



Breaking the rules for better care

“Breaking the Rules for Better Care” was developed and initiated by the IHI Leadership Alliance in 2016 as a way to identify health care “rules” that get in the way of the care experience. As health care leaders, we aim to provide positive experiences for patients, families, and staff. However, sometimes we may inadvertently create processes or policies that have an unintended impact on the people we work to serve and support. To view the existing system with a new lens, Leadership Alliance members and other organizations have been asking their patients, families, and staff: *If you could break or change one rule in services of a better care experience for patients or staff, what would it be and why?*

(from: Resource Guide: Breaking the Rules for Better Care. IHI Leadership Alliance. Institute for Healthcare Improvement 2017).

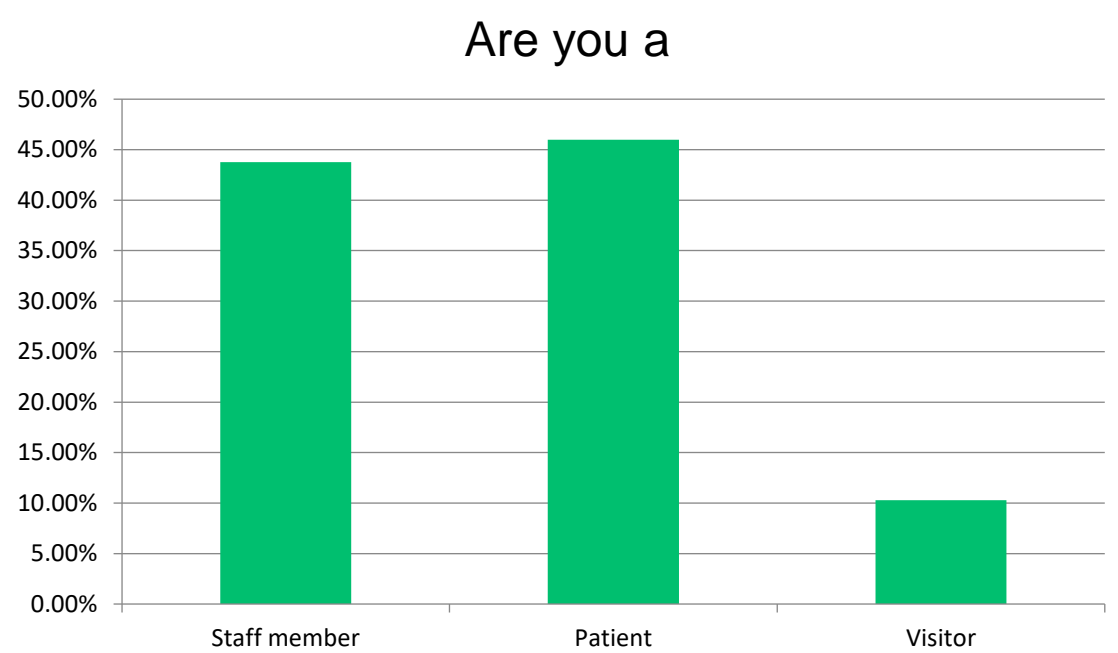
“Breaking the rules for better care” was held at Wollongong Private Hospital on July 22-26, 2019. All staff, patients and visitors who came to the hospital in this week were invited to take part. The survey was completed online via survey monkey, or on paper. Confidential boxes were left around the hospital to submit paper surveys. We asked participants the following: “If you could break or change one rule to provide a better care experience for patients or staff, what would it be and why? Or in other words; what is one wish you would make to improve care?”



Results

Question

Are you a	
Answer Choices	Responses
Staff member	43.75% 98
Patient	45.98% 103
Visitor	10.27% 23
Answered 224	
Skipped 0	



Question

If you could break or change one rule to provide a better care experience for patients or staff, what would it be and why? Or in other words; what is one wish you would make to improve care? Please give details and examples.

Answered

224

Skipped

0

Responses were categorised according to:

Rules that require advocacy – rules that are in place due to regulations or policies beyond organisational control.

Rules that require clarity – rules that are myths or habits that are perceived to be rules; are created for a reason but that reason has been lost over time; unclear based on interpretation of policies or regulations.

Rules that require redesign – administrative rules that leaders have the power to change.

N/A – positive feedback or comments regarding external factors with no advocacy power.

Some responses could be classified into more than 1 category, however for the purpose of the next graphic, only 1 category per response was used.



	Example	Outcome
Rules that require advocacy – rules that are in place due to regulations or policies beyond organisational control	Waiting time for procedure is too long Level 1.	Some Doctor's set admission time based on pre-operative care needs. Manager's discuss admission times and criteria requirements daily. Theatre lists are scheduled to reflect this. Staff have been reminded to communicate delays and reasons to patients. A digital tracking platform will assist with reducing wait times - due March/ April 2020.
	I would move from paper based forms and systems to digital solutions.	Feedback given to Ramsay Health Care IT department. There are some online forms planned in the next 12 months. Online admission is currently available. The oncology unit use many digital forms. A digital tracking platform will assist with reducing wait times - due March/ April 2020.
	Provide better and cheaper parking facilities.	Secure Pty Ltd lease the carpark from the building owner. They set the fees that are independent of the hospital. Wollongong Private Hospital is happy to pass on feedback to the facility management, or patients/ families can contact secure parking directly www.secureparking.com.au .
	Do not charge the \$25 for patients over 70	The \$25 facility fee is set by RHC. Feedback has been sent to the relevant department.
	Have a generic log in to the quality system program.	Has been raised with Ramsay Health Care IT department. Issue has been referred to hospital IT liaison for follow up and investigation.

	Example	Outcome
Rules that require clarity – rules that are myths or habits that are perceived to be rules; are created for a reason but that reason has been lost over time; unclear based on interpretation of policies or regulations	I would like to be able to take photographs of mothers and fathers with their newborn babies in theatre. At present it is against Ramsay policy for staff to take photographs in acute clinical areas.	The relevant Ramsay Health Care policy does allow photographs in theatre (by non-professional photographers) and (if applicable) with staff member's consent. This information has been relayed to the Maternity ward and disseminated amongst staff.
	A place for dads or partners to take babies while mum gets some rest/ sleep.	The coffee shop on level 1 is available (in consultation with nursing staff). The education room in Maternity can also be used when available. Maternity staff have been reminded to suggest these options.
	Allowing patients to meet their escort home at the front door. Saves inconvenience for family and nursing staff. If they are fit for discharge and meet discharge criteria.	Due to safety reasons post anaesthesia administration; there must be a responsible person to escort the patient to their transport and destination.
	More communication about the timing of medication and what they are for. To give a feeling of control in the process.	Doctors have been reminded to communicate treatment decisions in order to partner with patients in their care. The Pharmacist can be called to give extra information to patients.
	Maybe letting patients loved ones stay later than 8pm - with conditions of being quiet and respectful of others who need rest. Also patients who are under 20 have the support of their parents. Parents consider their children a lot less mature and able to cope at a later age than 16 these days.	Visiting hours extension is allowed in consultation with the Nurse in charge or the Nurse Unit Manager. The support needs of young adults can be accommodated in consultation with the nurse looking after the patient.
	Family coming into the day surgery recovery room. The patient is only having food and getting changed and I feel that it would be beneficial for a family member to be present to help support the patient.	This can be done on request, however, the Unit capacity and activity may sometimes preclude this. This information will be added into relevant policies and staff have been advised to offer this as much as possible.
	Improve the time it takes to transfer between Ramsay hospitals	This is dependent on the occupancy of the receiving hospital and the schedule of the transport supplier. This feedback has communicated to the patient transport service. Hospital staff have been reminded to communicate delays and reasons to patients.

	Example	Outcome
Rules that require redesign – administrative rules that leaders have the power to change	Any requested information be given as correct by all staff, not separate or different or conflicting information. Three doctors X 3 different lots of information/ diagnoses. A collaborative outcome would be great so as a family we know where we stand.	Case conferences are being planned for patients who have 2 or more treating doctors, so that communication on all aspects of care is improved.
	For ICU. An automatic/ intercom door opening system in the ICU so staff do not need to leave their station to walk to the door and open it for visitors to come in. The door could be triggered by staff when suitable but at present patients have to be left for someone to open the door, especially out of normal working hours.	This is possible to carry out with some installation of hardware. The Nurse Unit Manager will liaise with the Executive department and Maintenance to undertake this work.
	Wardsmen to wear an earpiece to be able to answer the phone instead of stopping what they are doing to get phone out of pocket.	Implement a new process whereby when a Wardsperson is conducting a transport, their phone will be diverted to another staff member after a certain number of rings.
	Improve signage in hospital with regard to what floor you are on. Felt disoriented in the basement.	More signs have been planned for ward levels. A sign adjacent to the lift will be investigated. A 'sign' review will be conducted with our volunteer group after the installation of the planned signs.
	At the moment all patients have their vital signs done at 12MN. Perhaps long term stable patients don't need to have one done at 12MN if their previous observations are in safe ranges.	A clinical expert group will review the relevant policies and consider a change in the time when observations are done (after the acute post-operative period and for well patients). For example, 6am, 12pm, 6pm, 10pm.
	Some hanging space for my clothes would be good.	Investigate installation of plastic coat hangers.

	Example
N/A – positive feedback or comments regarding external factors with no advocacy power	I cannot fault the care we have had here. Everything was perfect.
	Better access for visitors to enter Hospital from Urunga Parade.
	From my experience I would not change one thing. The staff are all extremely courteous and professional.
	There is nothing that comes to mind. The staff are very friendly and always greet you with a smile. I've been attending the Oncology Unit every month for over a year and dedication and compassion is next to none.
	Absolutely nothing. The hospital, staff and doctors and nurses were awesome. Well done - great job.
	My experience has been wonderful, staff friendly and very helpful, went out of their way to find the best solution when there was a delay in my medication due to courier issues.
	You have good caring staff. This has been my fifth visit here, I should know.
	Provide more space/ a bigger gap between patients to make it less cramped (Oncology).

Thank you all for taking part in this initiative