

## Appendix 1

### Safety Lab

#### Project 1 Unit Observation Guide

##### Overall Tips:

- Consider both the physical and social spaces
  - Interactions between the two are especially important (e.g. hand sanitizer was empty and so they had to call environmental services which altered workflow and took extra time). For physical spaces, can draw diagram in your notes.
- Timestamp notes periodically in order to capture the overall length of time certain tasks are taking
- Focus on what the team both does AND doesn't do, as well as what they do AND don't talk about and why
- During an encounter consider: content, who initiates, environmental context (e.g. face to face versus shouting across the hall), body language, what prompted the encounter, etc.
- Ask questions during observations but write down that the person being observed is talking to you. Can record direct quotes (use quotation marks).
- If someone is using a template to document something, ask for a **BLANK** copy (i.e. no patient data on the template) and ask where they got the template
- Consider writing up a "general overview" at the top where the observer includes any general thoughts or questions about what they are observing.

**BOTTOM LINE:** someone else should be able to read your notes and be able to visualize the scene. Think: who, what, where, when, how.

##### 1. **Is catheter use discussed?**

- Note:
  - Urinary catheter may be referred to as Foley
  - Vascular catheter may be referred to as PICC, double/triple/etc. lumen, CVC (central venous catheter), central line
- What prompts this discussion? For example, by routine, a checklist, when a problem arises?
- Who initiates the conversation and who is the conversation between?
- What is the body language?

##### 2. **Is the catheter need discussed?**

##### 3. **If they think the catheter can come out, what is the alternative?**

- For example, condom catheter or bladder screening?

##### 4. **Are there any discussions about skin issues, pressure ulcers, wound care, special bed, special dressings, or bedsores? What/who brought up these conversations?**

- Is incontinence discussed?

- Who is in charge of incontinence on the unit? (Who gets notified of wet beds?)
5. **Is patient mobility discussed?**
  6. **During the observation period, is there any follow-through on the patient care activities discussed/assigned? (For example, during shift change, does day nurse state he will follow-up with MD and then proceed to do so?)**