Nottingham University Hospitals NHS
NHS Trust

Ward F22

Shared Governance



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REVISED GOWN PROJECT





Brief overview & Project profile:

A patient revised gown prototype was altered/designed and presented to SG leadership meeting forum.

The council took the current patient gown with permission to alter & make a more versatile modern gown that performs better for modern day care & interventions to benefit patients & Nursing staff with the support from facilitators/clinical educators, other NUH councils & NUH leads to pilot & work with stakeholders hopefully to find a suitable manufacturer.

Our Aims & Objectives:

- To increase patient independence

-Decrease time Nursing staff use to assist threading line infusions & intervention attachments

-Save costs & wastage on Current gowns being cut off

-Decrease line incidents & promote infection control

-Promote less staff interruptions on safer medication rounds to assist threading or disconnecting lines

-Decrease line re-sitting effecting IV pumps to alarm

-A gown that's easier to use for patient comfort & satisfaction

-Better Emergency access(cardiac, respiratory, anaphylaxis)

-To make stroke patients more comfortable for personal hygiene

-Encourage easier access for new mothers breast feeding & skin to skin contact in maternity

--To make end of life patients have easier personal hygiene care & more dignified last offices



Research & Evidence & Planning

- SMART TOOL (Specific, Measurable, Achievable, Realistic, Time-bound)
- PDSA TOOL (Plan , Act , Study, Do)
- TRUSTS RISK LEGEND TOOL (Risk, Issues, Project info, Objectives, Scope in/out, Feedback, Data)
- Analysing Data & Evidence to show impact





TRIALS & PILOTING – JAN 2021

1st STAKEHOLDERS:

-CRITCARE/AICU (X20)

-SURGICAL HDU (X20)

-LEVEL 1 PATIENT ACUITY WARDS (X20)

-MATERNITY

-GASTROENTROLOGY/CLINICAL NUTRITION (X10)

-LAUNDRY PRODUCTION SERVICES (LIASON)

-PPI LEAD (LIASON)

-SERVICE IMPROVEMENT (LIASON)

-ALTERING SEAMSTRESS (LIASON)



BARRIERS & PROBLEMS

- Revised gown needed to be trialled through linen service for complete risk assessments– prove the risk of poppers perishing (risk assessment was successful with trial)- HIGH RISK

-Delivery needed to be trialled wards- MEDIUM RISK

-Data calibration (pre & post surveys)- HCA feedback & RN feedback & patient feedback-LOW RISK

-X6 Different surveys the council needed to plan and have ready

- Seamstress/workshop at peak of covid-19 pandemic (infection control)
- -Gown is not available with poppers to buy off the shelf for trust with sleeves
- Patenting/Manufacturers?





PPI feedback Pre- trial gown

"Want to be able to change my gown myself"

"Easier access to wash independently"

"Takes too long to have a gown change"

"I'm comfortable in current gown, what else is there available?"

"I always get cold because my gown sits on the machine until a blue nurse comes"

"I cant fit my cast in the sleeve and my shoulder hurts so I have to leave my arm hanging out"

"I want to dress myself when I have lines connected"

"Bustier woman need more generous sizes"

"Bigger sizes"

" Everything, body parts covered properly, easier to change when I have lines"

"It hurts when staff changes me with a fractured collar bone, I have to move my poorly arm, hospital needs friendlier sleeves."

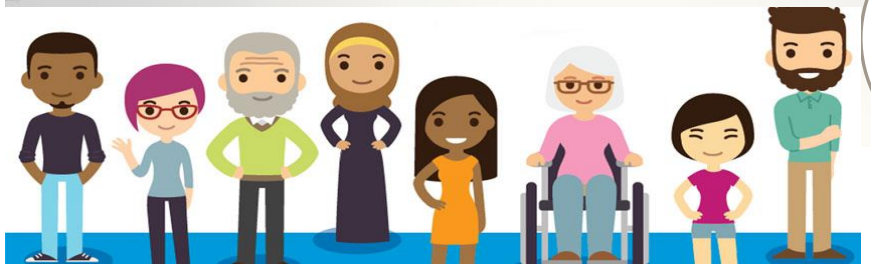
"Hospitals need a different style; I feel trapped when I want a shower"

PPI – POST GOWN TRIAL (Patient & Public Involvement)

"I feel cleaner as a patient being able to change my gown"



"I can dress & wash myself without asking for help with line care"



Breast feeding would be made so much easier after surgery

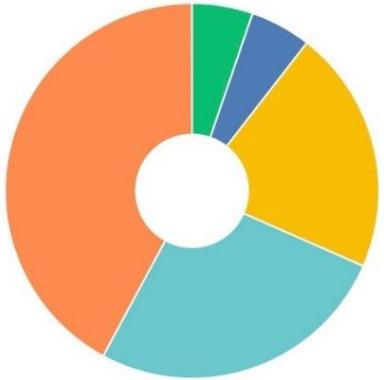
Patient feedback after revised gown trial was 100% satisfied with no negative feedback!

"I feel more independent"



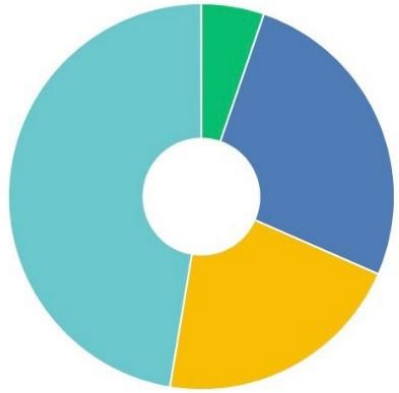
HCA PRE PILOTING SURVEY EVALUATION & CONCLUSIONS:

1. When assisting with a wash, how satisfied are you when dealing with patient gowns?



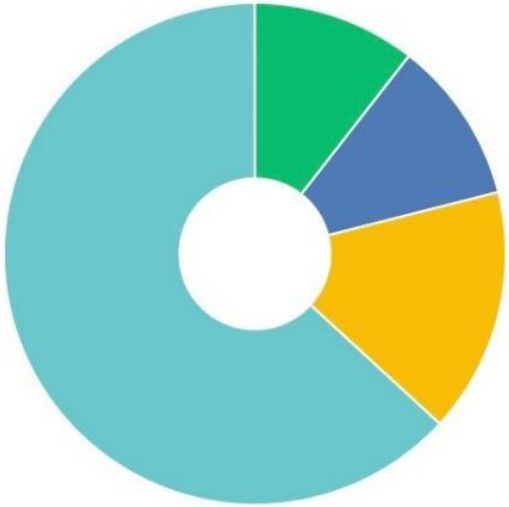
Very satisfied	5.26%
Satisfied	5.26%
Neither satisfied nor dissatisfied	21.05%
Dissatisfied	26.32%
Very dissatisfied	42.11%

2. How often during a shift do you have to ask a RN to assist with gown changes when patients have IV infusion?



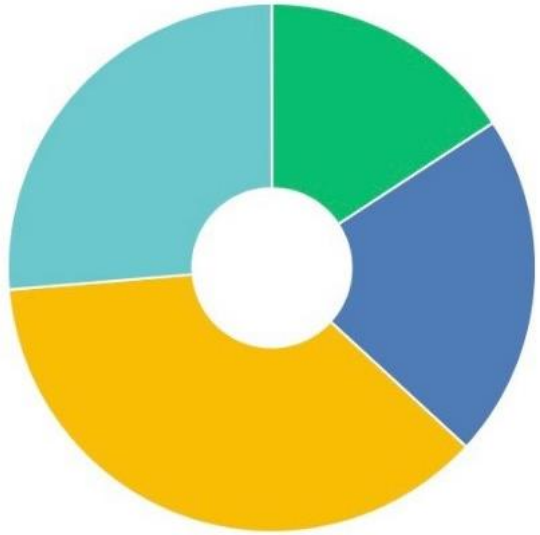
Never	5.26%
1-3 times	26.32%
3-5 times	21.05%
Quite often	47.37%

3. How long do you have to wait for a nurse to come and assist with threading the IV infusions through to the new gown?



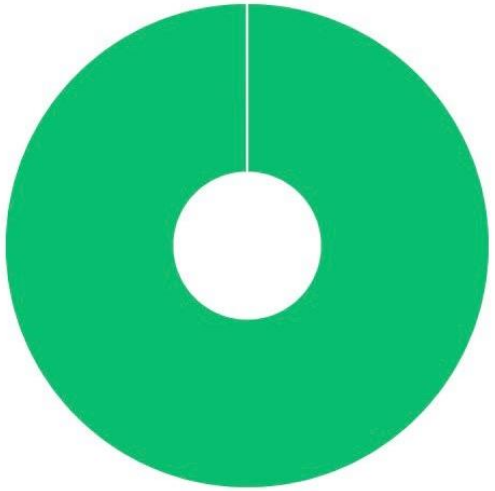
Not applicable to me	10.53%
1-3 minutes	10.53%
3-5 minutes	15.79%
More than 5 minutes	63.16%

4. What would you do if the nurse isn't available to help ?

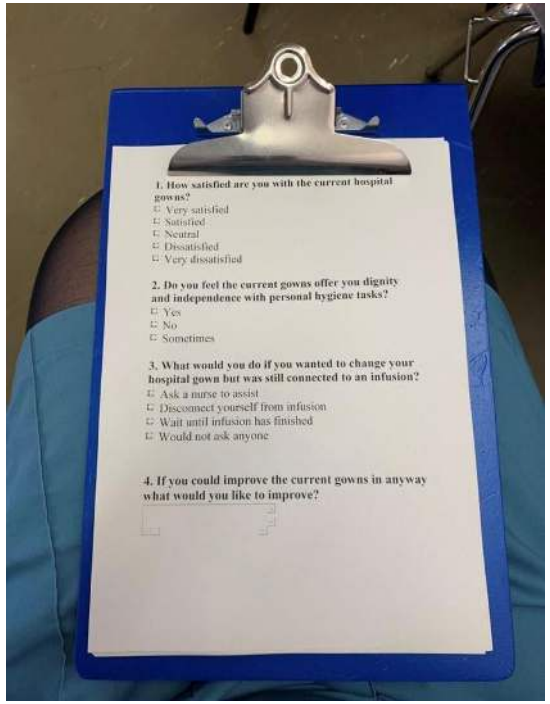


Ask another RN	15.79%
Cut the gown off	21.05%
Leave used gown on patient until RN is available	36.84%
Leave the used gown hung up on the pump	26.32%

5. If available, would you like the training to be able to thread IV infusions through without the assistance from a RN?



Yes	100%
No	0%

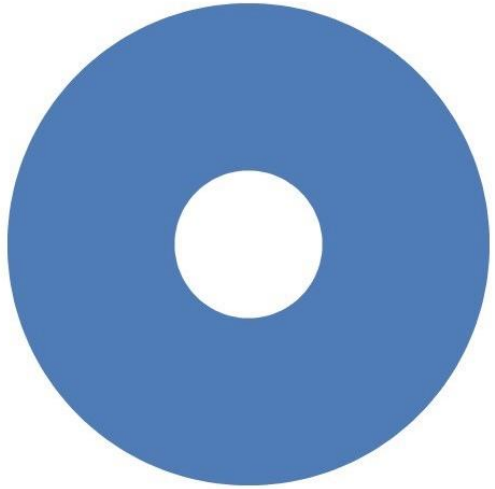




PLEASE NOTE THIS IS NOT NUH TRUST POLICY FOR UNREGISTERED NURSES- ITS IS FOR SURVEY FEEDBACK/RESEARCH

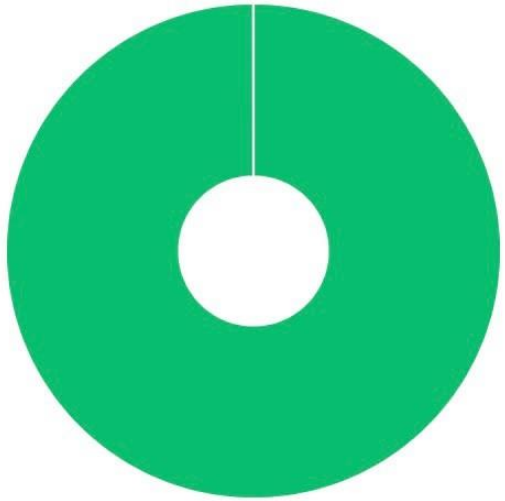
HCA POST TRIAL GOWN SURVEY:

1. Have you asked an RN for assistance if threading lines while giving personal hygiene to a patient with trial gown ?



Yes	0%
No	100%

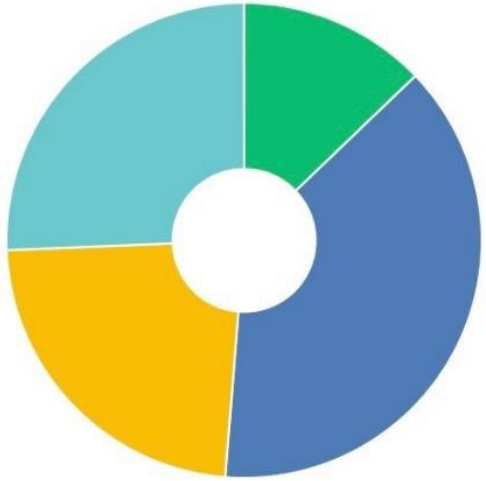
2. Do you feel your patient has been nursed quicker regarding a gown change?



Yes	100%
No	0%

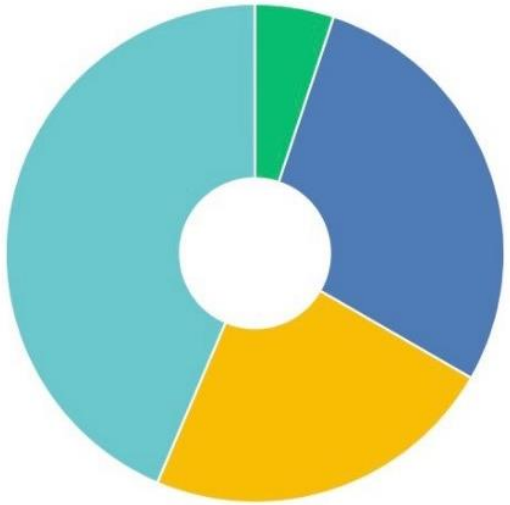
RN-PRE Piloting survey:

1. How many times, on average, are you interrupted during drug rounds to thread infusions through gowns?



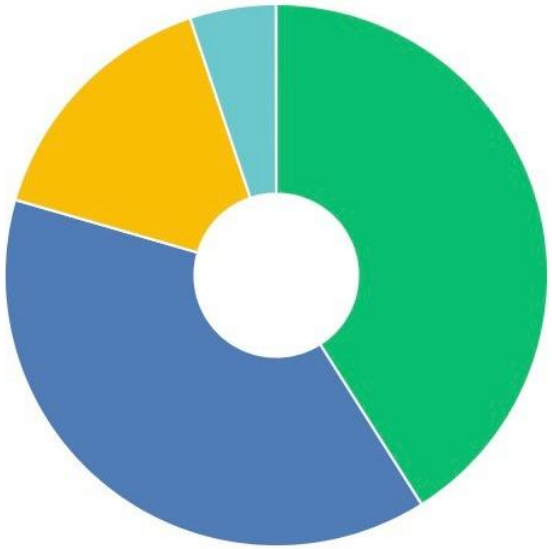
Never	12.82%
1-3 times	38.46%
3-5 times	23.08%
More than 5	25.64%

2. How long does it take to thread infusions through current gowns?



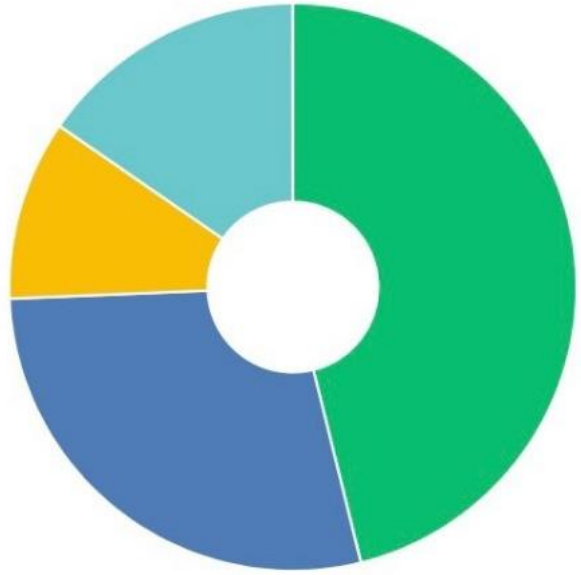
Less than 1 minute	5.13%
1-3 minutes	28.21%
3-5 minutes	23.08%
More than 5 minutes	43.59%

3. Have you had to cut the current gown due to infusions in the past 6 months?



Many times	41.03%
Occasionally	38.46%
Rarely	15.38%
Never	5.13%

5. Do you disconnect infusions to avoid threading them through gowns?

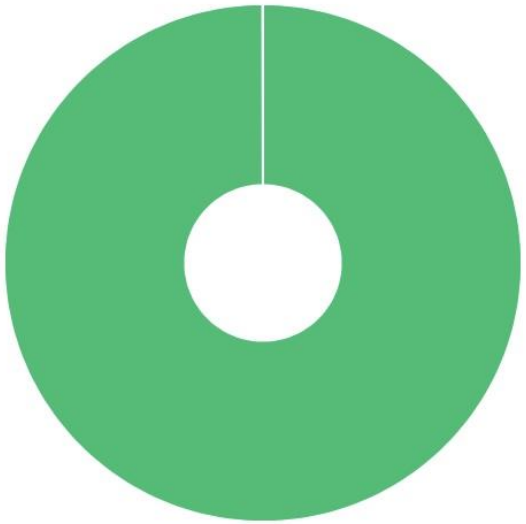


Often	46.15%
Occasionally	28.21%
Rarely	10.26%
Never	15.38%

Post RN piloting:

Nottingham University Hospitals NHS
NHS Trust

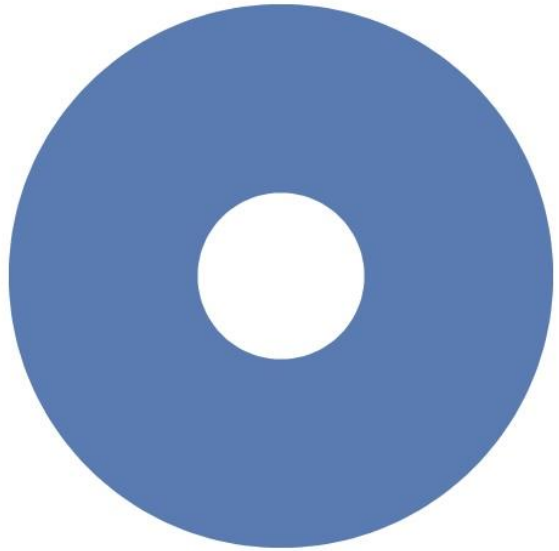
6. Have you been delegated by a HCA to assist with gown threading while using this revised gown?



Answered: 20 Skipped: 0

No	100%	20
Yes	0%	0
On some level	0%	0

7. Have you disconnected less iv lines today regarding avoiding line threading to any patients using the prototype?



Answered: 20 Skipped: 0

Yes-still disconnected	0%	0
No-not disconnecting	100%	20



OBSERVATIONAL RESEARCH FINDINGS:

CARDIAC SIMULATION CENTRE:

Patient Benefits:
-New mothers skin to skin contact & breast feeding access after C-sections.
-Stroke patients having a gown that caters around immobility.
-Orthopaedic patients having a gown to fit around large casts & slings leaving females with no bra exposed, less pain moving fractured arms & collar bones.
-Breast clinic examinations/scan access
-ECG performing access
-Hickman line checks, also trachy care is easier.

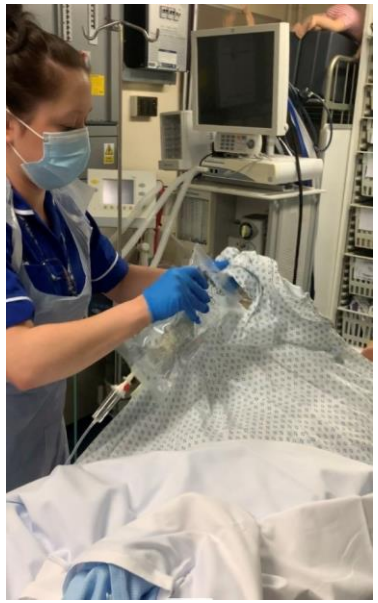
Line care:
-Increase patient independence.
-Decrease line incidents.
-Decrease time safely to assist threading line care.
-Decrease RN interruptions for medication administration.
-Decrease line sitting & pumps alarming.
-Decrease unnecessary line flushes.

Help staff retention & attraction to nursing/trusts.

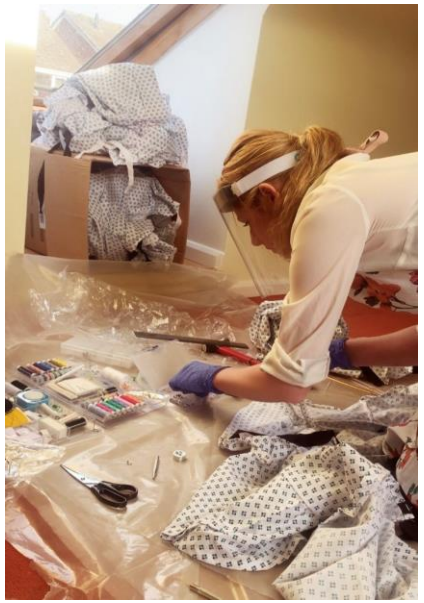
Costs savings:
-Decrease Gown wastages from being cut off (ie) all types of emergencies, soiling, avoiding line threading.

Extra findings:
-End of life patients & Last offices more dignified gown changes.
-More comfortable for 6ft+ men as current standard size gown is tight from findings.
Better emergency access for arrests, anaphylaxis & respiratory.

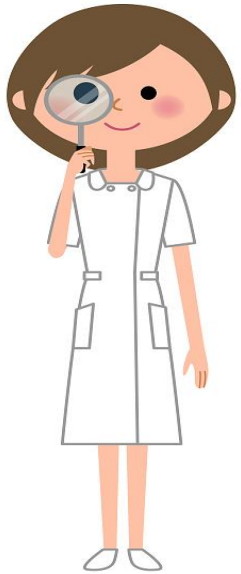


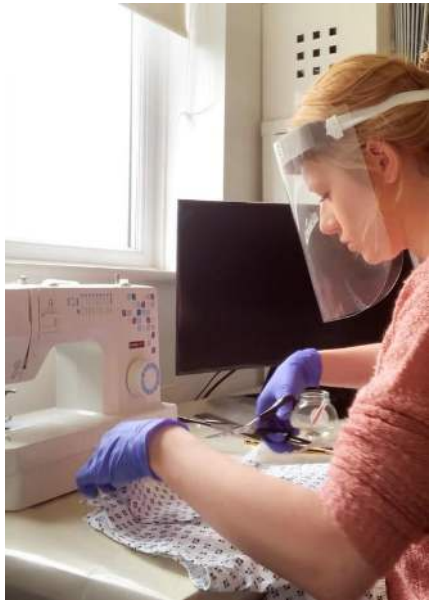






-Benefit of not threading large fluid bags, TPN bags through sleeves as poppers fit nicely around line care.



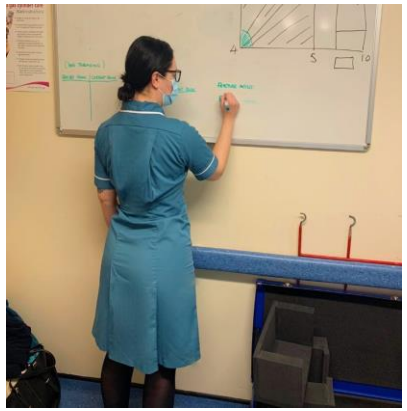




PRACTICAL TIMING OBSERVATIONS IN CLINICAL SETTING:

OBSERVATION:	CURRENT GOWN:	REVISED GOWN:
X1 Iv line infusion thread-	3.06 (NO DIGNITY)	0.19 (DIGNITY)
Breast exam/ECG access-	0.23 (NO DIGNITY)	0.05 (DIGNITY)
Orthopaedic patient-	0.28 (NO DIGNITY)	0.21 (DIGNITY)
Arrest/Emergency-	0.53 (NO DIGNITY)	0.9 (DIGNITY)

AVERAGE TRIAL: LINE TPN/Hickman/multiple IV threading – **11 mins** (high acuity-Surgical/medical wards)







Shared governance model approach initiative

Leadership Meeting for discussion

Made prototype to present to promote & prove purpose



Project plan/PDSA/Smart tool/Trust legend tool/Risk assessments

Liaison with stakeholders, pioneered, networked

Collect pre pilot feedback & data

Pilot prototype/ product

Re-visit PDSA/Risk assessments

Break down barriers

Collect post pilot feedback & data

Risk assessed, evaluated & outcome

Liaison with contract manager looking at manufacturers





Thank you all for listening



listen act improve
Shared Governance