Nurses as part of innovation in healthcare

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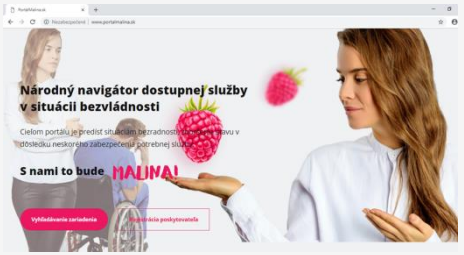
ZSS Slnečný dom, Humenné

Humenné, 2019

Creativity and innovation are key principles of comprehensive quality management



1. Creating value for customers

Understand, anticipate, meet needs and expectations, seize opportunities.

Sun House Concept - TOP Nursing Care.

2. Creating a sustainable future

Positively influence the outside world with increasing performance and due this increasing of standards in the area in which they operate.

Active participation in the preparation of legislation on nursing care in ZSS, the first national standards for LTC

3. Developing the organization's capabilities

Care results analysis, search interviews with employees

4. Making use of creativity and innovation

Developing products, processes, putting ideas into reality within a given timeframe

Developing partnerships and networks for common development and innovation (joint projects in the WIN - WIN

5. Leadership based on vision, inspiration and integrity

Leaders must be an idol for engagement, improvement and empowerment responsibility through ethical behavior, culture; promote the creation of new ideas, new ways of thinking.

6. Agile management

Ability to effectively identify and respond to opportunities and threats.

7. Achieving success with employee capabilities

They motivate, support, recognize efforts, success, communicate, listen to employees

8. Permanetn achieving of outstanding results

The results are defined in the goal criteria and mirror the customer's expectations.

Excellent service rating
1,10/5
1=**excellent** 5=pure
Score according by 3175 rating !!!
Reviews from the former *(od r. 2009)*
or current clients, of which
99,57% recommend
Slnečný dom / Ošetrovateľské centrum to other clients.
In year 2018 were our approaches were marked as exceptional (1 *) almost 1000 times.

How it works in context of TQM?

TQM – Total Quality Management
Complex and dynamic concept based on,
control of quality of work in organisations,
for achieving of high level customer satisfaction
(patient, family members, insurance)

- Open system, which can cover **<u>everything</u>**, which can support maximum customer satisfaction **, trust** and lead to reduction of shortcoming and failures.

- **What „everything“ we have?**
- **No** to reactive thinking: „Its someone else fault, it cant be managed we will not move with this, its waste of time,....“
- **Yes** to pro-active thinking: visions, tryouts, goals, competences, deadlines, „with spirit“

Standard = quality tool

developed set of effective ways to achievment of the best results in care to maximum in:

- **Stabilisation** of health condition of patient; **pain relief** and physical suffering;
- **Supporting of retention and/or developement of selfcare,** mobility and a cognitive skills; **reduction** of **psychical suffering reduction**, for example depresions, distress, sadness, gloomines; appropriate needs in the context of a holistic approach,
- better **results in care**, higher patient satisfactions/his family members.

Character of national standard (ŠDTP) – „against the flow“ of practice

- complexity, holism

ADOS is a revolutionary change of approach

- accentuating responsibility, active attitude, perception and action of the nurse

Patient safety with the maximum exclusion of situations where the patient may find himself / herself in a persistent, possibly life-threatening, in space without help problem ... because at present, it is "dangerous„ to be a patient.

Note the patient's condition and solve / support the solution until the problem is resolved.

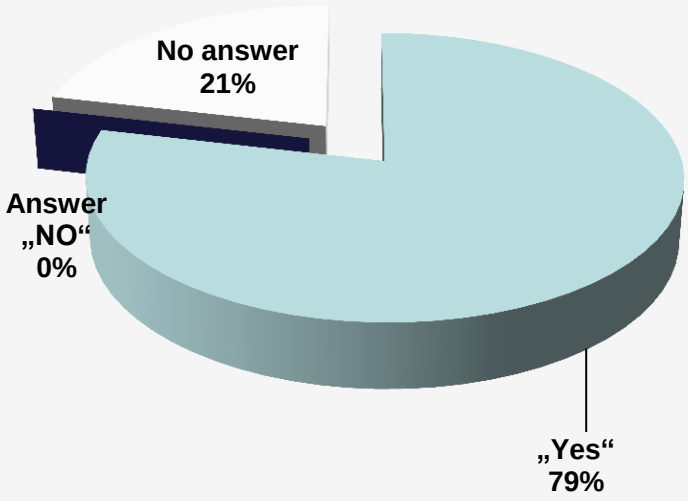
Do not rely on a colleague, a doctor to assume responsibility is a standard requirement of standard.

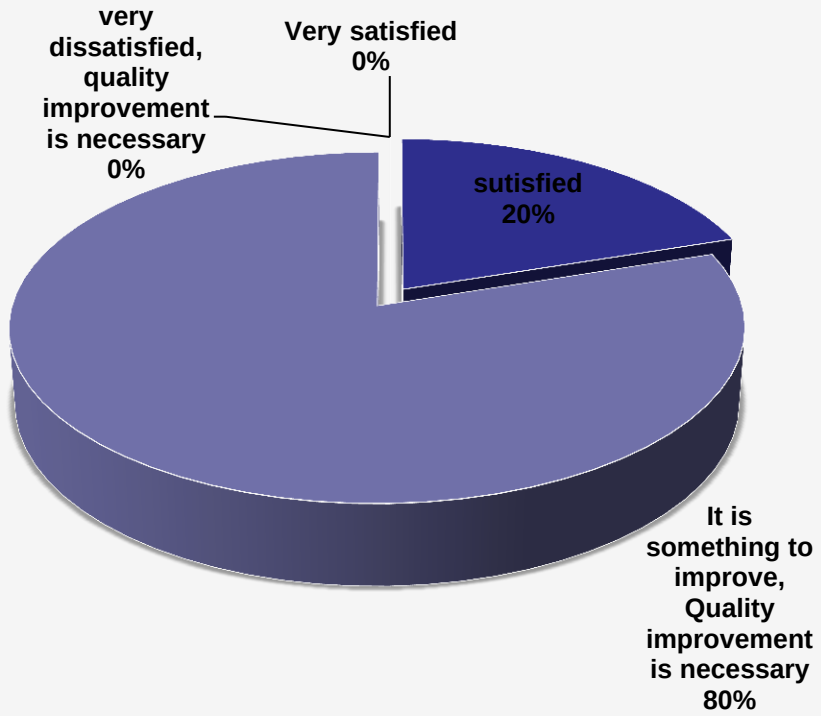
- further development and innovation opportunities ("optional")

IN chapter "Recommendations", which recapitulates other possibilities of improving the quality of care in nursing practice

Are you missing some standard procedures for nursing practice in your facility?

Are you satisfied with the (LTC department (ODCH, LDCH), Hospice, Nursing home (DOS))**?**





First nursing national standards (ŠDTP) for complex management pf patients in Nursing responsibility

- In nursing responsibility + delegation of part of the performance

(praktical nurses and ZSS also the careers)

ŠDTP - Commitment of workplace managers to their fulfillment

⇩

It is challenging, 'because' of staff, or equipment, or money

⇩

Is the "solution" a decreasing of ŠTDP, and thus concessions in the quality of care, toleration of the patient's threat?

⇩

No, it is necessary to plan the recruitment, improvement of equipment, carriage of funds, etc..

☝ Standards are excellent arguments for negotiation

a k obhajobe „sily“ ošetrovateľstva and defending nursing „power“

Meaning of continued development of standards

Support of managers who want to achieve good results in their organizations, satisfaction of clients, families, employees...

2015	1/15	2/15	3/15	4/15	5/15	6/15	7/15	8/15	9/15	10/15	11/15	12/15	Σ
ZSS SD	7	3	8	4	5	3	1	5	2	4	2	0	44
OC Lipová	5	7	7	8	0	2	1	1	3	1	1	0	36
													80

Check list by every deterioration

Kontrolná činnosť na lôžkových úsekoch OC , OC, s.r.o. a ZSS SD, n.o.

Check list 01

Posúdenie správnosti ošetrovateľských intervencií 24 hodín

pred zmenou/resp. zhoršením zdravotného stavu .....(klient)

Situácia: a) výrazné zhoršenie stavu b) nutnosť privolania LSPP/RZP c)exitus

Dátum vzniku situácie: .....

Dôvod privolania LSPP,RZP/popis situácie .....

.....

.....

.....

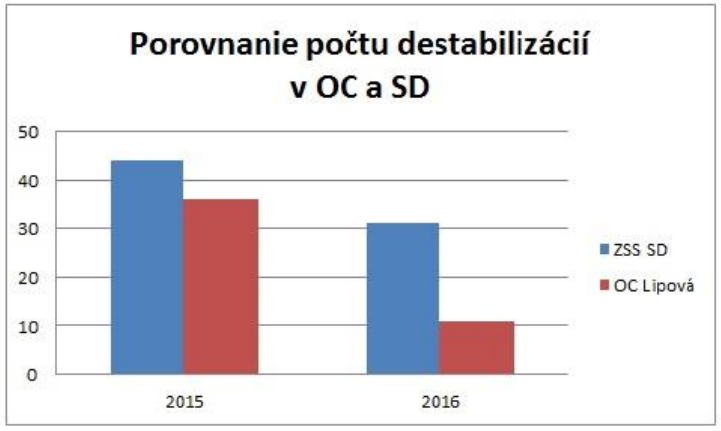
.....

Otázka	Odpoveď	Špecifikácia	„T", O.k.* (bez nedostatkov) ?
1. Novovzniknuté známky infekcie?	Áno/Nie		
2. Úraz, pád?	Áno/Nie		
3. Zmena v liečbe, nové farmaká?	Áno/Nie		
4. Diabetik?	Áno/Nie		
a) Posúdená glykémia - kedy?	Áno/Nie		
5. Nové symptómy chorobného stavu?	Áno/Nie		
6. Zmena psychiky, orientácie?	Áno/Nie		
7. Adekvátny príjem tekutín?	Áno/Nie		
8. Bezchybná dokumentácia starostlivosti za posl. 24 hodín?	Áno/Nie		
9. Správne intervencie sestry?	Áno/Nie		
10. Zmena vo vyprázdňovaní?	Áno/Nie		
11. Zmena vo vitálnych funkciách?	Áno/Nie		
12. Zdravotný stav konzultovaný s lekárom – záznam o.k.?	Áno/Nie		
13. Telefonická konzultácia so psychiatrom (redukcia sedatív)?	Áno/Nie		
14. Rany čisdne alebo adekvátne ošetrované bez príznakov zápalu?	Áno/Nie		

2015	1/15	2/15	3/15	4/15	5/15	6/15	7/15	8'15	9/15	10/15	11/15	12/15	∑
ZSS SD	7	3	8	4	5	3	1	5	2	4	2	0	44
OC Lipová	5	7	7	8	0	2	1	1	3	1	1	0	36
													80

2016	1/16	2/16	3/16	4/16	5/16	6/16	7/16	8/16	9/16	10'16	11/16	12/16	∑
ZSS SD	1	2	2	4	4	1	2	2	3	3	4	3	31
OC Lipová	2	0	0	0	1	1	1	0	0	0	1	5	11
													42

	2015	2016	∑
ZSS SD	44	31	75
OC Lipová	36	11	47
∑	80	42	122



Processing results

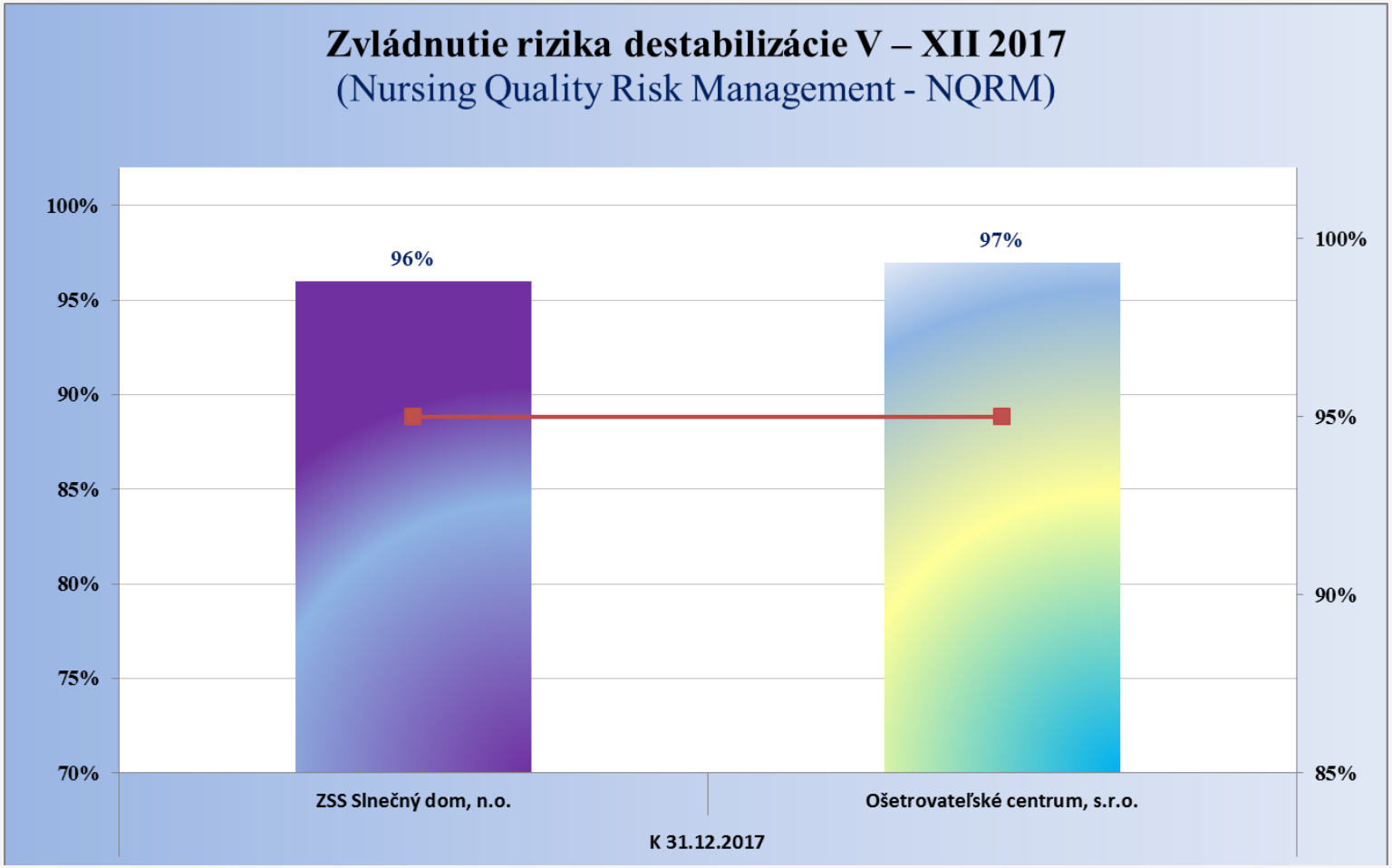
ZSS Slnečný dom , n.o. , Humenné

Summary history of client overview based on risk assessment

Comprehensive evaluation NQRM - F,H,L rating (Nursing quality risk management)

Summary history - year 2017	May	June	July	August	September	October	November	December
Total number of clients	71							
Number of clients with very high risk of destabilization	45							
% of clients with very high risk of destabilization from total number	63%							
Number of clients with high risk of destabilization	12							
% of clients with high risk of destabilization out of total	17%							
M - NQRM - Number of clients with fatal destabilisation (FD)	0							
M - NQRM 3 - % of clients klientov with FD out of total	0%							
Objective fatal destabilization / **M - NQRM 2 - % clients with** FD from number of clients with high and very high risk of destabilization	0%							
M - NQRM 1 - % clients with FD from number of clients with very high risk of destabilization	0%							
H - NQRM - Total number of hospitalized days	9							
H - NQRM 2 - % hospitalized clients out of total	0,4%							
H - NQRM 1 - % hospitalized clients from number of all clients with high and very high risk of destabilization	0,5%							
L - NQRM Number of clients with Lazar syndrome	11							
L - NQRM 1- % clients with LS from total number of clients with very high risk of destabilization	24%							
L - NQRM 2 - % clients with LS from total number of clients with high and very high risk of destabilization	19%							

Target quality criteria



Stop destabilizacion of fragile senior !

MR 05 **METODIKA k rizikám**	**ALL RISK METHODICS** Ošetrovateľské centrum, s.r.o., Lipová 32, Humenné Ošetrovateľské centrum, Lipová 32, Humenné ZSS Slnečný dom, n.o., Starinská 6189/164, Humenné	 

Názov (Name): Destabilization of health condition

Vydanie : 5	**Vydal: štatutári**	**Účinnosť od: 15.09.2016**	**Číslo výtlačku:**	**1**	**Reg. znak a lehota uloženia: L.6**

Possibilities of successful risk management

- search for **indicators of destabilization** in the period **before client admisson/income**,
- Supervision before admission/income due **requiring of stabilization indicators** (blood tests),
- **admission of experienced nurses** at workplace,
- **the commitment of a nurse manager to each income**,
- **client income oriented to identification of typical risks** and plan of right intervention,
- **Reassessing the accuracy of nursing interventions** before deterioration,
- **the continuing development of learning-based approaches from retrocpective assessmentes of destabilization,**
- **motivational linking** of nurses and doctors **to results**.....

Reward for good results

- **facility LTC uses ŠDTP to effectively manage the risk of destabilization Zariadenie LTC**

  or

- realise the **risk evaluation /assesment of destabilization** for every client.
- evaluates fatal destabilization and hospitalization days.
- **achieves excellent results** (the criterion is defined) in proportion to **the number of clients at high risk of destabilization versus hospitalization and the number of fatal destabilization.**

Early management of after care

Infirm patient at risk in hospital with need for aftercare

Already in the hospital, there will be a process to assess the need for service + its selection and booking in cooperation with the family

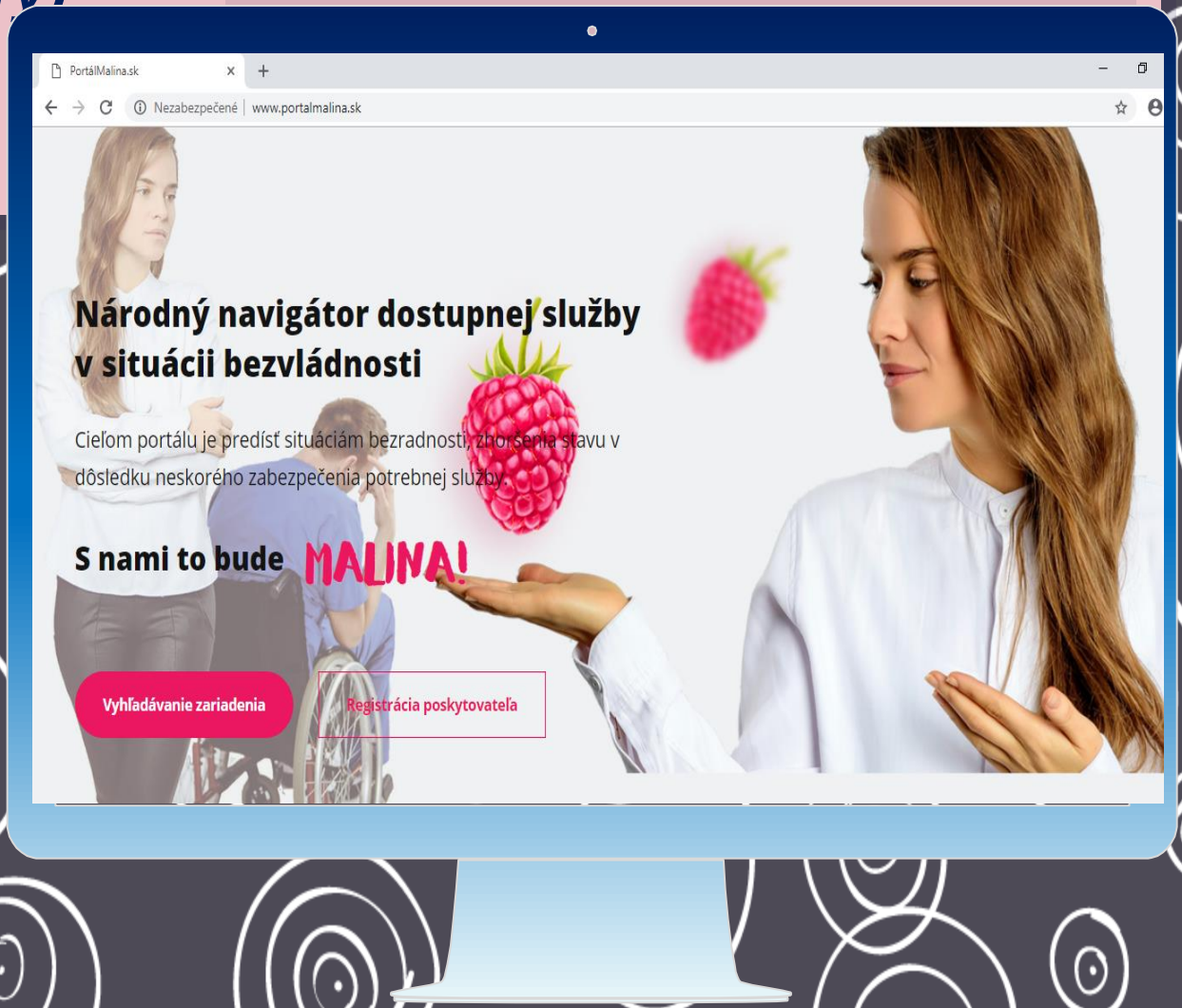
The patient is based on evaluation dismissed to place, which is ready to provide comprehensive health management

Legislative responsibility for timely procuring of aftercare ☞

☞ Defining and implementing a standard for comprehensive after-care management for employees of the dismissing workplace (Active Assistance to family members) ☞

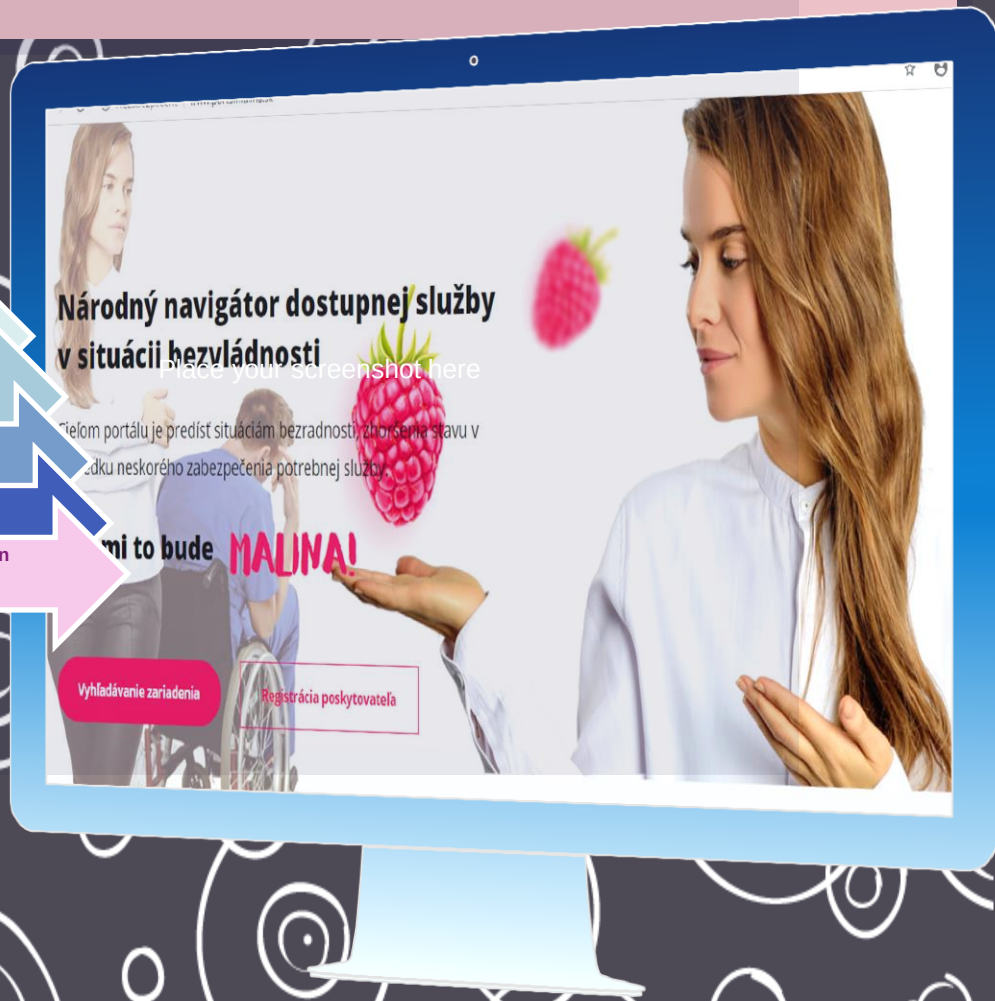
☞ completion of national effective digitization for assessment of appropriate service indication and free capacity search using the Malina national portal

Portal Malina is comming!!!
(Portal Raspberry)



Benefits of the Malina portal for service providers

- Presenting your services and elements of excellence to potential clients
- Offer of free places
- An overview of the newly accepted clients registered through the portal
- Reservation system
- Improvement possibillity based on customer reviews

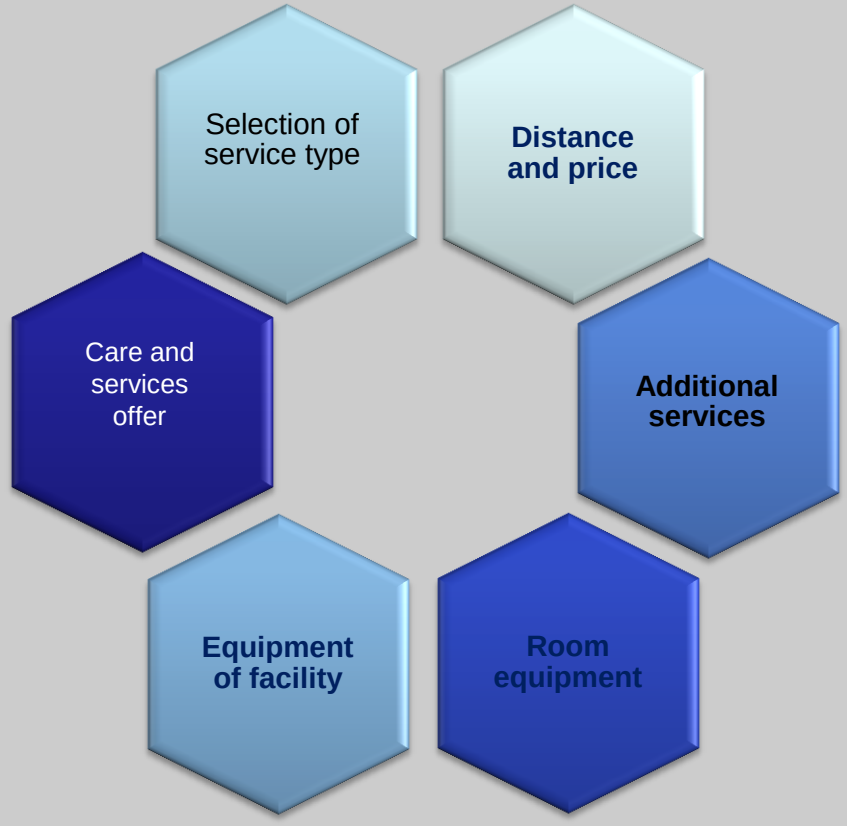


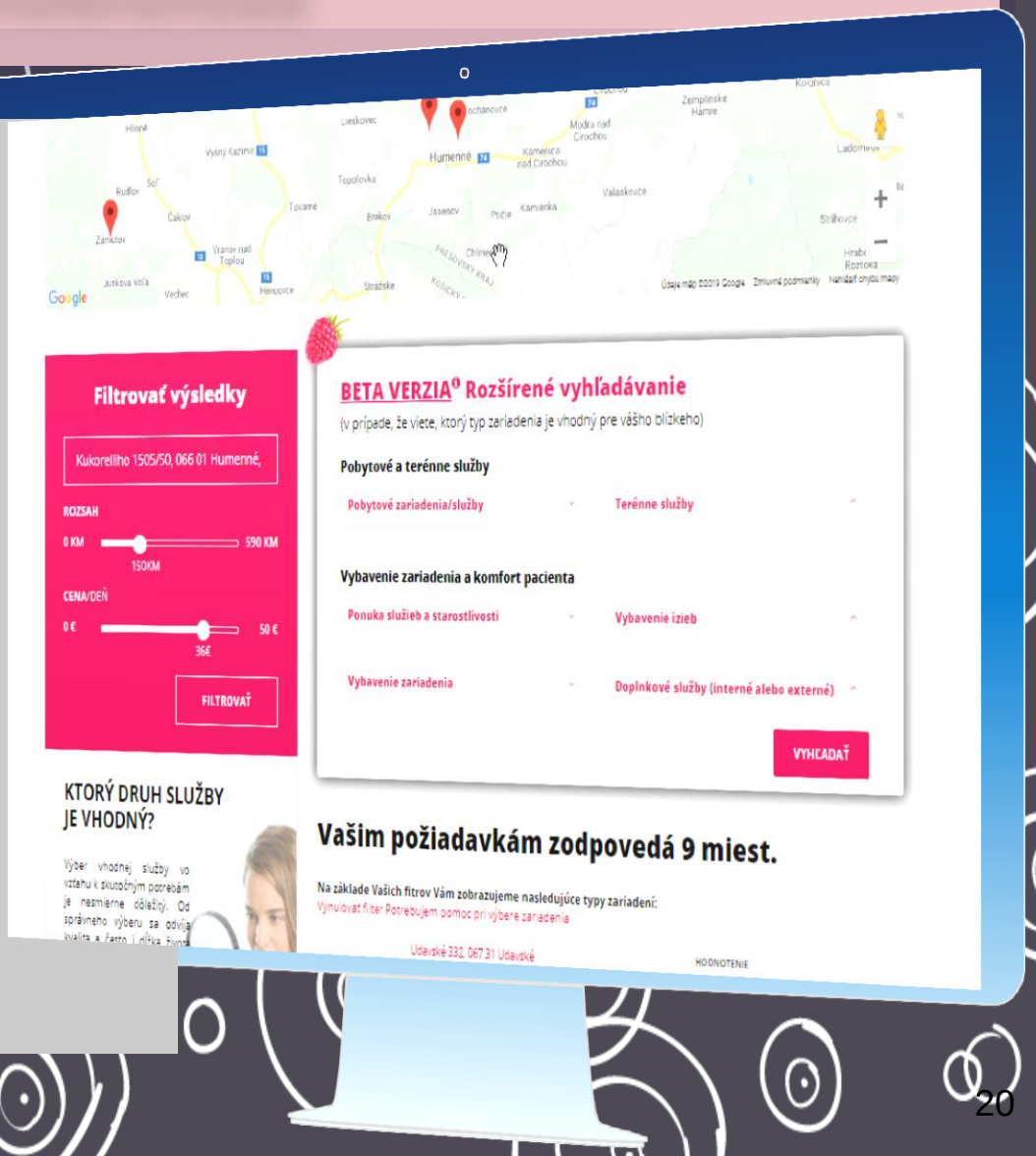
Time of leaving the hospital
to home enviroment

When it comes to health, weeks cannot be counted,
these are days and hours ....

What next ???

Assistance in selecting social/nursing facility based on preferences





Which kind of service is appropriate?

VEDOMIE A ORIENTÁCIA

- normálne vedomie
- spavosť alebo zhoršená reakcia na podnety
- normálna orientácia v čase, priestore a osob
- čiastočne orientovaný v čase, priestore a osol
- úplne dezorientovaný v čase/v priestore a os

VYLUČOVANIE

- normálne
- stredná alebo ťažká inkontinencia moču a stolice
- permanentný katéter alebo kolostómia (vývod_hrubého čreva na brušnej stene)

MOBILITA/POHYBLIVOSŤ

- normálna
- čiastočne obmedzená
- imobilita (neschopnosť pohybu, pripútanie vozík/lôžko)

ZMENY NA KOŽI

- bez zmien
- operačná rana
- známky nedokrvenia
- krvácanie alebo riziko krvácania
- gangréna (sneť)
- vred
- malígna rana
- preležanina

VEDOMIE A ORIENTÁCIA

PRÍJEM STRAVY

- samostatne, bez pomoci a výraznejších obmedzení
- s pomocou
- kŕmenie sondou
- ťažkosti s prehĺtaním
- dusenie sa stravou v minulosti

POPIS STAVU

- prevažne na lôžku
- neschopný žiadnej činnosti
- nevyhnutná pomoc pri väčšine úkonov sebaopatery až úplná nesebestačnosť
- príjem stravy žiadny alebo s obmedzením
- vedomie normálne alebo spavosť či zmätenosť

INDIKÁCIA PALIATÍVNEJ STAROSTLIVOSTI

- úplne rozvinutá nevyliečiteľná choroba so zlou prognózou (na základe vyjadrenia ošetrujúceho lekára)

PRIPRAVENOSŤ RODINY POSTARAŤ SA O OSOBU DOMA

- Nie
- Čiastočne, časť týždňa alebo dňa
- Pravdepodobne áno, 24 hodín denne , 7 dní v týždni samostatne alebo s pomocou opatrovateľky
- Určite áno aj v prípade veľkej záťaže , 24 hodín denne , 7 dní v týždni samostatne alebo s pomocou opatrovateľky

PATIENT

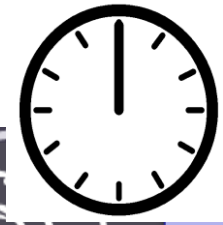
FAMILY

HOSPITAL

SOCIETY/ COUNTRY
- **Expenditure**
- **Citizen**

Service provider (Facility)

NETWORKING PLATFORM



Who will help Portal Malina ?

Effectiveness Functionality Satisfaction

Ambassador of project „Portal Malina“ – film actor Kristína Svarinská

Vyhlásenie sestier k nevyhnutnosti posilnenia participácie sestier pri tvorbe efektívneho a etického riadenia dlhodobej starostlivosti v Slovenskej republike

Dear Prime Minister,

in connection with a series of legislative changes in long-term care, we want to emphasize the key importance of the Slovak Nurses for the successful fulfillment of long-term care goals. Stories, in which the patients are dying because of Lack of Care – Sisters, Hurt Extremely.

We have a series of suggestions that need to be turned into legislation and practice.

With our active participation, the NURSING CARE HOMES and SOCIAL SERVICE DEVICES / Facilities, full of sick and dying people, they will be ready to provide this group of patients with appropriate care, without necessarily transfer to an expensive, socially and spiritually cool hospital.

Just as advanced practice in developed countries, we should just hold a protective hand over thousands of limp. Nurses can take responsibility in their renewed and expanded space for their work for the lives of patients and change their hopeless development.

We declare, that we are prepared to participate in partnership with representatives of medical and non-medical fields, responsibly by top professional guarantee of the management and providing of quality long-term care in the Slovak Republic. *We want to be here for our citizens, our patients, in accordance with the mission of the Nursing Department in long-term care, to protect life and health and to alleviate suffering in accordance with the standard procedures for long-term care, which we have established and supported by the Ministry of Health.* ***It is important, that nurses' representatives - experienced practitioners in the field of long-term care and the nursing expert - are as close as possible to all key decisions regarding long-term care organization in Slovakia.***

We ask with confidence the Prime Minister and Ministers of Health and Labor, Social Affairs and Family to support us, the sisters, in creating long-term care...

In Bratislava, 03.5. 2019

Interess in the sharing of practice (workshop?) How to provide nursing home, nursing care in social care facilities, ŠDTP, help with documentation ...

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Development is not obvious,
we have to fight for it !!!

fabianova@osetrovatelskecentrumhe.sk

Thank you.