



SMHS Board to Ward program overview 2023

Purpose

The governance and leadership role of the South Metropolitan Health Service (SMHS) Board includes overseeing continuous improvement in safety, quality and service provision. Through the **SMHS Board to Ward program**, Board members undertake conversations with staff, patients and their families in relation to the care provided and received, and in doing so, make a public commitment to service improvement. Board to Ward visits also allow Board members to put a human face to the data and reports they receive in their meetings and be reflective in their Board and committee deliberations.

The SMHS Board to Ward program is not a means of detecting incidences of patient or staff dissatisfaction, but rather a mechanism to promote a blame-free culture where reporting is



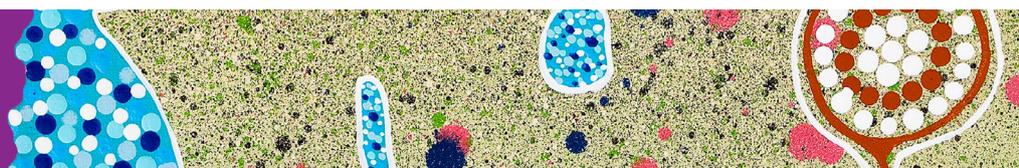
Board members Karen Brown (left) and Kim Gibson (right) at a recent visit to RGH Moordibirdup medical ward.

used as a tool for service improvement. The program allows Board members to gain an understanding of how patients, carers and staff feel about the care provided and presents opportunities to increase consumer and staff confidence in the governance role of the Board.

Hearing first-hand examples of successes, concerns and issues enables Board members to demonstrate their appreciation of the care and excellent service being provided at the various SMHS sites. While feedback was predominantly positive in 2023, there were some concerns raised at site visits that have since been considered and managed.

The Board believes it is important to listen to feedback and is committed to following up when issues are identified.

Board to Ward visits demonstrate to the Board members how SMHS staff constantly strive to exemplify the SMHS values of **care, integrity, respect, excellence and teamwork**.





SMHS Board left to right: Colin Murphy, Liam Roche, Yvonne Parnell, Ryan Atkinson, Sue Le Souef, Karen Brown, Amanda Boudville, Julian Henderson. Seated front: Kim Gibson and Robyn Collins.

Visits

During 2023, Board members participated in a total of ten Board to Ward visits which enabled them to visit:

- The emergency department and ambulatory clinic, respiratory and renal dialysis service, State rehabilitation service, hyperbaric unit, Aboriginal health liaison office, intensive care unit and coronary care unit at **Fiona Stanley Hospital**
- Mimidi Park Mental Health facility, paediatrics ward, emergency department and newly commissioned Moordibirdup medical ward at **Rockingham General Hospital**
- Outpatients and hand therapy services at **Fremantle Hospital**
- Medical services and palliative care at **Murray Districts Hospital**
- Obstetrics unit at **Peel Health Campus**.

Each two-hour visit was attended by a clinical and a non-clinical Board member.

These visits offer Board members an opportunity to meet with and gather feedback directly from patients, carers and staff about the patient experience and patient safety. Board members then share their feedback and discuss issues raised during their visit with the relevant executive director. Written reports are also provided to the site's executive team, with responses to findings and actions monitored by the SMHS Board Safety and Quality Committee.

Outcome highlights

Through the SMHS Board to Ward program's meaningful engagement with staff and patients, visiting Board members regularly note high satisfaction from our patients about the services provided and a high degree of pride and job satisfaction amongst staff.

The SMHS Board appreciates the importance of directly engaging with the community and staff to identify opportunities for improving access to, and delivery of, health services. These are highlighted in the excerpts below.

Obstetrics service, Peel Health Campus

Board member comments and findings

The overwhelming sentiment expressed by the patients interviewed was positive. They commented on the professionalism and care of the staff, the quality of information provided and the respectful nature of the interactions. One patient commented on a lack of timely communication in relation to her planned induction but was happy with the level of support and information provided by the medical staff in the following days and since her admission.

Staff members were equally positive about their experience. Two made favourable comparisons with UK services. All responded positively to the friends and family test. Indeed, one had delivered her baby at Peel and reported that it was common for staff members to have delivered a colleague's baby. All expressed confidence in the quality and safety of care. Other positive comments included great teamwork, attentive monitoring of mothers and babies. Confidence was expressed in escalation of care when required, with obstetricians receptive and the emergency department (ED) also responsive when needed.

There was good discussion of clinical incident reporting. As an example, a student midwife was aware of a recent incident and the changes to alarms that had been implemented as a result.

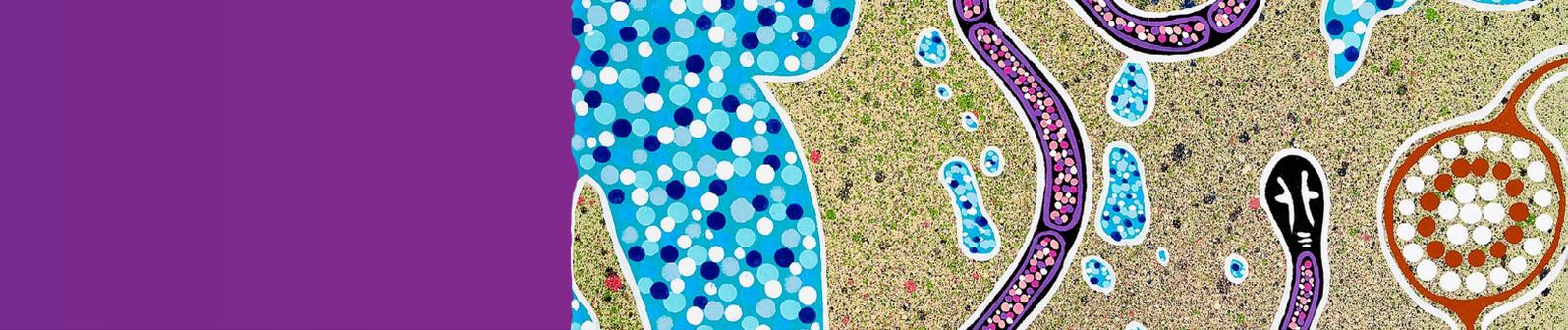
Mimidi Park Mental Health facility, Rockingham General Hospital

Board member comments and findings

Board members visited the inpatient unit and met with several medical and nursing staff, as well as the Hospital in The Home (HiTH) unit office and discussed the work carried out by the team involved with providing care in the community to mental health patients.

In both areas Board members were very impressed with the strong collegiate atmosphere despite the inevitable challenges associated with caring for patients in a mental health setting. Nursing and medical staff all expressed a firm commitment to their patients and satisfaction from their work. The HiTH team demonstrated an outstanding attitude to their work despite the large area they cover in providing community mental health care and the particular challenges associated with community care.

There was a clear awareness of safety issues from the perspective of both staff and patients with strategies in place to avoid harm. One example was the "safety huddle" engaged in prior to each shift where staff were advised of any particular risk associated with the current cohort of patients. Board members were reassured to hear that each staff member carries a duress alarm and that security officers are readily available and willing to attend when required, particularly in situations where there may be an anticipated risk of aggression or violence. Staff support and debriefing occurs on a regular basis and always after an incident involving aggression or violence.



Intensive Care Unit and Coronary Care Unit, Fiona Stanley Hospital

Board member comments and findings

Both units were busy with ward rounds on the morning Board members visited, which meant the opportunity to meet with a wider cohort of staff was limited, although it provided good insight into the activity on these units at this time of day. Both units made Board members feel welcome and those staff spoken to were keen to engage.

In the intensive care unit, Board members were provided assurance that staff had a high awareness of pressure injuries, were well versed in pressure injury management and protocols and were doing everything possible to manage these appropriately. Both units appeared to operate as close-knit teams and expressed a strong team camaraderie, a positive reporting culture, and a patient first safety focus, although they noted the level of pressure was constant, particularly in intensive care.

ED and Ambulatory clinic, Fiona Stanley Hospital

Board member comments and findings

Given the global issues regarding emergency access to care, Board members had expected to find signs of staff burnout and stress, however they were met with a united, connected, and resilient team working together to address a variety of ongoing pressures.

Staff expressed pride in their joint achievements, support for one another and appreciation for the changed conditions they now confront.

A range of pragmatic, innovative and thoughtful initiatives have been implemented to address workforce issues including supporting development and post graduate education for junior nursing staff, utilising a large pool of part-time nurses and rostering additional consultants on evening/overnight shifts. Board members also learned of an initiative to bring senior managers and coordinators from other areas of the hospital to witness peak load times, leading to a greater understanding of the impact of bed block.

There was a strong commitment to the clinical incident process, to safety reporting and a no blame culture. The Nurse Unit Manager spoke of staff's engagement in the process and their commitment to investigate all complaints received and issues arising from audit of death meetings. The staff did however acknowledge that the sheer volume of patients and the higher acuity now being dealt with daily meant there was an increase concern for both staff and patient safety.

The ambulatory or fast-track clinic is progressively seeing a higher volume of patients, easing the burden on ED. The patient we interviewed was full of praise for the nurse practitioner who had treated his wound. The experience was efficient and seamless, and the ward staff were welcoming.