

John Hunter Children's Hospital Clinical Practice Manual Staff Survey Report

April 2005



Kaleidoscope
HUNTER CHILDREN'S HEALTH NETWORK

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Standards and Protocols

John Hunter Children's Hospital Staff Survey Clinical Practice Manual

Acknowledgments

We would like to acknowledge the staff who completed the survey and the Nursing Unit Managers who allowed the Clinical Improvement Facilitator and Project Officer to be present on the wards at short notice, to enable the completion of this survey.

Survey Aims

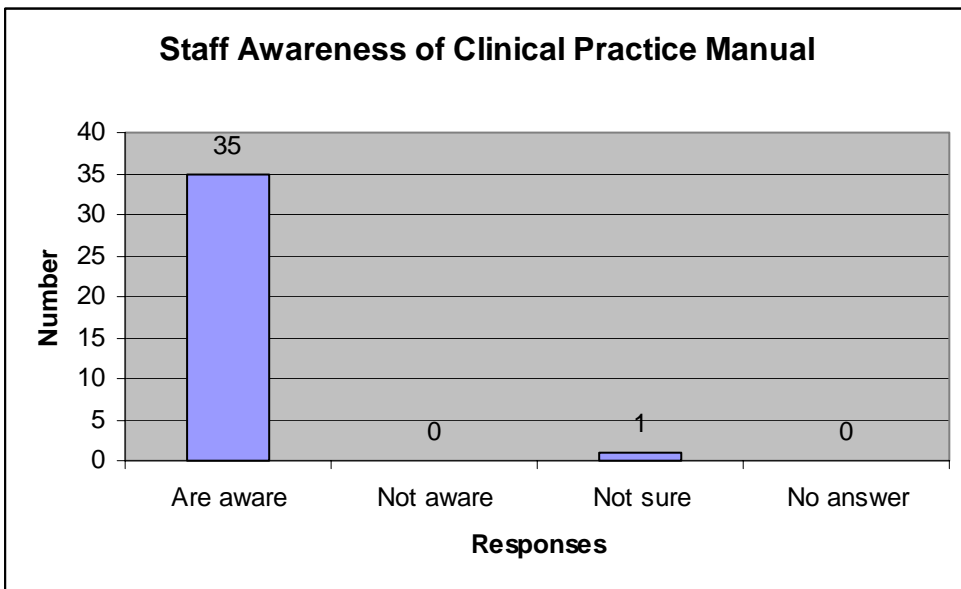
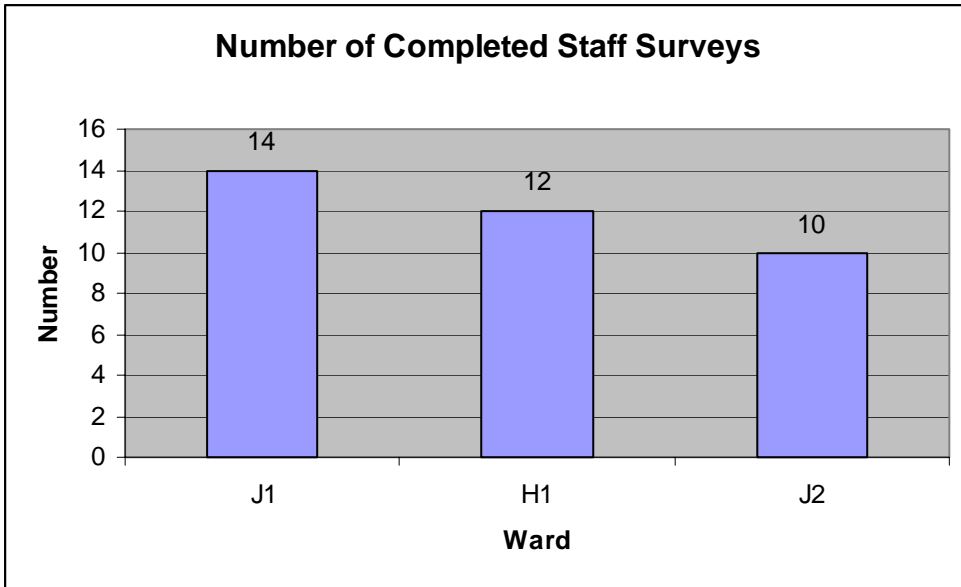
The aims of the survey were to:

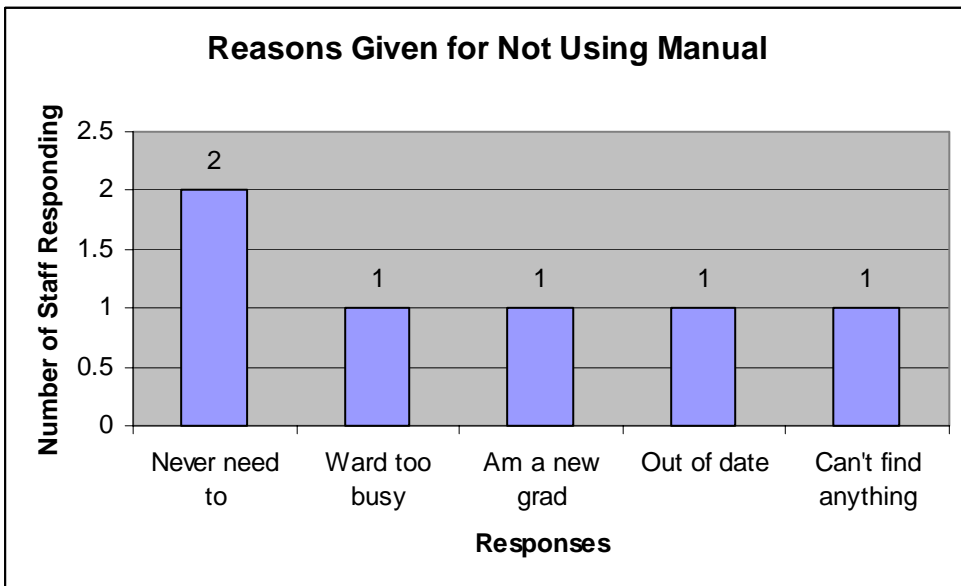
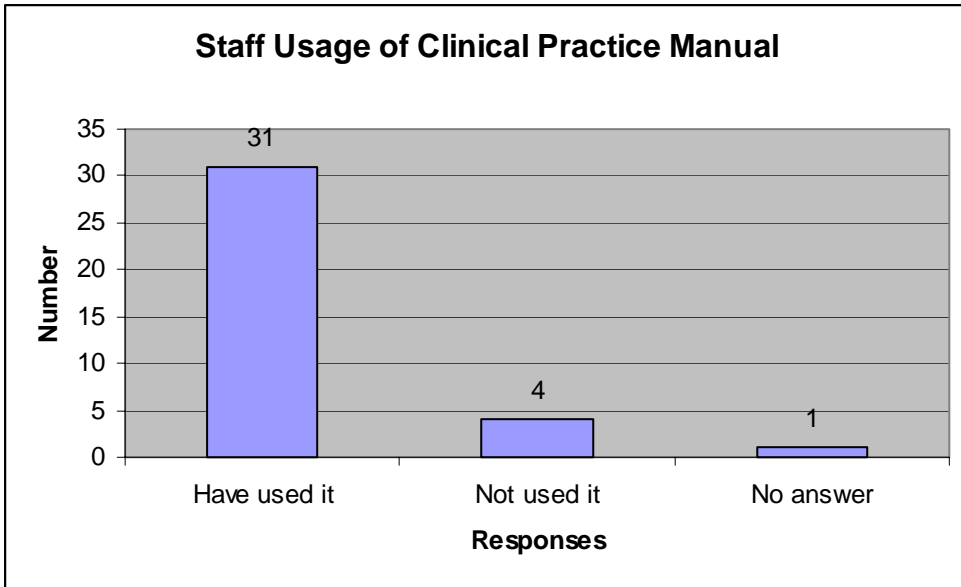
1. assess staff awareness and use of the manual
2. measure staff opinion regarding proposed formatting changes
3. gain feedback from staff as to how to improve the manual
4. describe gaps that exist within the manual
5. carry out improvements that will make the manual more user friendly and relevant to staff

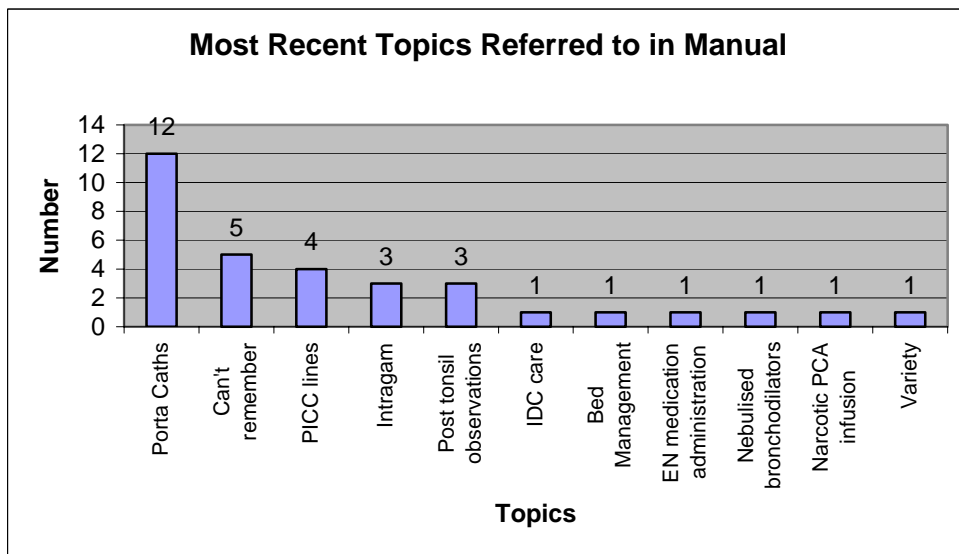
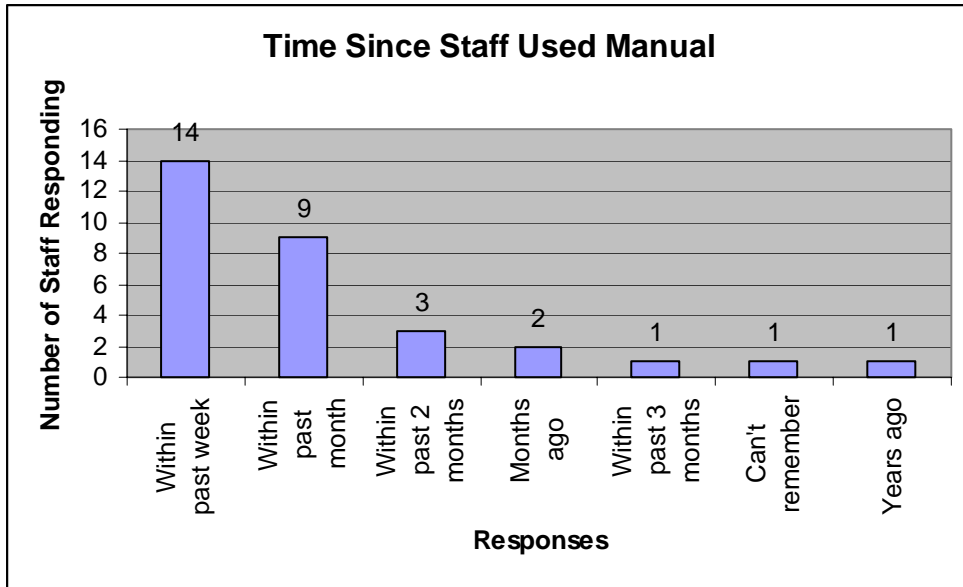
Introduction

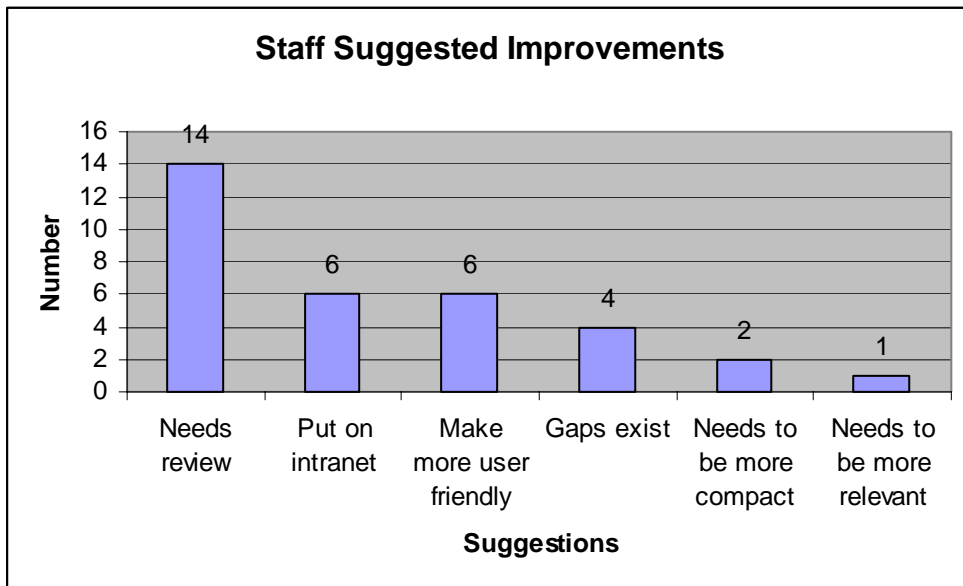
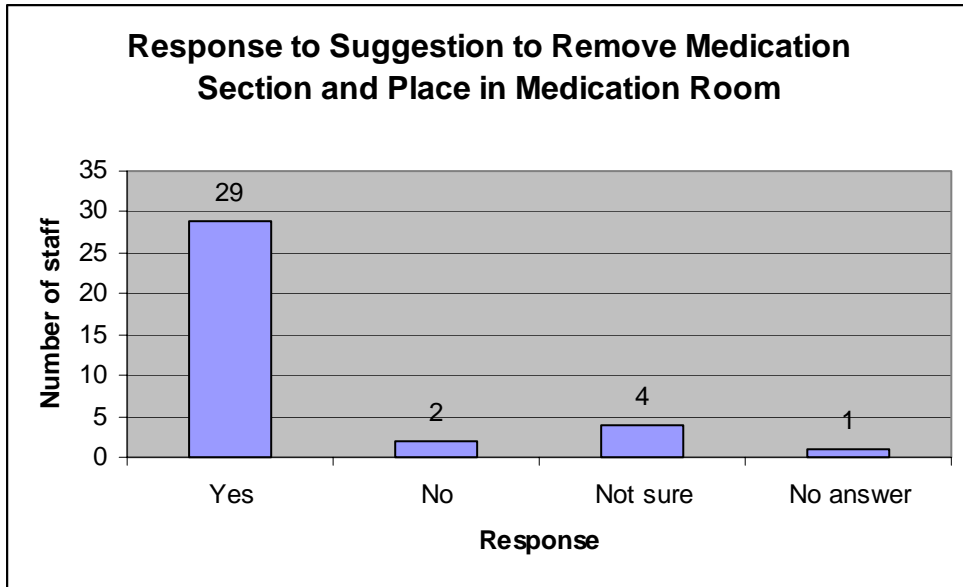
A total of 36 nurses from Wards H1, J1 and J2 participated in a confidential and voluntary self-complete survey relating to the use of and suggestions for improving the Clinical Practice Manual. The data collection period was over 5 shifts (including afternoon and night duty) on the 23rd and 24th of March, 2005. Staff completing the survey comprised of both registered and student nurses on placement, as well as Nursing Unit Managers. The survey (see Appendix 1) comprised of 7 multiple choice and short answer questions, and additional space was allowed for further comments or suggestions.

The following 8 figures outline demographics and responses provided by the staff.









Staff described the following gaps:

- Deaths and Coroners Cases
- Peripheral cannula care
- Patient identification
- Isolation/infection control procedures
- Consent and confidentiality
- Pre-op care
- Tonsil post op observations

Staff suggestions for making the manual more user-friendly include:

- Improve the index (including the numbering)
- Use colour coding to separate sections

- Put most commonly used ones in a separate folder
- 81% would like the medication section removed and placed in a separate folder in the medication room

Recommended Actions

A table comprising 21 recommended actions has been developed and will be implemented by the Clinical Improvement Facilitator (Sarah Haddon) and Project Officer (Louise Evans) over the next 2 months. Actions to be completed include:

1. Medication section to be removed and placed in medication room (an explanation will be inserted within the manual to direct staff to the medication room)
2. Cayhnet logo to be removed and Kaleidoscope logo inserted
3. Completion of timely document review to be monitored and tracking system introduced
4. Discussions will take place with the NUM's to identify and prioritise guideline/procedure "gaps"
5. Secretarial support will be provided
6. Manual will also be available online when current documents are up to date
7. "Hard copies" of the manual will be provided to all areas where clinical care is provided
8. Improvements will be made to the index and separators will be added to make the manual easier to navigate
9. Discussions will be held with NUM's regarding frequently used documents and where these should be placed
10. Identify where "responsibility gaps" exist for document review and allocate appropriately
11. Clinical Nurse Consultants (CNC's) will be reminded 3 months prior to review due date
12. Timeframe for review and/or development (if new) will be negotiated with CNC's