STRUCTURE FOR UNIT MANAGEMENT MEETINGS
Towards Improving Quality of Care for Our Patients and Teambuilding for Our Health Workers

Background
As part of becoming a place of excellence for paediatric care, and an important site of learning for nurses and doctors, the Department of Paediatrics is implementing within all its functional units, a Unit Management Process. This forms part the department’s quality assurance programme and aims to improve the quality of care that our paediatric patients receive through the active management of unit resources, systems and performance and improved communication, teamwork and morale amongst all staff members.

The Process
The process involves a 30 – 45 minute meeting in the unit at a fixed time each week.

Day & time: The ideal day is one when most staff are present in the unit/ward.
Venue: In the unit/ward.
Participants: All staff working in the unit/ward – medical, nursing & support staff.
Chairperson: Alternate between the sister and the doctor-in-charge of the unit.
Minutes: Ward clerk or alternative if none is available.
Agenda:
1) Outstanding matters from previous meeting
2) Feedback on allocated tasks
3) Urgent problems
4) Notices
5) Weekly focus activity:
   ⇫ Week 1 - Unit Management
   ⇫ Week 2 – In-service Training
   ⇫ Week 3 - Quality assurance activity
   ⇫ Week 4 - Mortality Audit

1) Unit Management
The purpose of the meeting is to address routine administrative, procedural and policy issues affecting each unit, with a firm focus on planning for effective service provision and problem solving. Standard items for consideration include:
   1) Statistics for the unit for the previous month, PPIP or Child PIP data, one line summaries of each death.
   2) Clinical guidelines and protocols: determine a minimum guideline set for each unit and monitor compliance
   3) Unit management policies, procedures and protocols
   4) Equipment (usage, care and maintenance)
   5) Patient flow within and between units
   6) Patient transport within and between hospitals
   7) Communication within and between units and with medical and nursing management
   8) Programmes (e.g. Immunisation, TB)
   9) Mortality Auditing Planning (selecting cases and who presents)
   10) In-service Training Planning (what topic and who presents)
   11) Utilization & Chart Review Planning (chart selection and who presents)

The meetings should focus on planning & “problem-solving” at unit level, but at times it may be necessary to involve Unit Nursing Service Managers and/or the Head of the Department/Medical Manager of the Hospital.

2) In Service Training
At this meeting the focus is on staff development and topics should be chosen based on the particular service provided by each unit. Topics chosen should be decided on by both nurses and doctors working in the unit. The purpose is to use these topic discussions to manage our patients better and, where necessary, to develop guidelines and protocols.
Journal articles may be reviewed from time to time. The meeting should be open to all unit members.
Responsibility for teaching should be shared by all staff, both medical and nursing.
3) Resource Utilization and Chart Review
The focus of this meeting is on ensuring appropriate cost-effective use of resources and adequate documentation of patient care. This entails two processes which should be done on a weekly basis and consolidated as a monthly report which should be presented to the entire unit/ward staff during this meeting. The ongoing performance of the unit can be illustrated graphically.

The principles and process of a utilization review are outlined in the Utilisation Review document. Use the Neonatal/Paediatric treatment review forms and have one doctor review the record of one patient a week at the time of their discharge.

The chart or document review looks at both the technical quality of record keeping and whether they adequately fulfill the objective of written communication between all health care providers and comply with medico-legal requirements. The approach should be a problem-solving one rather than a “witch-hunt”. The purpose is to make a major improvement in the quality of paediatric record keeping. The meeting should be open to all unit members. Use the Neonatal/Paediatric document audit forms for this process.

The standardised Pietermaritzburg record keeping system should be used.

For both of these reviews to have a positive impact on the quality of care provided to our patients it is crucial that the outcome of each review is reported to all members of the unit/ward. This is the primary purpose of this meeting.

A “Gold Standard” folder is available for every unit (in Area 2 KZN), and must be used to refer to for structuring folders during the standardisation process, and then to compare with during chart review meetings. If you can’t find it, MAKE YOUR OWN using the instructions for neonatal and paediatric record keeping.

4) Mortality Audits
A tally of all deaths occurring in each unit should be kept. The causes of death should be ascertained in terms of both final cause of death and the presence or absence of underlying illness. In addition avoidable factors should be sought in each case and these should be categorised into patient, system and healthworker related factors. At each monthly meeting, two or three cases should be discussed. The emphasis should be on learning, and problem solving, and there should be no “witch-hunt” ethos. All unit members should attend, and each unit consultant (doctor in charge in district hospital) should take responsibility for final data collection and analysis.

For Perinatal Mortality, the Perinatal Problem Identification Programme should be used, and For Paediatric Mortality, the Child PIP should be used (see under PPIP and ChIP elsewhere in the package).

Improving hospital care for children is a global priority, backed by the World Health Organisation. It is also a priority of the Pietermaritzburg Department of Paediatrics. Use the Unit Management Meeting ACTIVITIES to improve the quality of care for children in your hospital.