Job Done!

A project to decrease the number of unfinished tasks

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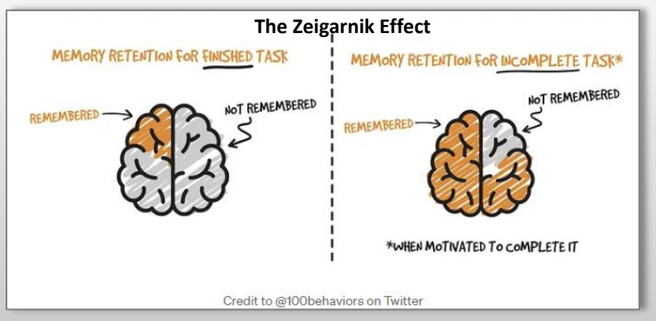
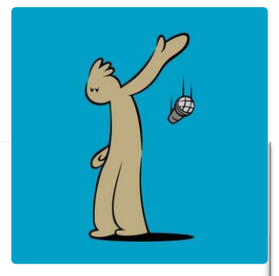
BACKGROUND

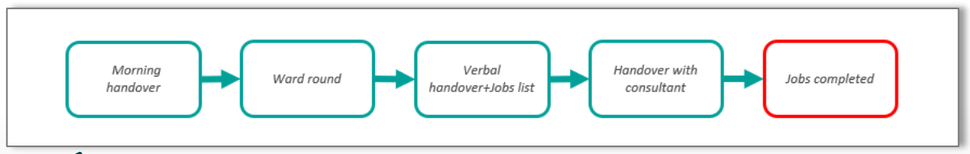
PROBLEM
Every day some jobs are **missed** whilst others are done twice. This **wastes** staff time whilst they juggle caring for children across multiple wards. Everyone is **frustrated**.

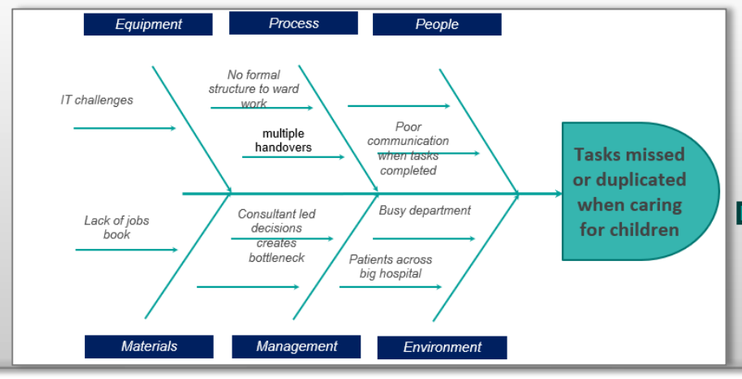
Unfinished tasks dwell on the mind and can affect service provision

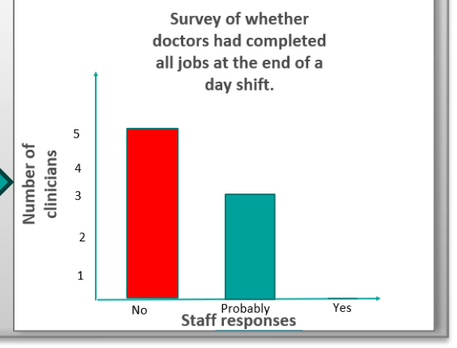




DIAGNOSTICS







AIM & MEASUREMENT DEFINITION

Aim: All `doctor` tasks completed for all children by the end of every daytime shift (5pm) by the end of Feb 2024

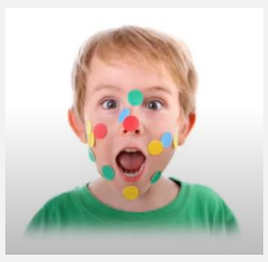
Measure: Number of jobs carried over as tasks at the end of the shift

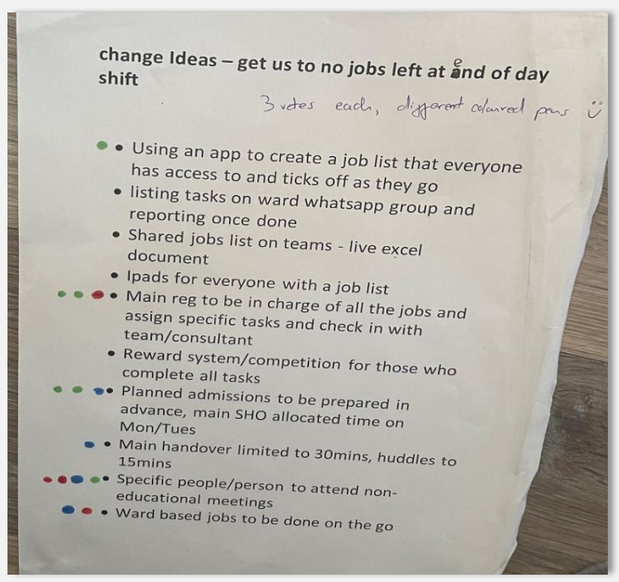
Inclusions : All daytime shifts Monday to Friday
Tasks identified as jobs to be completed that day

Exclusions: Weekends
Tasks that require input from the multidisciplinary team
Scheduled tasks for specific days

Sampling method and frequency: Manual count of leftover jobs daily

CHANGE IDEAS





PDSA cycles

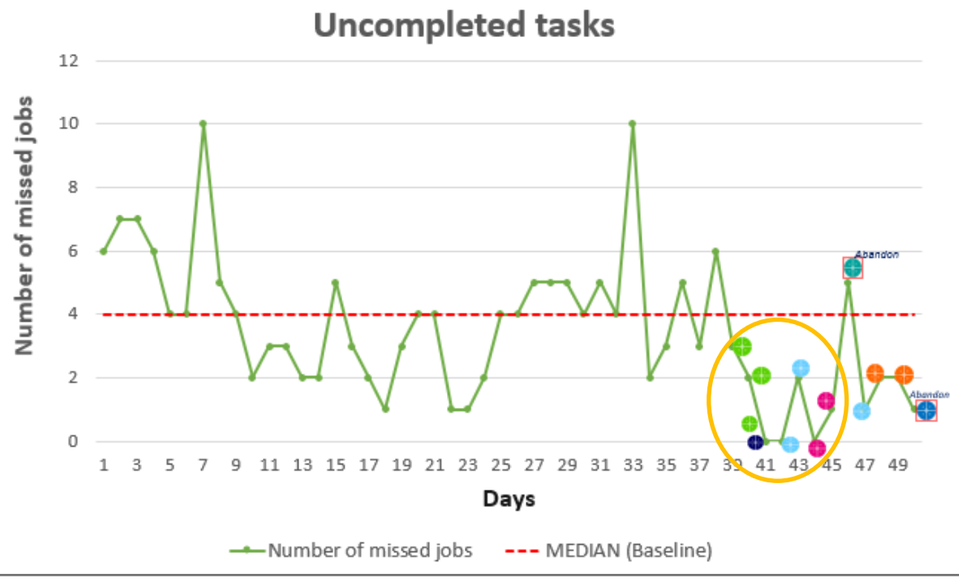
PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Bleed patient on ward round by tier 1 doctor	Tier 1 doctor bled patient	Efficient, quick results. Could affect service	AGAIN
1.2	Bleed patient on ward round by phlebotomists	Phlebotomists did bloods – a rush to do requests	Some results ok, some needed repeating	ADAPT
1.3	Bloods to be done by phlebotomists – identify patients and prepare requests prior	Requests ready, bloods done. Efficient	Results early. Ward round undisturbed	ADOPT
2.0	Doctor reviewing patient to complete discharge prescriptions on ward round	2 out of 3 done, not enough info for 1.	Progressed discharges, no need to go back to wards	ADOPT

PDSA Test #	PLAN	Do	STUDY	ACT
3.0	Main reg (me) to be in charge of all jobs	Created job list and assigned tasks. Difficult to do as busy + holding bleep	Few team members no longer as active in roles. Stressful	ADAPT (Consultant suggested sharing bleep with 2nd reg)
3.2	Main reg (me) to be in charge of all jobs. Bleep free period in the morning	Created job list, assigned tasks. 2nd reg sorting consults. Crack on without distractions.	Better oversight	AGAIN (with different main reg)
3.3	Main reg (colleague) in charge of all jobs. Bleep free period in the morning	2nd reg held bleep; handover to main reg who retained oversight of ward without distractions.	Worried they may miss out, but handover midday solved this	ADOPT (as a rule on Mondays during grand round then play by ear)

PDSA Test #	PLAN	Do	STUDY	ACT
4.1	Only one person to attend non-educational meetings	Main reg (me) to attend Long term ventilation meeting. Reg attended meeting; others cracked on with jobs.	Concern re: missed experience for juniors	ADAPT
4.2	Only one person to attend non-educational meetings	Main reg to attend\assign someone to attend long term ventilation meeting. Junior who knew the patients attended	Reg free to attend more important tasks	ADOPT - dynamic decision on person to attend

PDSA Test #	PLAN	Do	STUDY	ACT
5	Limit midday huddles to 15mins	Discuss with team to time huddles and stop after 15 minutes	Handover time dependent on different consultant and service need	ABANDON
6.1	SHO to prepare planned admissions on Monday	Tried to assign SHO the task after the ward round	No time to achieve as Monday too busy	ADAPT
6.2	SHO to prepare planned admissions on Tuesday	Assign SHO to task after the ward round	Clerking and drug charts completed by SHO after lunch	ADOPT
7	Use app for jobs list	Whole team to download To-Do app	Wi-Fi and mobile signal challenges in parts of the hospital	ABANDON

RUN CHART



CONCLUSION & LEARNING

- Whilst testing out some of the change ideas, the number of uncompleted tasks at the end of the day shift also reduced, some days more so than others.
- There was a statistically significant change towards my aim, this could be sustained if the implemented changes are continued
- There are usually many factors contributing to a perceived problem; it is important to understand the problem before attempting to implement any changes.

REFLECTIONS

- Multiple small changes that are easy to implement have a compound effect on improvement, a different approach from the traditional audits.
- Involving my colleagues was critical to this project, quality improvement is a team sport really and this was reflected in the ability to test out change ideas.

Acknowledgements:
Thomas Telford