



# SMHS **Board to Ward** program overview 2020

## Purpose

South Metropolitan Health Service (SMHS) patients expect safe and high quality care, our staff to be welcoming and the standards of hygiene excellent. For those reasons, Board members welcome the opportunity to visit the various SMHS sites and services to enable them to share in Board and Committee meetings their discussions, observations and interactions with patients, their families and staff.

The Board recognises that a good healthcare experience is not only about providing our patients with safe and quality health care, it's also about connecting with our patients and their families and doing what we can to make people feel comfortable and cared for. Board to Ward visits allow Board members to engage with patients, families and carers to hear about their experiences. This feedback provides valuable information about where we can improve, as well as provide opportunities for members to identify areas of exemplary practice.

In addition, the program endeavours to reinforce and embody the five SMHS strategic priorities:

- Excellence in the delivery of safe, high quality clinical care
- Providing a great patient experience
- Engagement, development and opportunities for the workforce
- Strengthening relationships with our community and partners
- Achieving a productive and innovative organisation which is financially sustainable.

It demonstrates to the SMHS Board the ways in which SMHS staff constantly strive to exemplify the SMHS values of **care, integrity, respect, excellence and teamwork**.





## Visits

At the commencement of 2020, 10 Board to Ward visits were scheduled. The first visit took place in February, however, in line with the WA Health COVID-19 response restricting the number of visitors to hospitals, the visits scheduled for March and April were cancelled. The program recommenced in May, with subsequent visits in June, July, August, September, October and November at the following sites and areas:

- obstetrics, Family Birth Centre, paediatrics, neonates, radiology, pharmacy, theatres, recovery and the State Rehabilitation Service at Fiona Stanley Hospital
- surgical wards, radiology and pharmacy at Fremantle Hospital
- radiology and pharmacy at Rockingham General Hospital
- Rehabilitation in the Home and Community Physiotherapy.

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 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, commitment and a positive team culture displayed by staff. The Board appreciates the importance of directly engaging with the SMHS community to identify opportunities for improving access to, and delivery of, health services, highlighted by the following excerpts:

## Wards 7 and 9 South, Fremantle Hospital

### Board member comments and findings

A delightful visit which reflected a strong positive culture in areas visited. Without exception, all staff articulated their commitment to the hospital. The Nurse Unit Manager on Ward 7 South deserves a special mention for demonstrating a focussed and passionate patient centred vision. All staff we spoke with were constructive in their comments and feedback. It was also noted the happy working atmosphere and the culture of stability and permanence. Carers also commented on the professionalism of the staff.

Board members noted several initiatives were under consideration to improve the care of dementia patients, including the purchase of a Tovertafel, a device which offers interaction and distraction for patients with cognitive impairment. Subsequent to the Board members' visit, the Tovertafel was installed and is the first of its kind in a hospital in Australia.



## Obstetrics, Family Birth Centre, Neonates and Paediatrics, Fiona Stanley Hospital

### Board member comments and findings

Staff members in both areas were very happy in their work and all were positive on the family and friends test. They reported a positive culture, support of a family friendly work-life balance and great teamwork.

Positive feedback on the Family Birth Centre model of care, as well as patient and staff experience was very strong. Staff members who had had family members deliver at FSH were highly complementary and proud of the service.



## Radiology and Pharmacy, Rockingham General Hospital

### Board member comments and findings

In radiology it was palpable the respect all of the staff had for their manager and there was an overall sense of stability, commitment to the job and everyone feeling valued. Pharmacy seemed like a busy and growing department.

Many positives included:

- Both departments felt supported by executive and comfortable to approach line managers with any concerns.
- In particular, one person in radiology commented that there was adequate opportunity for professional development and support from superiors for career progression.
- We were particularly impressed by the proactive response to a cold-chain breach in pharmacy. The event prompted a swift and thorough root-cause analysis and new policy development.
- Everyone felt comfortable to report a safety incident and embraced the SAC review process.

## Rehabilitation in the Home (RiTH) and Community Physiotherapy

### Board member comments and findings

All patients and carers expressed high praise and satisfaction with the service. No concerns or suggestions for improvement were mentioned. Similarly, staff members would recommend their service as high quality and had no safety concerns for either staff or patients.

The value of the RiTH service in terms of providing rehabilitation in the real-life context of the patient was noted by both staff and consumers. Sharing of the caseload across the regional RiTH teams was noted as was the opportunity to speak to referrers in the hospitals to advise on patient suitability and risk assessment. A positive team environment and patient first focus was noted.

It was raised by a number of staff that the potential existed to discharge patients to RiTH earlier than what was occurring, benefitting the patient and freeing up available beds. It may also be possible to prevent deterioration in frail patients who clearly benefit from treatment in their home and community by increasing referrals to community services.

