# No mistakes!
# Only lessons ✓

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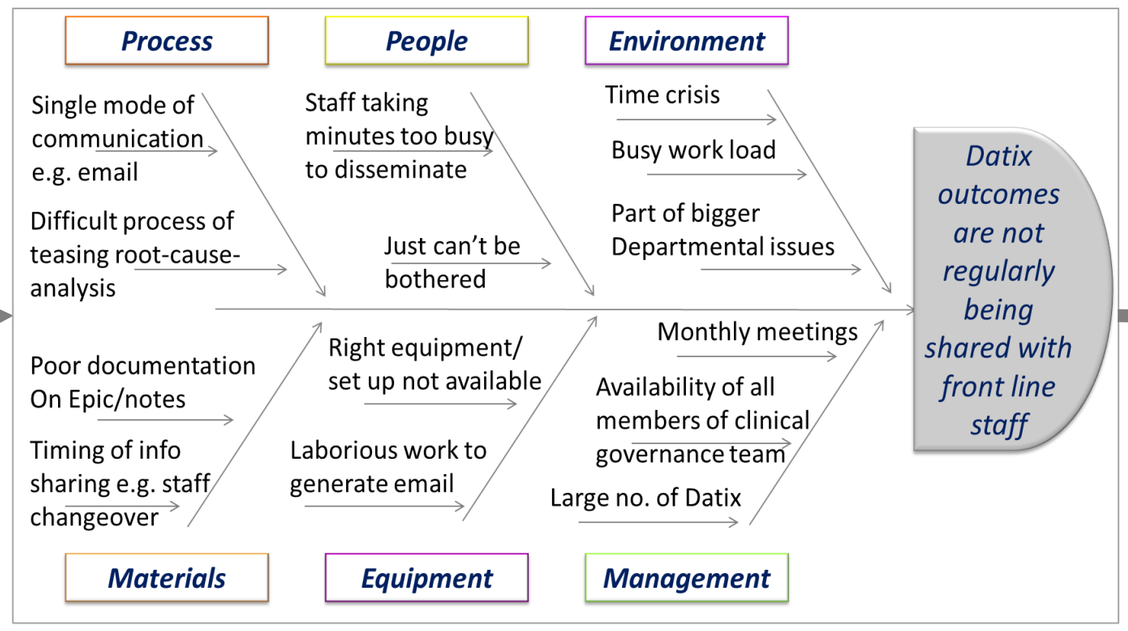
**PROBLEM:** Departmental Datix outcomes are not regularly shared with front line staff. They miss vital learning from errors and the opportunity to be involved in improvement. Patients suffer recurrent harm.




**AIM:** *By the end of February 2020, 100% of front line staff will be aware of the Datix Outcomes that occurred in the previous month in the department*

**MEASURE:**

Staff awareness of at least one Datix outcome from previous month

Inclusions all front line staff at work on the day: Registrars, SHOs, Nursing staff, Specialist nurses.

Exclusions Those away on leaves for various reasons.

Sampling method and frequency Verbal interview one to two times per month basis

**CHANGE IDEAS:**

- Regular emails (1-2/month)
- Adhoc emails from Pharmacy
- Visual aid e.g. poster
- Microteach, handovers, teaching programmes
- Set up- equipment, format, etc.
- Rotation of leadership
- Senior trainees to join in

**PDSAs:**

**1**

- **P** • **Meet Clinical Governance Lead in consultant office.**
- **D** • Share Problem statement, initial data, fish bone, aim and change ideas
- **S** • Lead readily recognised the issue and engaged fully. Agreed change idea- email and a poster
- **A** • Lead discussed my project in the next clinical governance meeting and delegated the task of sharing information to Matron for more regularity.

**2**

- **P** • **Follow up with Matron in her office - what had actually happened?**
- **D** • Confirmed sent most recent Datix outcomes to Governance umbrella tea
- **S** • Email still didn't't reach front line staff email box. Agreed main 1 or 2 learning outcomes to go in a poster
- **A** • Matron to find out reasons why. Agreed to rotate task of sharing information between leads. No change in Datix outcome awareness.

**3**

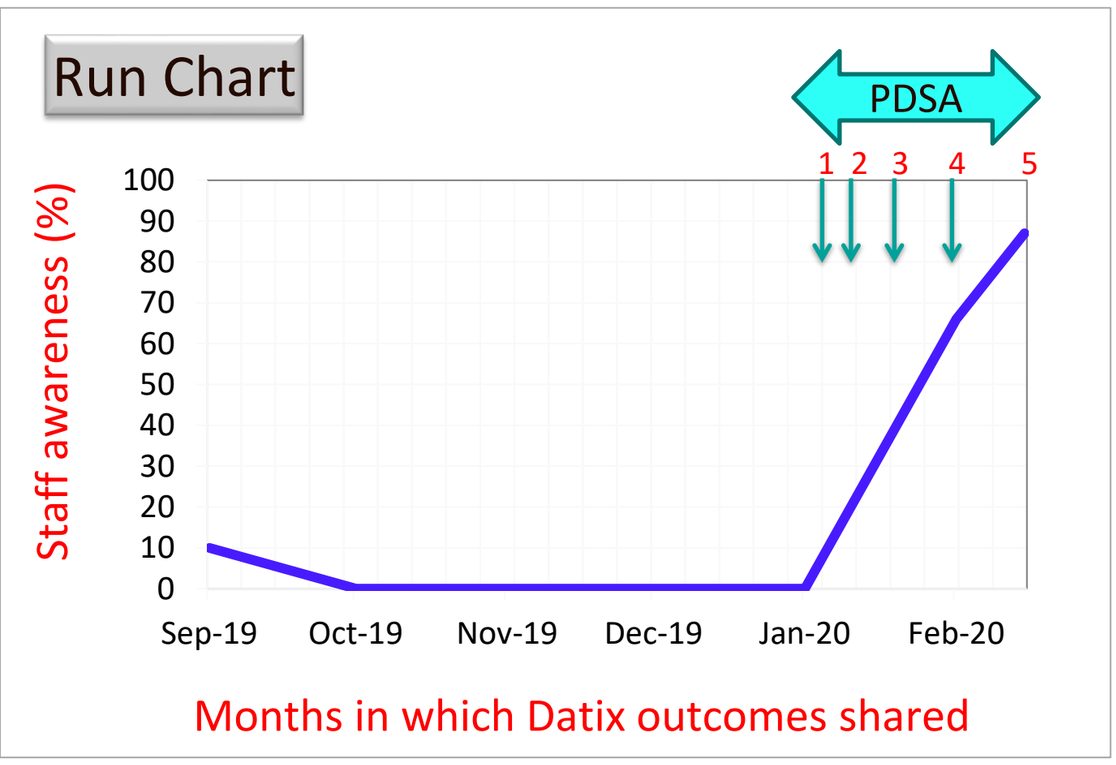
- **P** • **Meeting with Clinical Governance Lead again**
- **D** • Email formatted in the sitting. Poster reviewed and sent. 12 staff interviewed in week 1.
- **S** • 0% saw poster- not signposted in email. 8/12 (66%) aware of Datix outcome. 4/12 unaware (2 newly joined GPVTS + 2 oncology)
- **A** • To adapt the method of communication. Make poster available

**4**

- **P** • **To use visual aid (poster)**
- **D** • Poster printed and displayed in team room, handover room, staff room and kitchen. 8 staff interviewed (Week 2).
- **S** • 5/8 (62%) of staffs had seen the poster. They liked the simplicity but would like it to be colourful. Total staff awareness 87% (7/8)
- **A** • Improvement seen. To adapt

**5**

- **P** • **Departmental presentation**
- **D** • Spread awareness of this QI and the outcomes so far and plans for future. Note audience's change ideas and comments
- **S** • Well received by 7 senior departmental consultants. Lots of discussions on sustainable change ideas
- **A** • Sustainability yet to be tested. Email sent to all consultants with run chart and discussed/agreed change plans




**LEARNING & RELFECTIONS**

- ❖ Stakeholder's attention and interest is crucial
- ❖ It is relatively easy to make a change but more difficult to sustain the change.
- ❖ Don't give up on reaching a rate limiting step. Think laterally…what else can I do to bring the desired change?

Future?

- ❖ Looking positive
- ❖ Many more PDSAs can be tested- microteach, Grandovers, monthly teachings, etc, etc.
- ❖ Reporting of Datix may increase as a secondary outcome
- ❖ Audit

**AND..**

- ❑ The only real mistake is the one from which we learn nothing.
- ❑ Life is too short to learn from our own mistakes. So we must learn from others too.
- ❑ Minimizing errors means minimizing suffering for our patients.

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QI Change Champion
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