



# An Ideas Forum and an Action Café - staff engagement in a maternity hospital

S Leitao<sup>1</sup>, F Harrington<sup>2</sup>, C Everard<sup>2</sup>, D Burtchaeil<sup>2</sup>, L O' Connor<sup>2</sup> U Cahill<sup>2</sup>, K Bourke<sup>2</sup>, J Guidera<sup>4</sup> N Russell<sup>1,2</sup>

1. National Perinatal Epidemiology Centre (NPEC), UCC 2. Department of Obstetrics and Gynaecology, University College Cork (UCC), 3. Cork University Maternity Hospital (CUMH), 4. HSE National Quality Improvement (QI) Team

## Context / Background

- The 2018 HSE National Staff Survey suggested that staff feel undervalued, stressed and perceived that employers are unconcerned about their wellbeing.
- This initiative took place in a large tertiary level Obstetrics and Gynaecology Hospital with approximately 7500 births and 4600 gynaecological surgeries per annum.
- Frontline staff in this hospital felt disconnected from senior management and commented that there was no mechanism for them to voice their ideas to improve patient care and staff wellbeing.
- This staff engagement initiative invited staff to identify and work on ideas they were passionate about to improve the service for patients and staff. The process was co-designed by two of the co-authors, NR (clinician) and JG (HSE National QI Team).

## Aims and Methods

- Eight interested staff members were invited to participate in "Leadership Skills for Engaging Staff in Quality Improvement" training.
- Through this, team members (facilitators) developed skills to facilitate and co-design the CUMH Ideas Forum, Action Café and Implementation sessions (this included engagement principles and techniques, culture change and Model for Improvement).
- All staff were invited to a three hour "CUMH Ideas Forum" facilitated by the eight project leads in which 60 participants from all disciplines suggested their top improvement ideas in three themed segments (efficiency, clinical care and staff wellbeing). Participants identified the collective top ten ideas.
- The aim of the project was to enable frontline staff present quality improvement ideas, that they wished to work on, to the hospital management.

## Intervention

- "**Top 10**" ideas voted/selected in Ideas forum were **presented to the Senior Management team** ( CUMH Directorate) who agreed to support some and explained why others were not being supported. Those ideas with Directorate support were sent to the "Action Café" to allow staff plan the next steps on the project.
- Some ideas progressed swiftly from the Ideas Forum (e.g. During transfers, ask if women preferred entering the lift backed, to avoid looking at the mirror.).
- Staff newsletter** (Idea 9, Fig.1) was an overwhelming success. It became a vital in the communication process as it provided feedback to staff on the ideas. The selected ideas were circulated to all staff via a staff newsletter, email e-zines and an Ideas Forum specific notice board.
- Staff were then invited to the "**Action Café**" **planning forum**- an event co-designed by two of the co-authors in collaboration with the facilitators.
- At the "Action Café" Planning Forum, staff were invited to develop a plan of action for each idea. Each group outlined what they aimed to accomplish, how they would know change was an improvement and how they would measure the effectiveness of their work.
- Four key ideas that needed work were then prioritised by staff: **1. Redesign birthing suite rooms; 2. Improve patient transfer; 3. Create a gynaecology waiting room; 4. Staff wellbeing.**
- Exactly 10 weeks later, every group presented their detailed plans to the senior management team (CUMH Directorate) for their agreement and support. The Directorate assigned a senior mentor to each team with whom groups would liaise for support or advice to ensure the projects got over the line.



Figure 1: Top ten ideas identified by participants in ideas forum to be implemented

## Changes & Improvements achieved



Figure 2: Birthing suite before and after changes implemented by ideas forum team



Figure 3: Staff break-room before and after changes implemented by ideas forum team

- Birthing suite: rooms were redesigned for a person-centred experience** (relocation of signage /equipment to reduce fear in patients, frosted glass door for increased privacy, nature mural on wall, mood lighting, recliner chair for partner, black-out curtains supporting oxytocin release). Other changes: new birth mat/bean bag for different labour positions, an ergonomic stool for staff and removal of equipment for added space.
- Patient transfer: team described improved communication** (e.g. reduced micro-aggressions and better liaison between clinical areas), designed a **colour code on theatre list** highlighting patients' status on ward and arranged a **check-in system** for the first patient on morning gynaecology list by night staff prior to their end of shift.
- Gynae. Waiting room:** Plans to create this room require major restructuring in the surrounding areas (affecting changes in storage areas, changing rooms, etc). Architectural and Engineering teams have been engaged for this purpose. The Directorate is working, with the staff engagement team to progress changes in this area.
- Staff wellbeing:** To encourage and promote a multidisciplinary break, the break-room was re-designed and refurbished creating a comfortable communal space for all staff. An inauguration event was held with a naming competition for staff to name the room (named "Le Cheile", Irish for together).

## Conclusion

- Facilitator training prior to the event was essential to establish positive momentum.
- Engaging with senior management early and often is key to ensuring they understand, avoid feelings of attrition or threat by the process and provide support to the success of the projects
- A good communications system is important to keep staff informed of the process.
- Non-clinical staff bring highly important insights and it is worthwhile identifying "the unusual suspects"- people who have a lot to contribute but are not usually asked.
- Feedback from staff and patients indicates positive impact of intervention. Measurement of this feedback is vital and this is currently in progress. It would have been ideal to capture this earlier.
- Not all projects progressed – namely induction of labour, pre-operative fasting and the use of the PODS. Work is ongoing in these areas to try to understand why progress was not made.