Fiona Stanley Hospital (FSH)

- Western Australia’s new 783 bed quaternary teaching hospital
- Signifies most complex health reconfiguration undertaken in Australia involving 8 different hospital sites
- Opening in 4-phased commissioning approach (October 2014 to February 2015)
undertaken in Australia involving 8 different hospital sites.

Phased commissioning approach (October 2014–September 2015).

Context

- Historic issues:
  - Lack of junior staff supervision
  - Lack of team culture
  - Reluctance to escalate to senior staff
  - Reactive governance framework
  - Inconsistent handover

Approach

Leaders in CARE

- Commitment
- Accountability
- Excellence
- Respect

We deliver the best patient and staff experiences.
We achieve the best clinical outcomes within available resources.
We deliver the highest quality care and embrace opportunities to learn and improve.
We treat patients and our team with dignity and are fair, just and ethical in all matters.

Commitment: Authentic leadership, patient and family engagement, teamwork.
Accountability: High performance, can do attitude, accountability.
Excellence: Innovation and improvement, value diversity.
Respect: Acceptance of differences, integrity, compassion, leadership.
Problem

Historic out-of-hours ward cover

1. Lack of junior staff supervision
2. Inconsistent handover
3. Inconsistent handover
4. Lack of team culture
5. reluctance to escalate to senior staff
6. The governance framework
Researched existing out-of-hours models in WA

Formation of Hospital Out-Of hours Team (HOOT)

- Evolving structure in-line with phased opening
- Collaborative interdisciplinary approach
- Junior doctors seconded from relief term to exclusively join HOOT for one month
- Junior Doctors conduct all shifts within consistent team
- Documented transfer of clinical responsibility at handover

Predicted benefits

Mapped issues with key stakeholders
Approach

Proposed new model based on structure employed in The Alfred Hospital

Issues with key stakeholders

Outcome

HOOT

• Senior presence at all handovers
• Rostered team-based teaching
  • Monthly HOOT simulation training
  • Additional fortnightly intern bedside teaching
• Hospital seeking HOOT accreditation

Pre-commissioning
Clinical Readiness Assessments

Teams

Junior doctors seconded from relief term to exclusively join HOOT for one month
Junior Doctors conduct all shifts within consistent team for month-long period
Documented transfer of clinical responsibility at handover
• Senior presence at all handovers
• Rostered team-based teaching
  • Monthly HOOT simulation training
  • Additional fortnightly intern bedside teaching
• Hospital seeking HOOT accreditation
Adopted model to meet needs of WA population with stakeholder involvement

- Monthly HOOT simulation training
- Additional fortnightly intern bedside teaching
- Hospital seeking HOOT accreditation for pre-vocational doctors

Next steps...
Organisation

- Greater system efficiency
- Clear governance structure
- Accredited Junior Doctor term

Patients

- Seamless continuity of care
- Improved patient outcomes
- Progression of care (rather than maintenance)

Acknowledgements

Dr Steve Wright-Head of General Medicine & Acute Medical Unit, FSH
Dr John Keenan-Deputy Director Clinical Services, FSH
Cheree Schneider-Nurse Director, FSH

References

1 O’Leary, R et al. 2013, ‘ICU should improve the night-time hospital’, Journal of Intensive Care Society
3 Department of Health, National Health Service. ‘The implementation and impact of Hospital at Night projects’
Clinical Readiness Assessments

Post-commissioning

Gathering feedback from key stakeholders

Critically reviewing patient outcomes

Staff

- Professional development
- Collaborative culture
- Clear escalation pathways

Acknowledgements


‘Patient safety and quality during times of transition’,

‘Hospital at Night pilot projects’.
Gathering feedback from key stakeholders
Critically reviewing patient outcomes and mapping to processes