Making the Future Happen

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The Problem



Medical tasks to be completed in the future are later not alerted to the right people at the right time. This wastes time for staff and disrupts patient care. The risk of important tasks being missed and patients suffering are constant threats.

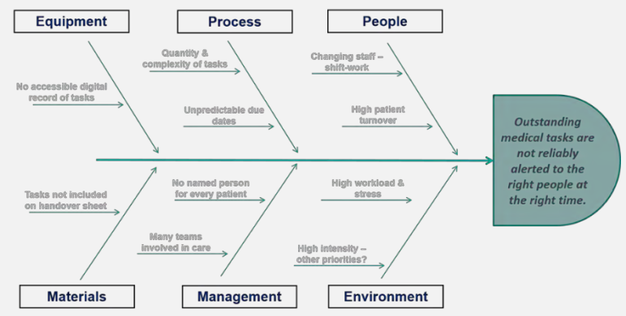
Examples of observed consequences: missed echocardiogram, missed hypoglycaemia screen, discharge summary documented incorrect follow-up plan, copy of discharge summary not emailed to tertiary care consultant…

Diagnostics

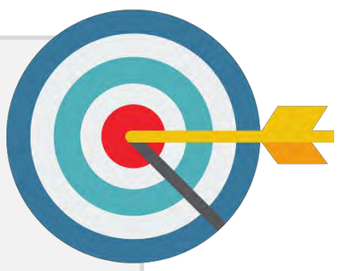
Task for future generated → Task documented in daily medical note (often without due-date) → Handover of task is verbal and reliant on memory → On due-date, an appropriate person remembers (or is reminded of) task → Task completed by appropriate person

Process Map

Fishbone Diagram



Aim



Increase the percentage of future medical tasks that are documented in a location that is monitored at least daily from 0% to over 50% on the Paediatric Intensive Care Unit (PICU) by Feb 2021.

Measures

Primary

1. Percentage of all future medical tasks generated on one day that are then documented the following day in a reliable location.

Secondary

2a. A survey sent to a random junior doctor two times per week focussing on that day only.

2b. A record of future medical tasks missed



Change Ideas

- Digital record of future medical jobs +/- automatic transfer to the handover sheet
- Record of future medical jobs maintained on handover sheet manually (would need creation of new handover sheet that is maintained manually)
- Include in handover &/or ward round for each patient a brief mention of any future medical jobs
- Education – brief session face-to-face, email, WhatsApp group (will be required to supplement other changes before &/or after their introduction)
- Nominated Doctor each day to maintain an ongoing list of all future jobs & action those that are due
- Named Doctor (Consultant &/or junior) for every patient – comprehensive knowledge of all aspects of patient's care including future medical jobs that can be actioned/included on discharge summary
- Request other teams to chase their own requested future medical jobs
- Separate 'jobs book' (could be physical/digital) maintained for future medical jobs – could even be a digital calendar with automatic reminders on/before due-dates

PDSAs

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- After returning to PICU with previous systems, present findings to department
- Introduce a dedicated field for future medical jobs on daily medical note with automatic transfer to handover sheet
- Aim to handover project to an incoming junior doctor

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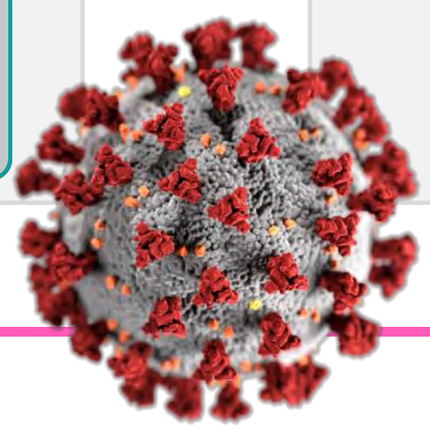
- Mandatory change to Adult COVID ICU
- New medical handover sheet (updated daily & including a 'plan' section)
- Opportunistic observation
- Measures: primary, secondary, focus groups

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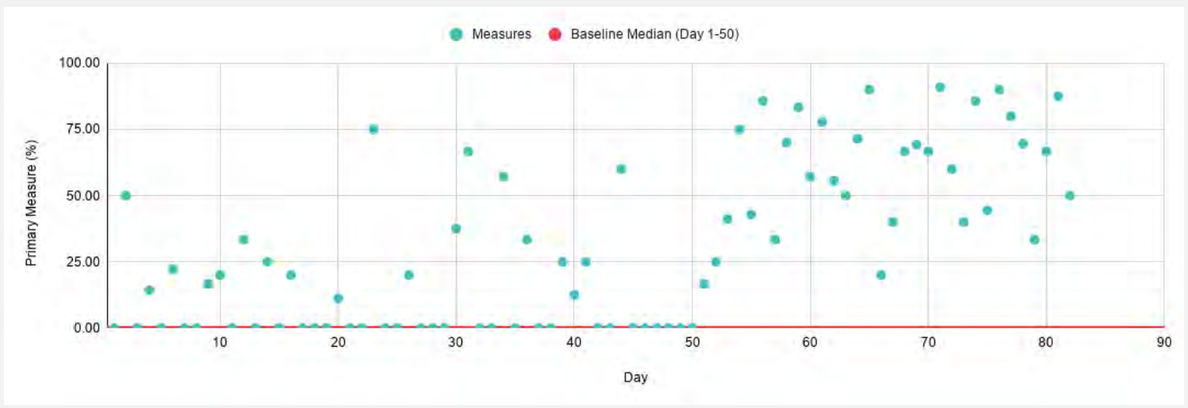
- Reliable documentation increased significantly
- The day-to-day work of junior doctors not made easier
- Future medical tasks missed possibly decreased (small numbers)
- Improvements felt to be due to 'plan' section on new handover sheet

A

- **1a:** Median future medical tasks documented reliably increased from 0% to 67%
- **2a:** No change in confidence in knowledge of future jobs (4/5) nor unexpected completion of jobs (~30%)
- **2b:** Future medical tasks missed decreased from 0.12/day to 0.03/day



Run Chart



Reflections & Learning

If it's not written, it won't happen.

Teamwork is important in many clinical situations. It is even more important in systems processes.

Opportunity can be found in adversity.

