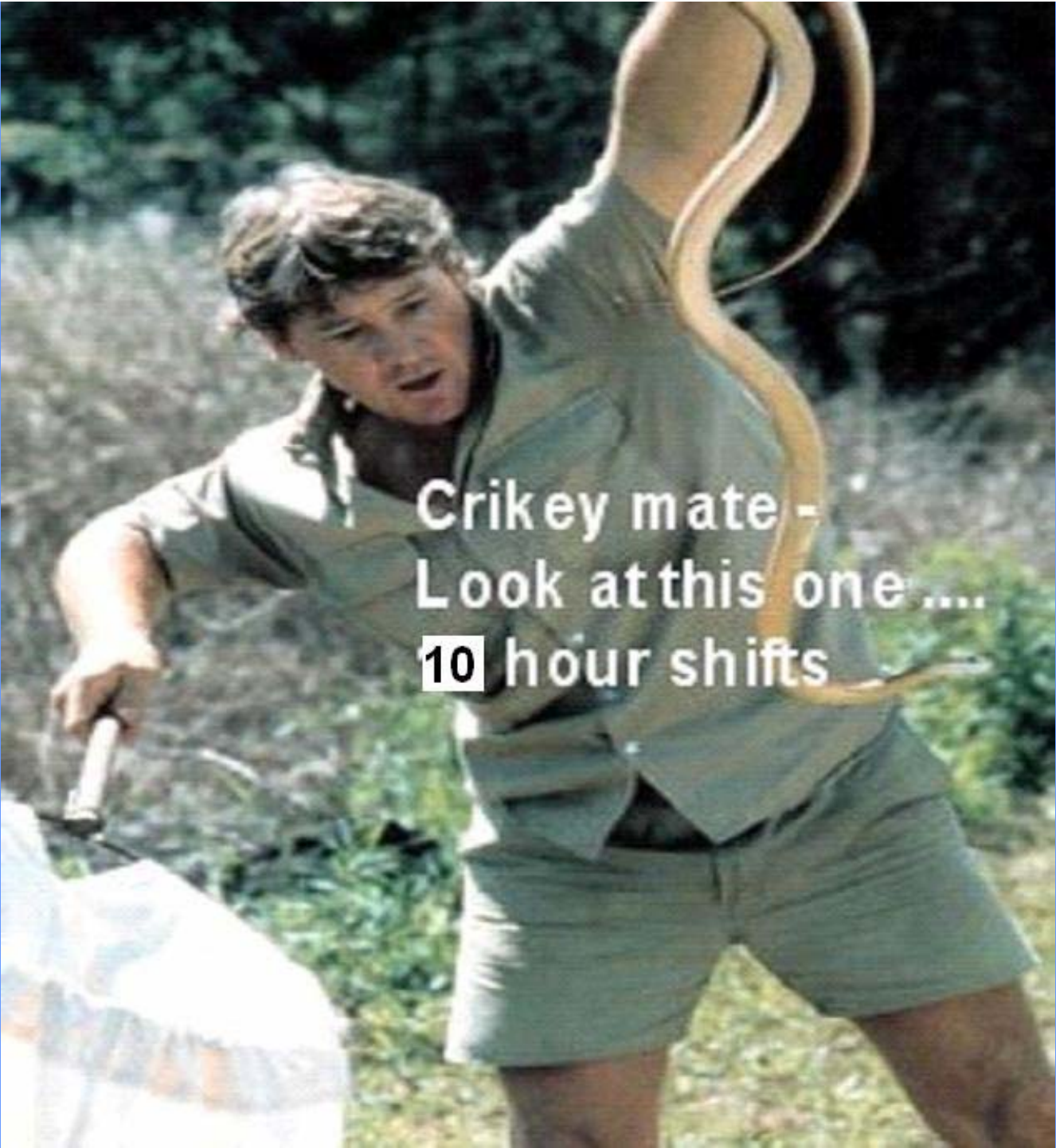
- ◆ Driven by unit clinicians to implement workplace change



Where to Now?

- Cohesive district approach
- Continue to review roster practices
- Sow more seeds!



A man in a green short-sleeved shirt and shorts is holding a large, light-colored snake aloft with his right arm. He is looking down at the snake with a focused expression. In his left hand, he holds a white mesh net. The background is a field of green grass and bushes. The image is framed by a blue border.

Crikey mate -
Look at this one
10 hour shifts