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Queensland **the Smart State**

Safe Inpatient Room

- What we know:

- 1 in 10 pts suffer harm not related to the reason they present to our hospitals
- 50% of harm is preventable.
- 75% is related to human error. *Wilson et al 1995

- We can learn from clinical incidents.

The inpatient unit planning of the future needs to acknowledge this information and support models of care, equipment, and environment that help to minimise patient harm and deliver safe/best care.

What I have learnt.

- Handover is best/ safe at the bedside.
- Team nursing is safer than a primary/single carer model.
- Standardisation of equipment helps eliminate human traps.
- Patient harm often occurs out of view- behind doors.
- Patients advocate for each other in shared rooms.
- Furniture/ fittings can contribute to pt harm (e.g. suicide, skin tears)
- Technology/care plans/charts must be at the point of care.
- Space is needed for carers to help keep their loved ones safe.
- Space is needed to support access e.g. lifting equipment, wheel chairs
- Consent/pt education capability should be in the room. (easy)
- Electronic white boards for pts and staff help all to remember.
- Harm happens in 40% of reported falls

Some suggestions.

- Multipurpose/ flexible rooms adaptable to individual pts (furniture in/out)
- Room to support bedside handover.
- Wireless capability decision support at point of care.

(prepare for future)

- Map workflows and place equipment etc appropriately.
- Not all single rooms.
- Beds visible to carers,
- Meds /supplies near pt. Satellite stations, bar coding ,Delivery to room.
- Room for carers stay /comfort.
- Space for notes to be written with pt input.
- Standardisation of beds, and equipment in all new facilities (staff/pts move)

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Falls =highest reported harm.

Help reduce harm by:

- Lighting-dimmers/ directional lighting
- Energy absorbing low slip flooring
- Space in bathrooms and toilets (pts get jammed when fall)
- Low- low beds.
- Solid half split bedrails.
- Help pts recognise their room.
- Call bells /remote access from floor.
- Surveillance flexibility.
- Provision for assessment tools in room with care plan.
- Risk communicated to all staff symbolically.
- Non cluttered area patients to walk .(wide passages)
- Space near beds for equipment.

In conclusion.

Take a human factors approach.

(the environment must support the way we work)

Lets learn from incidents-work to reduce patient harm.

and

Build a inpatient unit that supports best/safe patient care for all patients.

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