Implementation of a Ward Round sticker
Clinical Pairing Project, 2012
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Initial thoughts – what kinds of problems exist?
- Delays to Discharge: Communication between teams and integrated working with social workers
- Ward Rounds: Inclusion of nursing staff
- Ward Rounds: things being forgotten – check lists?

Criteria
- Cost-free!
- Need for project to be largely controlled by us – avoid reliance on too many members of staff
- Not too time-consuming – to be run alongside day jobs
- Preferably something measurable with quantifiable results

Barriers to Success
- Project to be led by two junior people new at the trust: will people listen??

Final idea: Implementation of a “Ward Round Sticker Checklist” for use on ward rounds in the Department of Medicine for the Elderly (DoME)
To be used 3-5 times a week by junior doctors ward rounds
Accessible:
- Printed on stickers available on all wards

Checked Action taken
VTE…………………………
Catheter in Use……………
Cannula in Use……………
Oxygen Prescribed………
DNAR……………………

Adaptable:
- Can be altered by different individuals/departments to match particular needs and situations

Innovative:

Quantifiable:
- Doctor Drive and therefore accessible hospital wide
- Master Document to be stored on the Junior patient labels
- Sticker to include check boxes for actions taken (so quantifiable to an extent)

Practical implications of project
- Greater degree of structure/standardization on ward rounds could reduce number of incidents/errors
- Patient notes in their current form are:
  - Easily lost
  - Difficult to understand (poor handwriting; hard to navigate)
  - This increases likelihood of confusion and margin for error and also makes it hard to scrutinize the care our patients have received

Project Implementation: Check list sticker implemented Monday 5th March to Friday 23rd March Inclusive

What have we learnt?
- Any change has to be ingrained in daily routine of staff in order to be implemented and this takes a lot of time and energy
- A more structured project & communications plan at the onset might have:
  - Enabled us to obtain a greater level of input from staff impacted by the check list
  - Raised awareness and profile of the check list
  - Increased likelihood of staff feeling engaged with the project
- It is possible to change and improve the way things are done with motivation, enthusiasm and will

What worked?
- Staff initially sceptical about check list but found it easy to use and helpful
- Anecdotally sticker useful and prevented a number of serious errors

Note review:
- With Sticker:
  - Notes of 7 Inpatients on Erringham 5/12-23/3/12 inclusive Used
  - 4 subsequent Interventions: VTE x3, DNAR x1
  - Notes 6 Patients on Erringham 16/12-20/1/12
  - 2 Patients: No VTE prophylaxis: Documented should be on it on PTWR, 1 Patient Resuscitation Status not documented
- Without Sticker:
  - Notes of 6 Patients on Erringham 16/12-20/1/12
  - Difficulties using check list to initiate changes: Juniors not feeling comfortable making complicated clinical decisions

Problems encountered
- Staff doubts regarding efficacy
- Practicality:
  - Remembering to use them
  - Responsibility for printing new copies
- Difficulties using check list to initiate changes: Juniors not feeling comfortable making complicated clinical decisions

- Impact hard to measure – difficulties tracing notes of patients

Initial planning
- Discussed with senior doctor and nursing staff in DoME to identify appropriate clinical aspects to focus on
- Where appropriate, project discussed with other health care professionals (Respiratory Nurses, Resuscitation Officers) to avoid duplication of work/learn from any similar work already carried out
- Sticker design and ease of use trialed for 1 week and improvements made
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