Change Impact Statement - Silent Hospital Project

The following document outlines Barwon Health's plan to implement targeted silent alerts at University Hospital Geelong (UHG) as well as outlining the changes that may affect responder teams in various units and departments.

BACKGROUND

Barwon Health (BH) uses a nationally recognised set of codes to prepare, plan, respond and recover from internal and external emergencies, where an emergency has the potential to seriously impact upon the organisation's service delivery, or poses a threat to the safety of patients and/or staff. The BH emergency response procedures have been developed in line with Australian Standards AS3745 and AS4083 (Planning for Emergencies) and the Department of Health and Human Services Fire and Emergency Response Procedures and Training Framework (December 2001).

The overhead public address system (PA) announcements present several issues including:

- Abrupt noise in a public environment
- Patient risk including sleep disturbance and cardiovascular response
- Critical staff unaware of an active code as not all services have access to PA announcements
- Critical staff experiencing pager alert fatigue

Across UHG, patients and staff are experiencing negative outcomes as a consequence of overhead PA announcements. Staff have observed reactions in patients such as sleep disturbance and elevated cardiovascular response. Research shows abrupt sound peaks in ICU wards are the most common reason for arousals caused by noise.

The National Safety & Quality Health Service (NS&QHS) standards, Safe environment for the delivery of care, Section 1.30(b) requires health services to provide access to a calm and quiet environment when it is clinically required.

Benchmarking with Victorian hospitals who have implemented silent, targeted alerts has provided evidence of alerts successfully directed to assigned responders therefore saving time and fostering calmer, more relaxed care surroundings for patients and staff.

RATIONALE / OBJECTIVE

The Silent Hospital initiative will reduce the number of overhead PA code and alert announcements in UHG by 50% without impacting response requirements, in accordance with quality and safety standards.

Alerts & Announcements expected to be removed/reduced:

1. Stroke Activation Alerts, Trauma Alerts (not Trauma Activation) and Community Announcements (Will commence via Pilot program to inform the project of positive and negative implications for assessment)
2. MET calls and Trauma Activation alerts (after assessment of pilot and provided agreement to proceed)

Objective:

- Leverage existing technologies and services within UHG
- Ensure critical staff receive messages through **role-based** paging devices or SMS technology
- Update policy and procedural documentation
- Education materials for hospital staff impacted by change
- Develop escalation process to mitigate network outage or no response to alert
- Align with National Safety & Quality Health Service standards

Current structure

- *444 code alert activated either by nurse call button (Rauland platform) or emergency phone call
- BH Switchboard follow emergency response procedures appropriate to the type of code or alert activated
- Responders receive alert via pager or phone advising of alert type and location and activate response

  Note: The current emergency response procedures require primary responders to carry assigned pager or mobile phone devices at all times while on shift
- BH Switchboard activates a loud overhead broadcasted announcement
- In the event there has been a delayed or response of an emergency code/alert being activated, or in the event there is multiple activation of the same alert, an overhead announcement will be activated by BH Switchboard.

  Note:

  - PA announcements are not able to be directed to specific areas or wards
  - PA announcements do not reach all of the UHG buildings creating a risk that primary responders may not be aware an announcement has been called if they are not carrying a mobile device

- The group paging system, in addition to primary responders, sends an alert to staff who are not required to respond, creating excessive pager noise and alert fatigue

  It is known alert fatigue has prompted many primary responders, who are on multiple group paging lists, to abandon requirement of carrying paging devices. This creates a risk to patient care.

Ensuring Pager Devices are Operational

It is the responsibility of the responder staff member to ensure the pager devices are operational and ready for use as per current procedure:

- Replacement batteries must be held in stock by responder team units and easily accessible to staff to ensure pager devices are kept charged and functional;
- Pager devices are serviced and maintained as recommended by the Clinical Engineering Department;
- Pager devices are not removed from the UHG site and, when required, reallocated to nominated staff at next handover;
- Lost pager devices are replaced at the cost of responder team units;
- Pager education is provided by responder team units when orientating new staff.

Proposed structure

- *444 code alert activated either by nurse call button (Rauland platform) or emergency phone call
- BH Switchboard follow emergency response procedures appropriate to the type of code or alert activated
- Responders receive targeted alert via pager or phone advising of alert type and location
- Note: MET call alerts once activated will display on Rauland monitors throughout wards and Barwon Medical Imaging (BMI)
- Stand Down - BH Switchboard, when advised by leader of stroke response team, will activate a stand down stroke activation alert
- In the event there has been a delayed response of an emergency code/alert being activated, or in the event there is multiple activation of the same alert, an overhead announcement will be activated by BH Switchboard.

  Note:

  - The paging system is currently the most reliable alert notification system at UHG. It does not rely on Wi-Fi or telecommunication networks. The only known areas pager signal may drop out is the Andrew Love Centre bunkers and the Cath Lab.

- The pagers will sound an emergency alarm (differing from regular incoming page alert) displaying code alert and location.

PROPROSED CHANGES

Impact of change

- Overhead broadcasted announcements for code/alerts mentioned will cease. An exception will be made when there is a requirement to escalate the alert e.g. delayed response or multiple activation of the same code/alert
- Reduced noise fatigue creating a calmer, more relaxed environment for patients, staff, visitors and volunteers
- Enhanced and safer healing environment for patients
- Targeted code/alerts. Staff will not receive unnecessary alerts on personal pagers
- Streamlined processes for BH Switchboard and response teams

Response Teams

BH Switchboard – reduced requirement for broadcasted announcements

Trauma Response Team – education and role-based pagers supplied see Appendix 1

Stroke Response Team – pager education and role-based pagers supplied see Appendix 2

Impacts to Radiology:

The code/alerts will be notified by way of the paging system using current workflows. As per the current process the Radiographer-on-call will continue to receive alerts on pager #469. Two (2) additional pager devices have been assigned to this pager number.

In addition:

- Three (3) pagers will be utilised across CT (x1 in each scan room and 1 x portable) linked to pager #642 to replace the overhead broadcasted announcement.
- BMI transport nurse will be issued a pager (#1139) for awareness an alert has been activated. It is essential this pager is reallocated at each handover.
- BMI PSA room will be provided with a pager to be situated at the main scheduling computer.
- Pager education for BMI staff prior to Silent Hospital implementation, will be allocated upon request

MET Call

Currently MET Call teams are grouped together on the one pager distribution list. It is proposed to create a group paging/sms notification list for each medical home team to be activated from the Rauland Dashboard by BH Switchboard. Attached to each home group team distribution list will be the core MET call response team.

This change will reduce a significant amount of unnecessary calls to registrars and other staff who are currently grouped together on the one MET call pager group.

Active MET calls will be sounded and displayed on the Patient Journey Board screens currently installed in each ward including BMI.

The project will ensure the core MET call team and each medical home responder team have adequate role-based and back up pagers. New pagers will be supplied where necessary.

The MET Call Committee representative has advised the project coordinator an overhead announcement will not be required if two MET calls are activated concurrently. The MET call core team have a process in place for such an occurrence not requiring an overhead announcement.

Strategies to minimise impact of change

A preliminary engagement and communication process has been occurring throughout the project with code/alert owners, managers of impacted teams end users and interested union officials. This is a staged process to ensure impacted employees are given the opportunity to contribute and understand what changes, if any, there are to their current workflows.

Training has been and will continue to be provided to employees who require pager education. The project will support managers of impacted areas with communications to staff and attending staff meetings to answer questions or concerns.

Nominated employees from each impacted area have attended working groups to discuss impact of change and requirements for their individual areas. The project will continue to support these consultations until business as usual.

Communications have been disseminated throughout the organisation via media and information emails to departments directly impacted. The communications are in-line with the Silent Hospital Steering Committee approved Communications Plan and will continue to be enacted throughout the change period, this includes a Silent Hospital news site which has been created on the BH intranet OnePoint. This site will be maintained with project updates, links to help guides and feedback forms.

COMMUNICATION/CONSULTATION PROCESS

Barwon Health will be available to meet with the employees affected by this organisational change, their chosen representatives and the identified union(s) during the consultation period to discuss the organisational change and any alternative written proposals that they might want to put forward.

Barwon Health will respond in writing to any alternative written proposal submitted by the parties during the consultation period, within the required timeframe.

Barwon Health is committed to ensuring effective two-way communication is maintained at all times during the change process. Therefore various modes of communication will be adopted by Barwon Health to communicate the change process. The process has commenced and will continue following the timeline below:

Timeline

Step	Date	Action
1	Date CIS released to staff	Communicate to all affected employees and issuing of Change Impact Statement.
2	14 days after step 1	Written response from Employees and/or Union.
3	7-14 days after step 2	Consultation Meeting/s convened
4	After conclusion of step 3	Further Employer response (where relevant)
5	14 days after step 4	Alternative proposal from Employees or union
6	14 days after step 5	Employer to consider alternative proposal/s consistent with the obligation to consult and, if applicable, to arrange further meetings with Employees or Union prior to advising outcome of consultation
	Implementation date	Implementation of change

Key Contacts

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Appendix 1

Barwon Health

Silent Hospital – Phase 1

Revised Code/Alert Process

Document Purpose	This Revised Code/Alert Process endorsement addresses confirmation of acceptance by Code/Alert Owners in order to verify revised emergency code/alert procedures are in place for entry into implementation phase.
Project Title & Description	Silent Hospital – Phase 1 – Reduction of overhead public address (PA) system announcements of codes and alerts.
Project Sponsor	CNMO
Project Manager	Karen Hollins
Code/Alert	**Trauma Alert (Trauma Call)**

Document Sign-Off

Name (Role)	Signature	Date
Michael Sheridan (Emergency Department Director)		7/8/2019
Elizabeth Ocasic (Acting Switchboard Manager)		7/8/19
Kate Gillan (Executive Sponsor)		9/8/19

Description of Change - **Trauma Team Alert Procedure**

Current State
Switchboard Procedure (08:00 – 23:59) Call for Trauma Team Alert received on Emergency ***444** telephone. • Answer *'***444** Emergency'* • Record time of call and caller telephone number • Collect location and relevant information • GONG => Announce *'Trauma Team to ED'* • Page Group 236: Message *'Trauma Team Alert to ED'* • Call on-call Surgical Registrar on ext 51829 **After Hours (24:00 – 07:59)** Call for Trauma Team Alert received on Emergency ***444** telephone. • Answer *'***444** Emergency'* • Record time of call and caller telephone number • Collect location and relevant information • GONG => Announce *'Trauma Team to ED'* • Page Group 236: Message *'Trauma Team Alert to ED'* • Call on-call Surgical Registrar on ext 51829 • Call on-call ED registrar on mobile phone (check roster)

Future State
Switchboard Procedure (08:00 – 23:59) Call for Trauma Team Alert received on Emergency ***444** telephone. • Answer *'**444** Emergency'* • Record time of call and caller telephone number • Collect location and relevant information • Page Group 236: Message *'Trauma Team Alert to ED'* • Call on-call Surgical Registrar on ext 51829 **After Hours (24:00 – 07:59)** Call for Trauma Team Alert received on Emergency ***444** telephone. • Answer *'**444** Emergency'* • Record time of call and caller telephone number • Collect location and relevant information • Page Group 236: Message *'Trauma Team Alert to ED'* • Call on-call Surgical Registrar on ext 51829 Group Page List (Future State) – Appendix 1 Current and future state process maps – Appendix 2

Change Impact Statement

The Future State process removes the step GONG => Announce *'Trauma Team to ED'.*

Escalation process – refer to Trauma Team Activation procedure on PROMPT.

Evaluation – The Switchboard staff will record data for Trauma Calls one week prior to implementation and 1 week following implementation. Appendix 3 Switchboard Running Sheet.

Ongoing monitoring and consultation with the Code/Alert owner to assess satisfactory and timely response to the Stroke Activation Alert, will continue for 1 month post implementation.

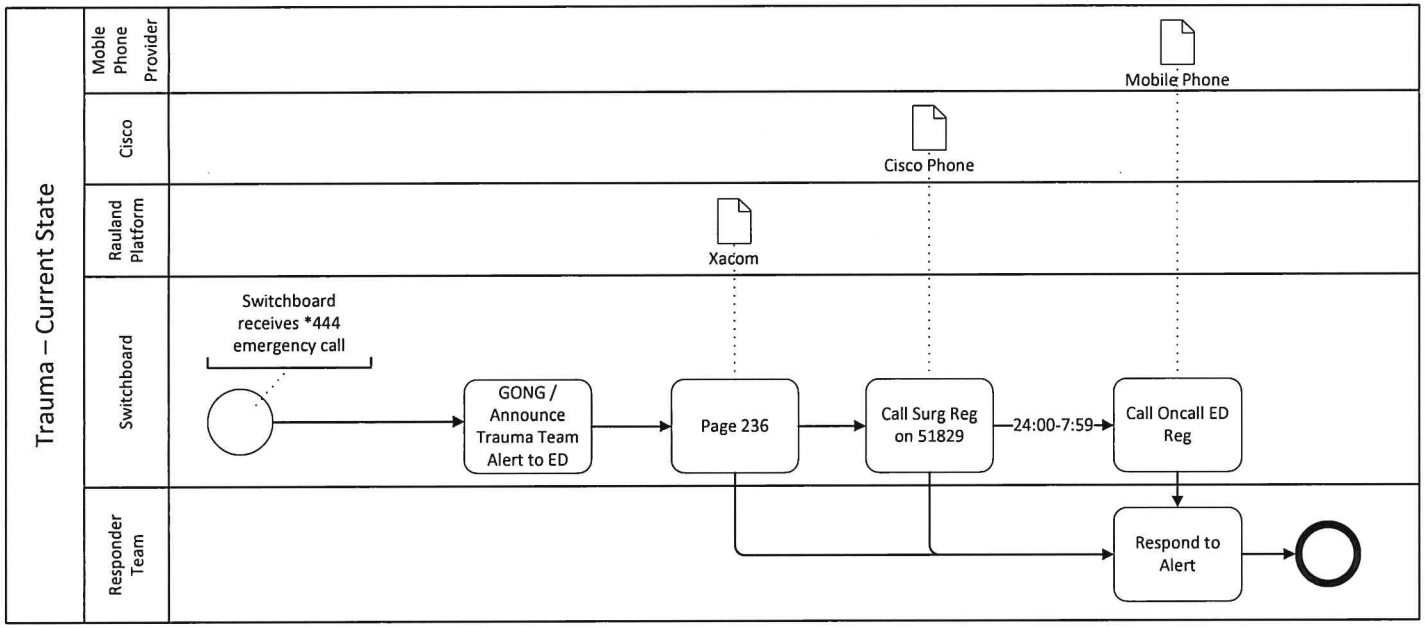
NB: There is no current or future state 'Stand Down' procedure for Trauma Alert.

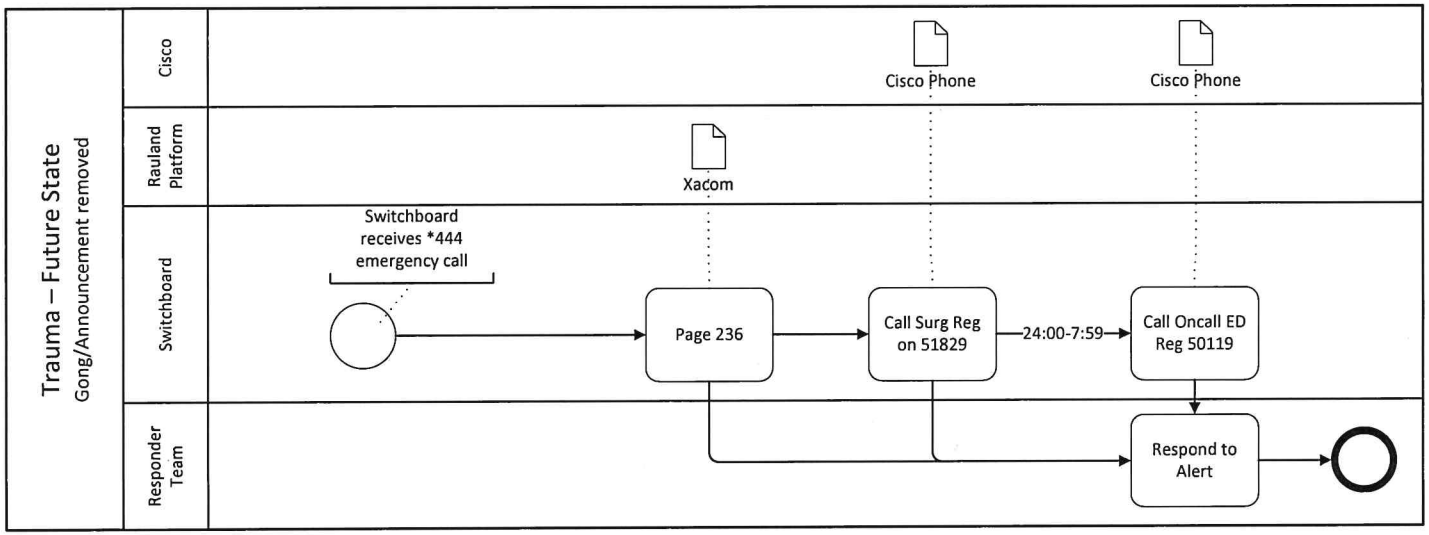
Appendix 1

Group Page List (Future State)

ED Red team
Surgical Registrar
Radiographer
CT Radiographer
ED ANUM
ED Resus
BMI Transport Nurse
Bed Manager

Appendix 2


Trauma – Current State
Moble Phone Provider
Cisco
Rauland Platform
Switchboard
Responder Team
Mobile Phone
Cisco Phone
Xacom
Switchboard receives *444 emergency call
GONG / Announce Trauma Team Alert to ED
Page 236
Call Surg Reg on 51829
24:00-7:59
Call Oncall ED Reg
Respond to Alert


Trauma – Future State
Gong/Announcement removed
Cisco
Rauland Platform
Switchboard
Responder Team
Cisco Phone
Cisco Phone
Xacom
Switchboard receives *444 emergency call
Page 236
Call Surg Reg on 51829
24:00-7:59
Call Oncall ED Reg 50119
Respond to Alert

Appendix 3

Pre implementation

Switchboard - Trauma Alert / Stroke Activation Alert Running Sheet - PA Announcement							
Date	Time (24 hour)	Call Type	Location	Room/ Cubicle	Escalation (Tick)	Stand Down (Tick)	Trauma Call - Did Surg Reg receive verbal message? (Y/N)
6/08/2019	*11.30*	*Stroke*	*ED - Resus*	*3*		✓	*Y*

Post implementation

Switchboard - Trauma Alert / Stroke Activation Alert Running Sheet - Silent							
Date	Time (24 hour)	Call Type	Location	Room/ Cubicle	Escalation (Tick)	Stand Down (Tick)	Trauma Call - Did Surg Reg receive verbal message? (Y/N)
6/08/2019	*11.30*	*Stroke*	*ED - Resus*	*3*		✓	*Y*

Appendix 2

Barwon Health

Silent Hospital – Phase 1

Revised Code/Alert Process

Document Purpose	This Revised Code/Alert Process endorsement addresses confirmation of acceptance by Code/Alert Owners in order to verify revised emergency code/alert procedures are in place for entry into implementation phase.
Project Title & Description	Silent Hospital – Phase 1 – Reduction of overhead public address (PA) system announcements of codes and alerts.
Project Sponsor	CNMO
Project Manager	Karen Hollins
Code/Alert	**Stroke Activation Alert**

Document Sign-Off

Name (Role)	Signature	Date
Ben Clissold (Neuroscience)		7/8/19
Elizabeth Ocasic (Acting Switchboard Manager)		7/8/19
Kate Gillan (Executive Sponsor)		9/8/19

Description of Change

Stroke Team Activation Procedure, Page 5 – Stroke Team Activation Response

Current State

Switchboard Procedure

Calls for Stroke Team Activation received on Emergency ***444** telephone.

- Answer *'***444** Emergency'*
- Record time of call and caller telephone number
- Collect location and room or cubicle number
- GONG => Announce *'Stroke Team to [location], [room or cubicle number]'*
- Page Group 778: Message 'Stroke Team to [room or cubicle] / [location]'
- Call on-call Neurologist on mobile phone (check roster)
- Call on-call IP Neuro Registrar (B/H) on mobile phone (check roster); (A/H) Call on-call Neuro Registrar on on-call mobile phone 0481919620

After Hours:

Call for Stroke Team Activation received on Emergency ***444** telephone.

- Answer *'***444** Emergency'*
- Record time of call and caller telephone number
- Collect location and room or cubicle number
- GONG => Announce *'Stroke Team to [location], [room or cubicle number]'*
- Page Stroke Call Group: Message *'Stroke Team to [room or cubicle] / [location]'*
- Call on-call Neurologist on mobile phone (check roster)
- Call on-call Neuro Registrar on on-call mobile phone 0481 919 620

Future State

Switchboard Procedure

Call for Stroke Team Activation received on Emergency ***444** telephone.

- Answer *'***444** Emergency'*
- Record time of call and caller telephone number
- Collect location and room or cubicle number
- Page Stroke Call Group: Message *'Stroke Team to [room or cubicle] / [location]'*
- Call on-call Neurologist on mobile phone (check roster)
- Call on-call Inpatient Neuro Registrar (B/H) on mobile phone (check roster)

After Hours:

Call for Stroke Team Activation received on Emergency ***444** telephone.

- Answer *'***444** Emergency'*
- Record time of call and caller telephone number
- Collect location and room or cubicle number
- Page Stroke Call Group: Message *'Stroke Team to [room or cubicle] / [location]'*
- Call on-call Neurologist on mobile phone (check roster)
- Call on-call Neuro Registrar on on-call mobile phone 0481 919 620

Stroke Team Activation Stand Down Order:

Call for Stroke Team Activation Stand Down order received on Emergency ***444** telephone.

- Answer *'***444** Emergency'*
- Record time of call and caller telephone number
- Collect location and room or cubicle number
- Page Stroke Call Group: Message *'Stand Down Stroke Team [room or cubicle] / [location]'*
- Call or text on-call Neurologist on mobile phone (check roster)
- Call or text on-call Inpatient Neuro Registrar (B/H) on mobile phone (check roster)

After Hours Stroke Team Activation Stand Down Order:

Call for Stroke Team Activation Stand Down order received on Emergency ***444** telephone.

- Answer *'***444** Emergency'*
- Record time of call and caller telephone number
- Collect location and room or cubicle number
- Page Stroke Call Group: Message *'Stand Down Stroke Team [room or cubicle] / [location]'*
- Call or text on-call Neurologist on mobile phone (check roster)
- Call or text on-call Neuro Registrar on on-call mobile phone 0481 919 620

Group Page List (Future State) – Appendix 1

Current and future state process maps – Appendix 2

Change Impact Statement

The Future State process removes the step GONG => Announce *'Stroke Team to [location], [room or cubicle number]'.* The Stroke Team Activation Stand Down procedure will be operational with the implementation of Silent Hospital – Phase 1.

Escalation process - In the event the Switchboard is advised by the initiator of the call (or delegate) that the response team has not responded, the escalation point will be for Switchboard to call an overhead PA announcement - *'Stroke Team to [location], [room or cubicle number]'.*

Evaluation – The Switchboard staff will record data for Stroke Activation Calls one week prior to implementation and 1 week following implementation. Appendix 3 Switchboard Running Sheet.

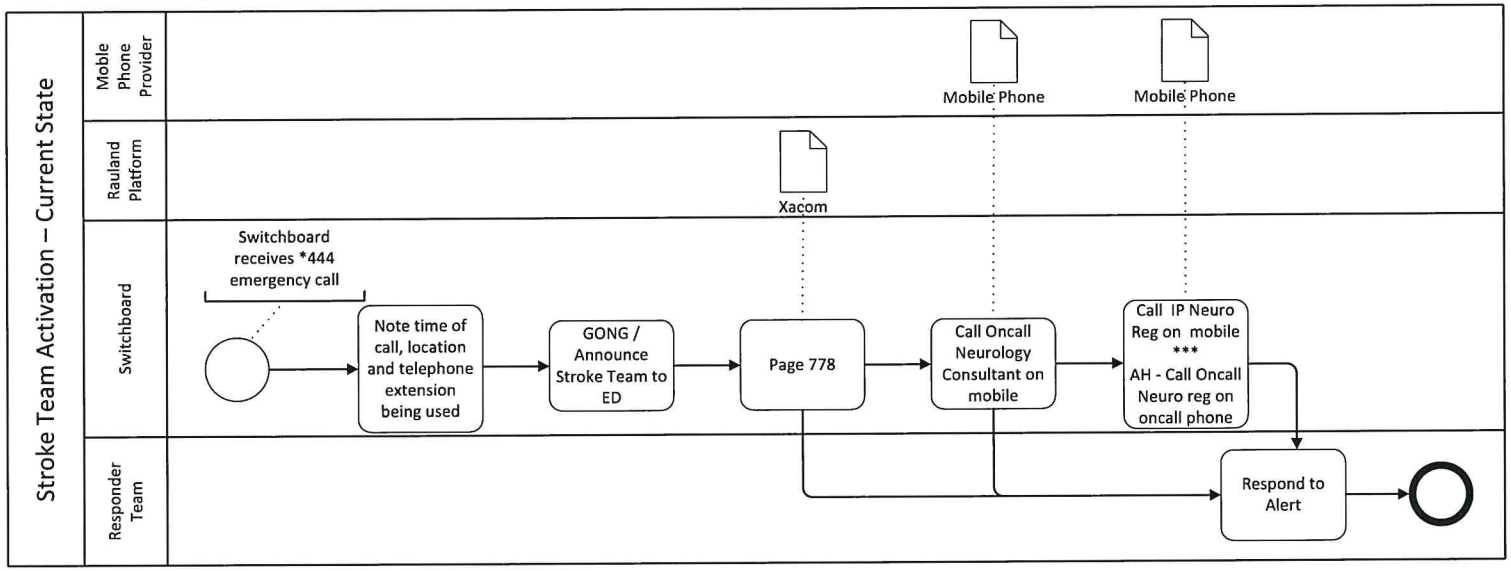
Ongoing monitoring and consultation with the Code/Alert owner to assess satisfactory and timely response to the Stroke Activation Alert, will continue for 1 month post implementation.

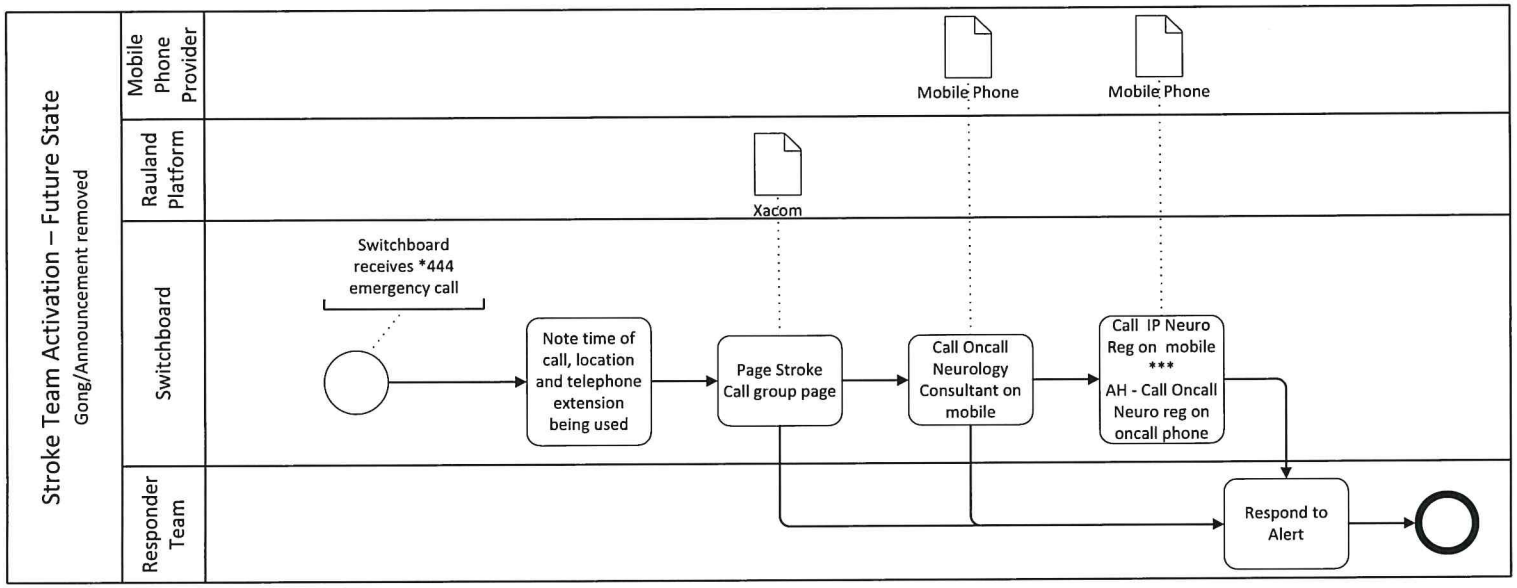
Appendix 1

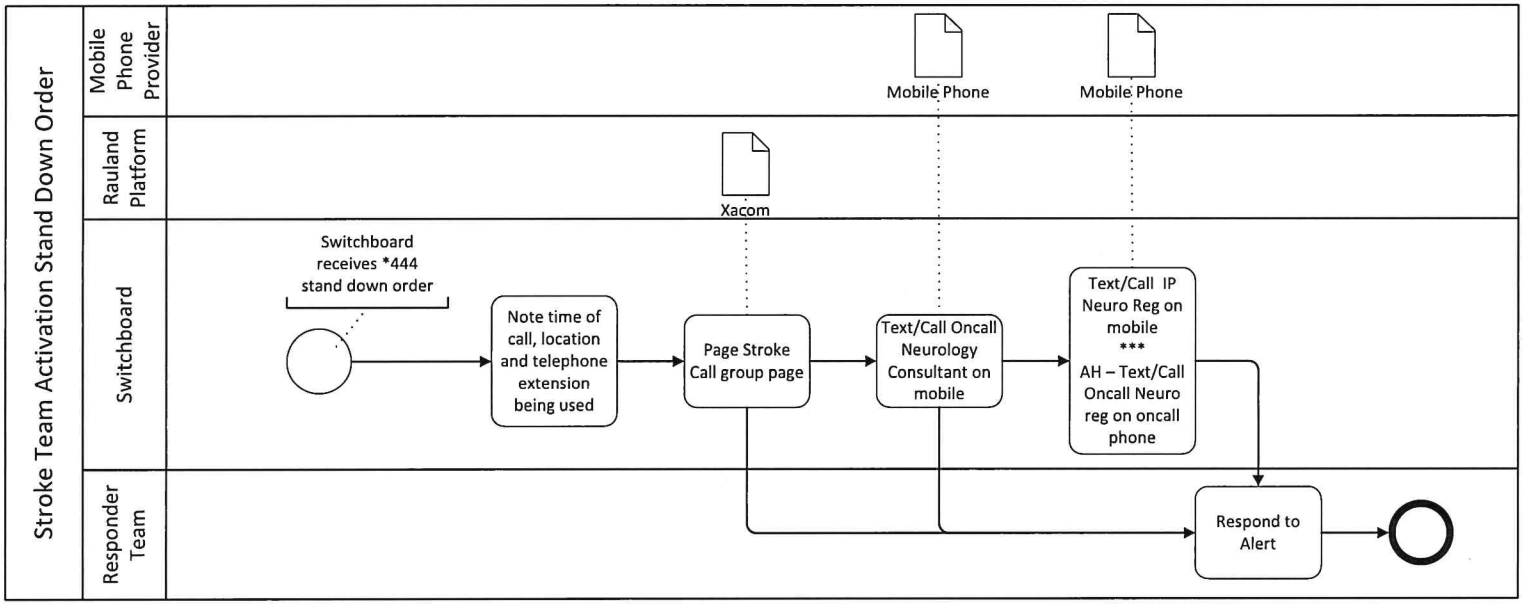
Group Page List (Future State)

Stroke Coordinator/Ward
Stroke Call Medical Team
CT Radiographer
Neuro Pharmacist
ED Red team
ED ANUM
ED Nurse team
ED Resus
BMI Transport Nurse
Bed Manager

Appendix 2


Stroke Team Activation – Current State
Moble Phone Provider
Rauland Platform
Switchboard
Responder Team
Mobile Phone
Mobile Phone
Xacom
Switchboard receives *444 emergency call
Note time of call, location and telephone extension being used
GONG / Announce Stroke Team to ED
Page 778
Call Oncall Neurology Consultant on mobile
Call IP Neuro Reg on mobile ***
AH - Call Oncall Neuro reg on oncall phone
Respond to Alert


Stroke Team Activation – Future State
Gong/Announcement removed
Mobile Phone Provider
Rauland Platform
Switchboard
Responder Team
Mobile Phone
Mobile Phone
Xacom
Switchboard receives *444 emergency call
Note time of call, location and telephone extension being used
Page Stroke Call group page
Call Oncall Neurology Consultant on mobile
Call IP Neuro Reg on mobile ***
AH - Call Oncall Neuro reg on oncall phone
Respond to Alert


Stroke Team Activation Stand Down Order
Mobile Phone Provider
Rauland Platform
Switchboard
Responder Team
Mobile Phone
Mobile Phone
Xacom
Switchboard receives *444 stand down order
Note time of call, location and telephone extension being used
Page Stroke Call group page
Text/Call Oncall Neurology Consultant on mobile
Text/Call IP Neuro Reg on mobile
***
AH – Text/Call Oncall Neuro reg on oncall phone
Respond to Alert

Appendix 3

Pre implementation

Switchboard - Trauma Alert / Stroke Activation Alert Running Sheet - PA Announcement							
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Post implementation

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