

To bleep or not to bleep

A project to reduce number of non-urgent bleeps for on-call doctors

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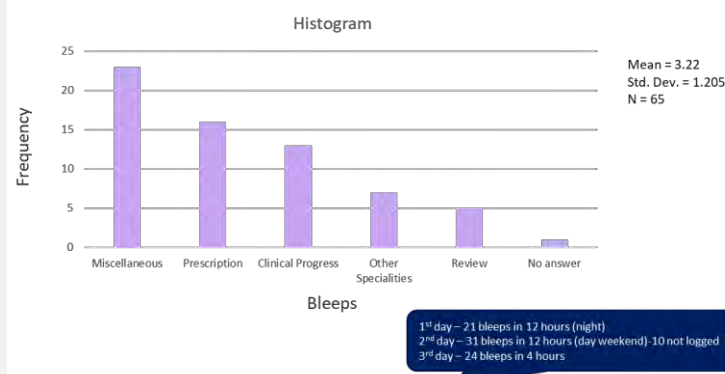
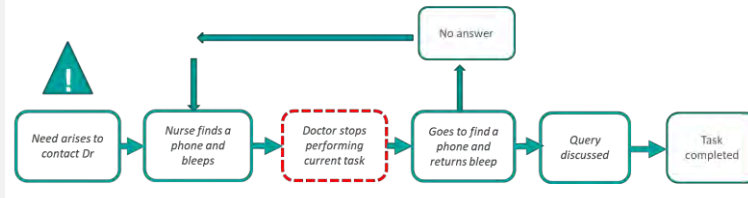
BACKGROUND

Frequent bleeps for non-urgent queries exhaust and distract us. Delays, mistakes and oversights happen. Meanwhile we don't get to hear the important updates, like admissions, which DO need our attention.

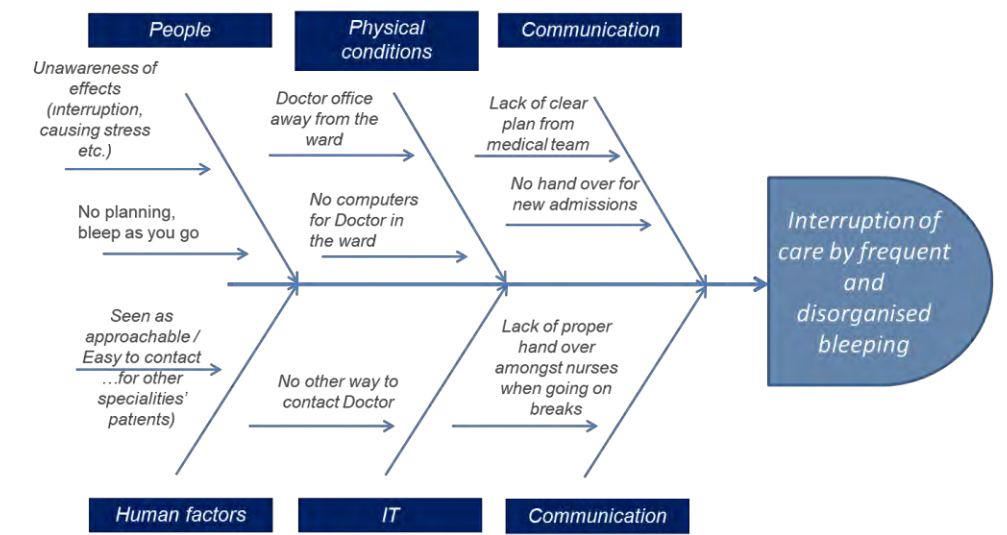


DIAGNOSTICS

High level Process map



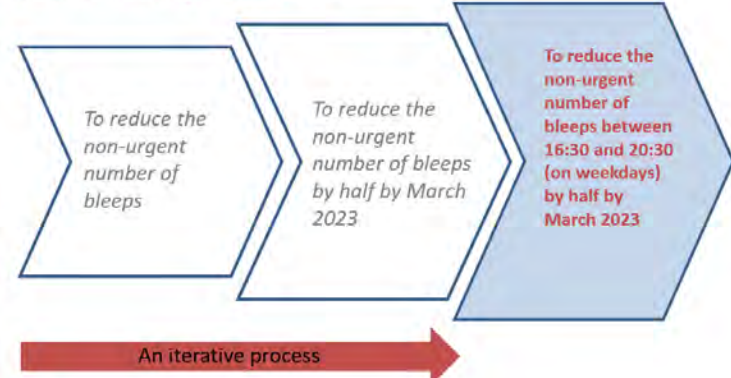
Fishbone diagram



AIM & MEASUREMENT DEFINITION

Aim statement

What are we trying to accomplish?



Aim

To reduce the non-urgent number of bleeps between 16:30 and 20:30 (week days) by half by March 2023

Chosen measure

Collect the total number of bleeps between 16:30-20:30 on week days, record reasons for bleeps

Inclusions

All bleeps received by SHO

Exclusions

Bleeps received by spR

Sampling method and frequency

Collect baseline data (at least 14 data points)

After initiation of changes; once a week collection during shift by SHO (by myself or another colleague)

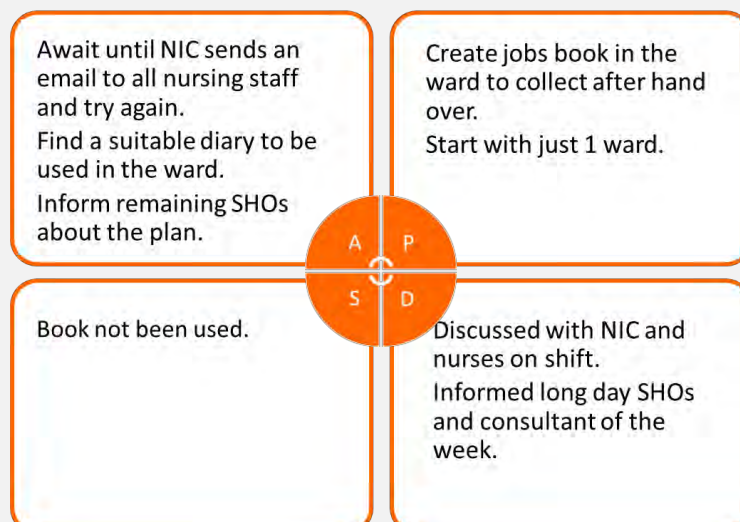
CHANGE IDEAS

Aim: Reduce the non-urgent bleeps in the afternoon (16:30-20:30) on weekdays by half by March 2023

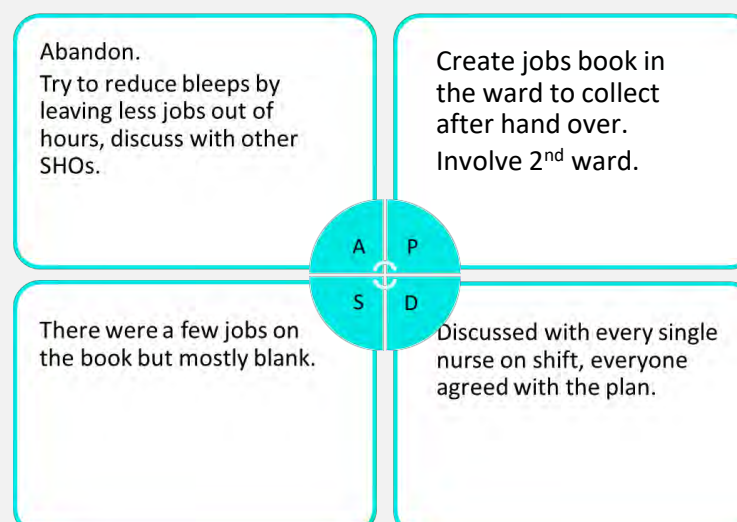
1. Create a "jobs book" in the wards for SHO to collect after hand over
2. Speak to nurses to understand their point of view
3. Bleeps to go through NIC first
4. Doctors to make sure all fluids and prescriptions complete during ward round (create a checklist)
5. Use apps (like Pando) to communicate about prescription and non-urgent requests
6. Use EPIC system

PDSA cycles

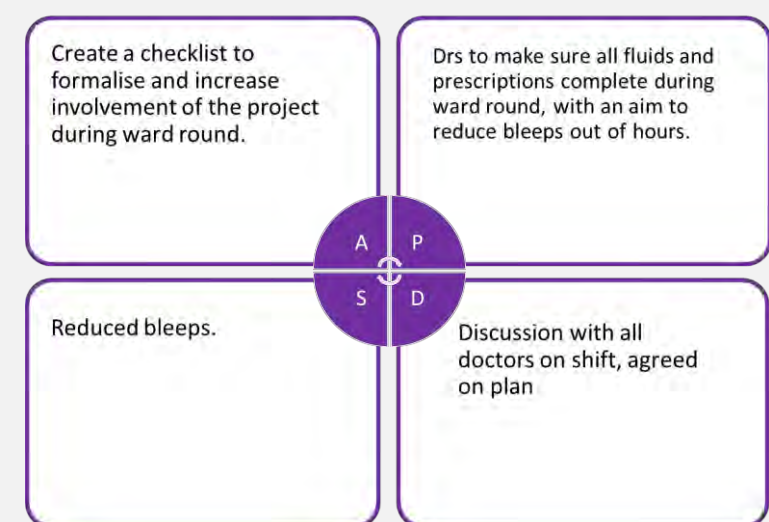
PDSA 1



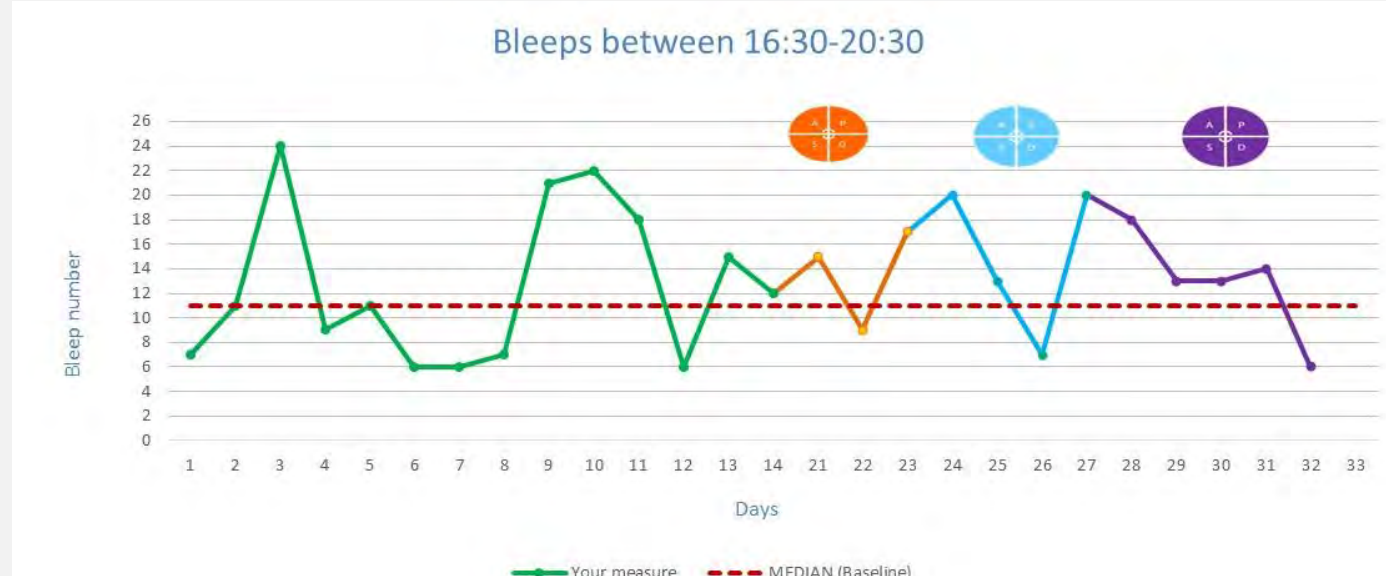
PDSA 2



PDSA 3



RUN CHART



REFLECTIONS & LEARNING

To make a change, choose only ONE THING first.

Spending time to define your aim and measures well is going to help you throughout your project.

It is extremely important to convince the rest of the team if you want to be able to make even the smallest change.

Accept failure and know when to abandon an idea.