Who is that patient?

Claire Strauss
With thanks to Nicola Davey, Richa Ajitsaria, Amy Taylor

Problem

When surgeons don't inform the paediatric ward team that a child is being admitted, they don't know if rapid review or treatment is required.
Sick children can go unnoticed, untreated and are harmed.

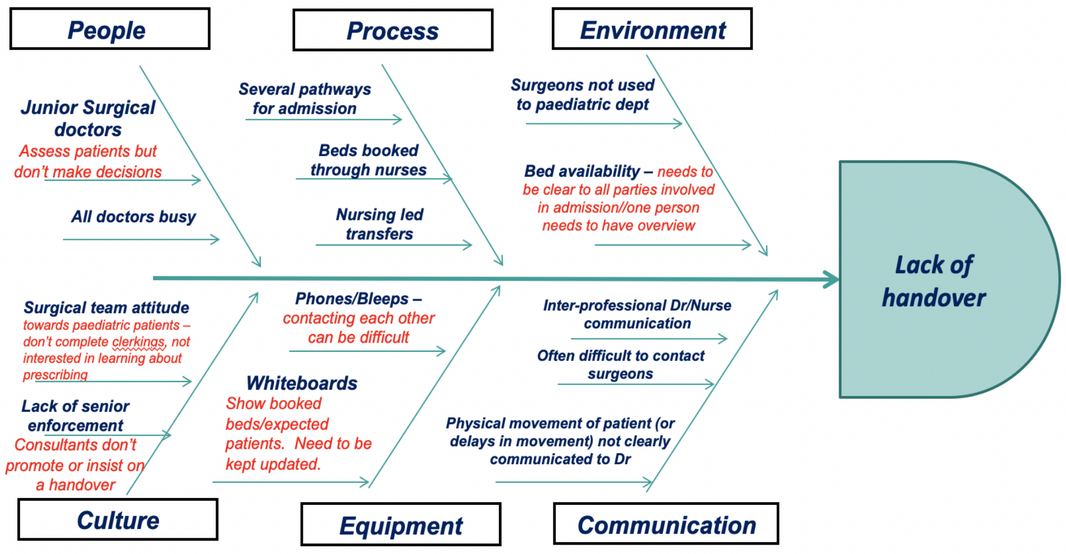
No Handover Means:

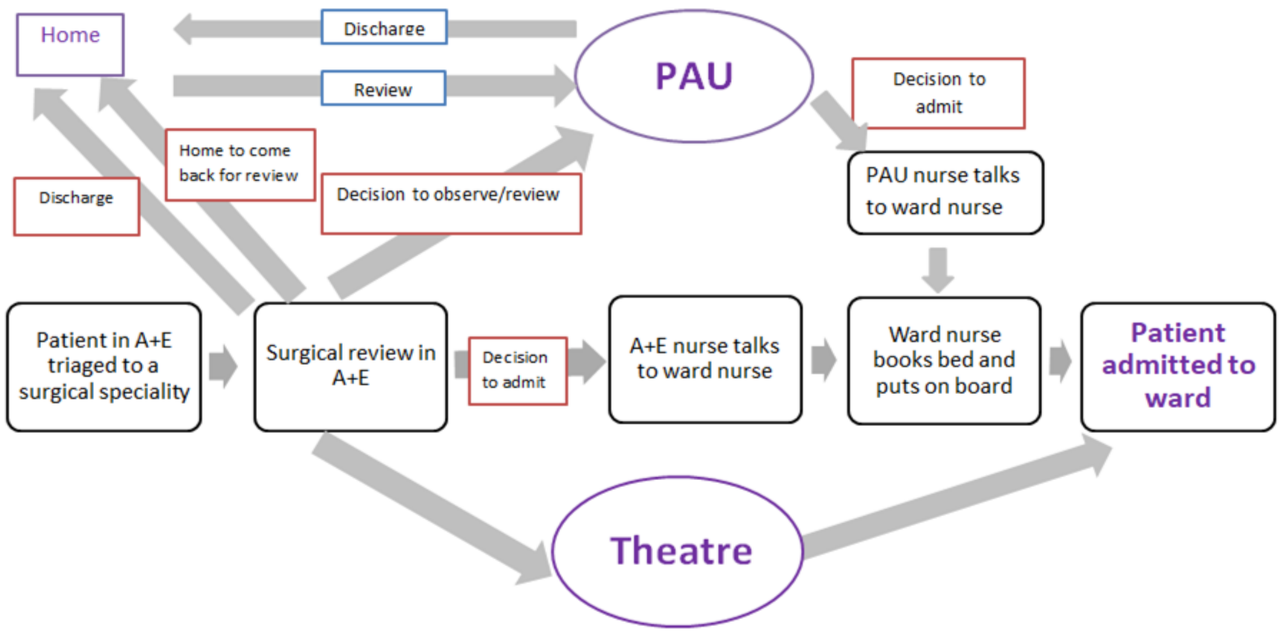
- We don't know the patient is on the ward
- We can't identify non-surgical problems
- We won't know to review for deterioration
- We don't know our bed availability
- We can't ensure holistic issues such as safeguarding are addressed
- We aren't able to answer parents' questions and they get frustrated

Aim

By September 2019 all patients under the care of surgical teams, being admitted to the paediatric wards, will be handed over to the registrar covering the relevant ward.

Diagnostics





Measurement

Number of surgical patients admitted to a paediatric ward who are handed over to the ward registrar

Exclusion: Patients initially referred to paediatrics
Patients admitted under the paediatric team

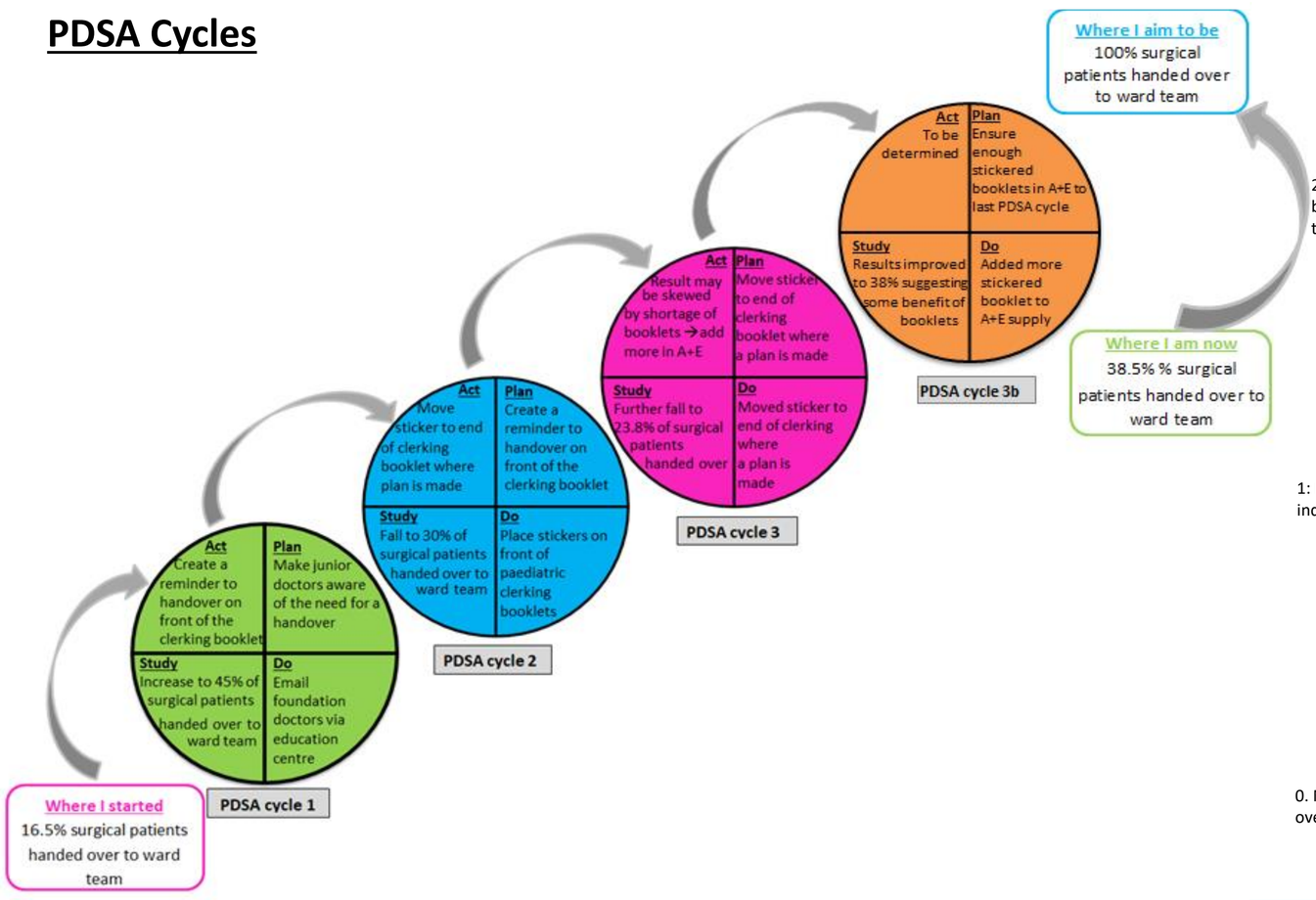
Sampling: Prospective counting of all surgical patients admitted to the wards over 14 days.

Questions asked of paediatric registrars:

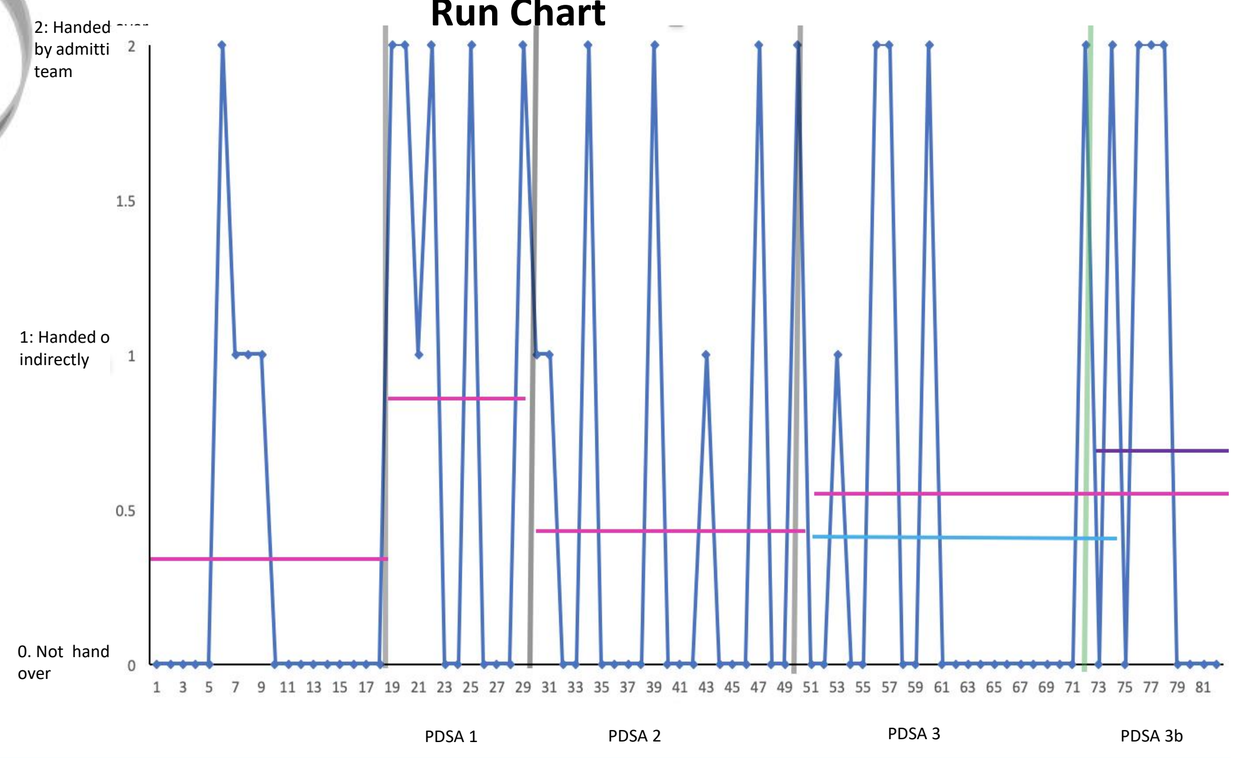
1) Were there any surgical/orthopaedic/urology/gynaecology patients admitted during your shift?
2) How many were handed over by the admitting surgical team?
3) How many were handed over through another means?

PDSA Cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1	Ask Junior Doctors to Help	Email Foundation Doctors and some surgical registrars	Counted number of surgical admissions handed over to paediatric ward teams: Improvement 16.6% →45.5%	Take suggestion from surgical registrar to create a reminder on clerking booklet
2	Prompt on clerking booklet	Create a sticker with a reminder to handover. Placed on front of clerking booklet. **Handed Over to the ward team?** ☐ Rainbow: 227 Starlight: 804 Out of hours: 195	Counted number of surgical admissions handed over to paediatric ward teams: Fell from 45.5% to 30%, mean 0.45	Reminder at point of making a plan for admission
3a	Put sticker at end of clerking	Moved sticker to end of clerking where a plan should be written	Counted number of surgical admissions handed over to paediatric ward teams: 23.8% handover. Mean 0.43 Found that booklets in A+E had run out before end of PDSA cycle	Ensure enough booklets with sticker at the end are available in A+E
3b	Put more booklets in A+E	Put stickers at end of clerking for a large number of booklets and placed in A+E	Improvement from 3a suggesting that if booklets are present they may have some effect. 38% handover. Mean 0.77	To Be Decided….



Run Chart



Result interpretation

Baseline data showed only 16.5% of surgical patients were brought to the attention of the paediatric team prior to arriving on the ward. Mean score 0.3
PDSA 1: 45.5%. Mean score 0.8
PDSA 2: 30% Mean Score
PDSA 3a: 28.3% Mean score 0.43 PSDA 3b: 38% Mean score 0.77

Conclusions and Reflections

- Improving surgical handovers is a more difficult task than predicted.
- Several simple interventions were trialed but have had limited effect
- The work has revealed several issues which may require addressing to address the main problem e.g. one surgical registrar didn't realise these patients were under joint care. One didn't complete the clerking so didn't reach the sticker placed at the end.
- A big problem was running out of stickered clerking booklets in A+E
- A new approach will be required for the next PDSA cycle