# Developing recommendations

## Recommendation checklist

* Is there at least one recommendation for each finding?
* Are the recommendations achievable on face value?
* Are the significant majority (at least 50%) of recommendations rated as moderate or strong?
* Do the categories given in the report match the criteria in ‘Guide to the strength of recommendations’ below?
* Have the staff responsible for implementing the recommendation been consulted in the development?
* Are recommendations SMART (specific, measurable, achievable, relevant and timely)?
* Have potential unintended consequences of implementation been assessed?

## Example recommendations

The below table lists example SMARTrecommendations and what information to include in the required fields.

When developing your recommendations, be aware of the wider system implications and ensure recommendation owners are engaged in development. Validate the recommendations against the findings and consider how you will measure outcomes to give you confidence in a successful implementation and how and when you may evaluate the implementation down the track.

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| --- | --- | --- | --- |
| Recommendation | Recommendation strength | Actions to achieve | Outcome measure |
| Replace revolving doors at the main entrance into the building with powered sliding or swinging doors to reduce patient falls | Strong | * Obtain quotes to complete work * Select most appropriate quote * Implement works | * New door implemented * Regular audits of falls show no further falls related to the front entrance. |
| Conduct patient handover in a simulation lab environment, with after-action critiques and debriefing | Moderate | * Develop and pilot simulation training * Upload training to mandatory training in learning management system * Conduct training * Nurse managers to follow up staff who have not completed training | * New simulation process available and implemented on LMS * Audit of completed training shows >80% compliance |
| Add caution labels to intravenous lines containing potassium chloride | Weak | * Scope, develop and roll out new sticker * Update procedure ‘administration of IV potassium’ * Create awareness program to share procedure changes * Audit usage to sticker creating actions to address identified gaps. | * Stickers available on all applicable areas * Audit of sticker usage compliance shows >90% usage when indicated. |

## Guide to the strength of recommendations

| Recommendation strength | Recommendation category | Example |
| --- | --- | --- |
| Strong actions | Architectural/physical changes in surroundings | Replace revolving doors at the main entrance into the building with powered sliding or swinging doors to reduce patient falls. |
| Strong actions | New devices with usability testing | Perform pre-purchase testing of blood glucose monitors and test strips to select the most appropriate for the patient population. |
| Strong actions | Engineering control (forcing functions which force the user to complete the action) | Eliminate the use of universal adapters and peripheral devices for medical equipment; use tubing/fittings that can only be connected the correct way. |
| Strong actions | Simplify process and remove unnecessary steps | Remove unnecessary steps in a process; standardise the make and model of medication pumps used throughout the organisation; use barcoding for medication administration. |
| Strong actions | Tangible involvement by leadership | Participate in unit patient safety evaluations and interact with staff, purchase needed equipment, ensure staffing and workload is balanced. |
| Moderate actions | Redundancy | Use two RNs to independently calculate high-risk medication dosages. |
| Moderate actions | Increase in staffing/decrease in workload | Make float staff available to assist when workloads peak during the day. |
| Moderate actions | Software enhancements or modifications | Use computer alerts for drug–drug interactions. |
| Moderate actions | Eliminate/reduce distractions | Provide quiet rooms for programming PCA pumps; remove distractions for nurses when programming medication pumps. |
| Moderate actions | Education using simulation-based training with periodic refresher sessions/observations | Conduct patient handover in a simulation lab environment, with after-action critiques and debriefing. |
| Moderate actions | Checklist/cognitive aids | Use pre-induction and pre-incision checklists in operating rooms; use a checklist when reprocessing flexible fibre optic endoscopes. |
| Moderate actions | Eliminate look- and sound-alikes | Do not store look-alikes next to one another in the medication room. |
| Moderate actions | Standardised communication tools | Use read-back for all critical lab values; use read-back or repeat-back for all verbal medication orders, use a standardised patient handover format. |
| Moderate actions | Standardise process | Implementing a new standardised process for handover. |
| Weak actions | Double checks | One person calculates dosage, another person reviews their calculation. |
| Weak actions | Warnings | Add audible alarms or caution labels. |
| Weak actions | New procedure/memorandum/policy | Remember to check IV sites every two hours. |
| Weak actions | Training | Demonstrate the defibrillator during an in-service training. |
| Weak Actions | Share outcomes/educational reference | Present at M&M as educational example. Share in newsletters. Add to orientation guides |
| Weak actions | Further review/develop action plan | Present at M&M as educational example. Share in newsletters. Add to orientation guides |