What's going on?

Improving neonatal ward round entries

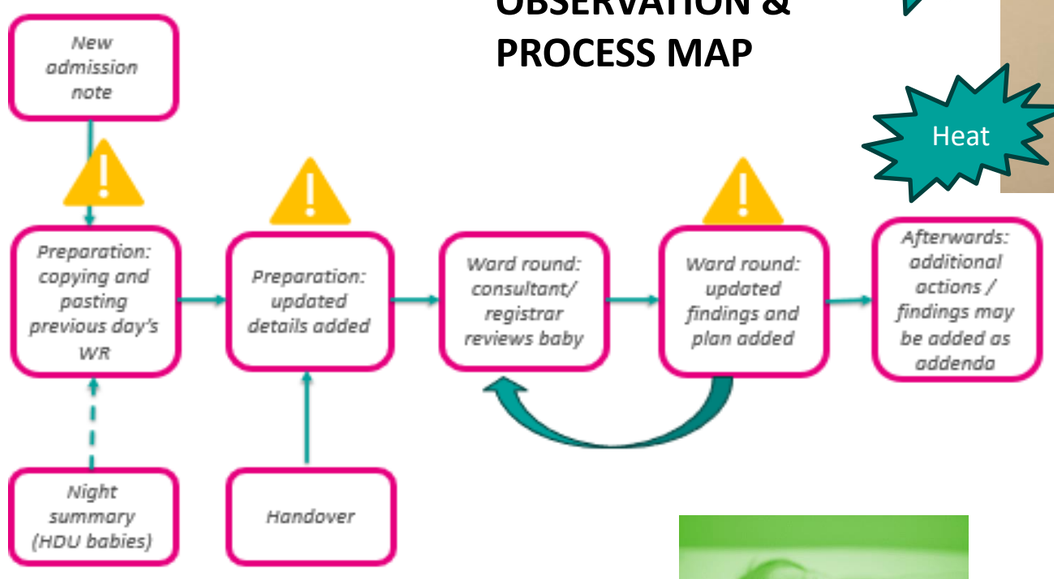
Naomi Jones, Croydon University Hospital

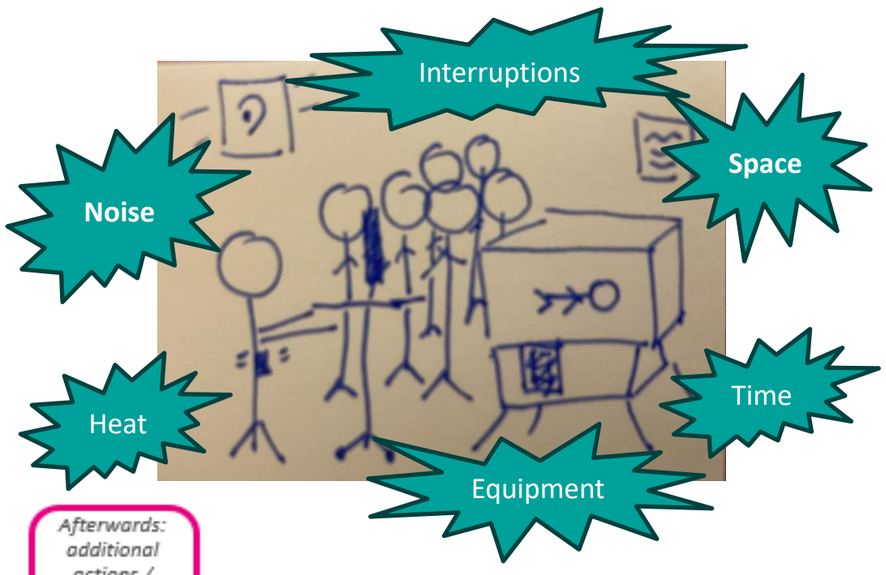
Croydon Health Services NHS Trust

PROBLEM

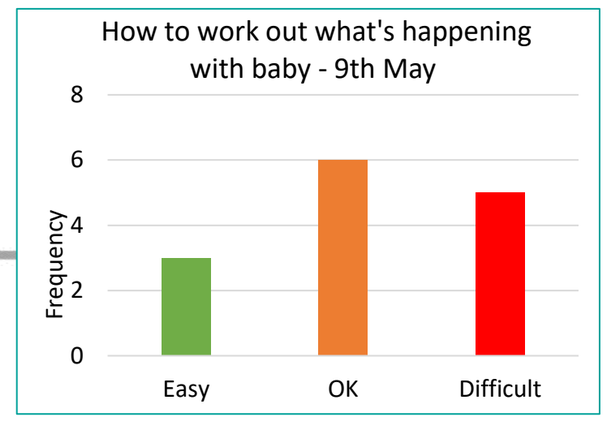
The ward round entries on our neonatal unit are often **messy**. What matters can be hidden amongst **outdated or irrelevant** information. This leads to **inaccuracies**, **stress** for staff and risks **important things for babies being missed**.

OBSERVATION & PROCESS MAP

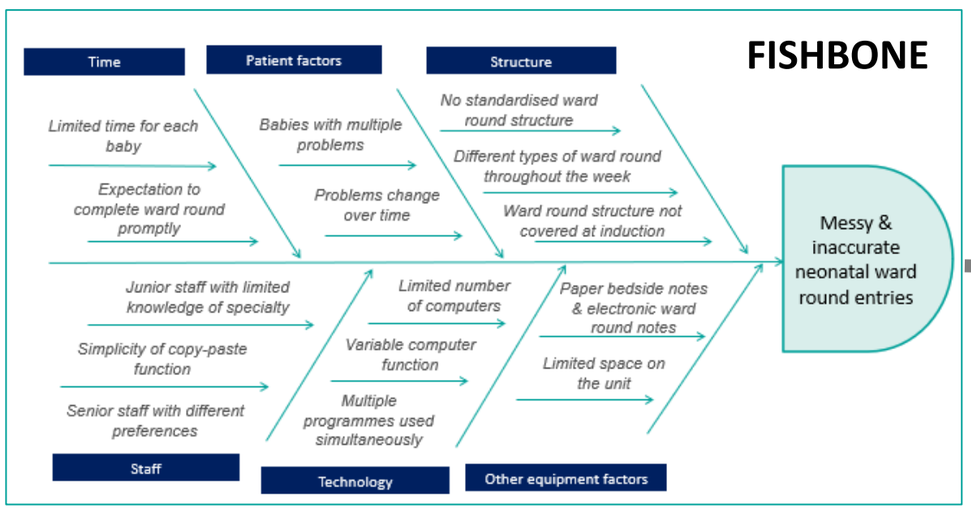




BAR CHART



FISHBONE





AIM

Increase the number of neonatal ward round entries that are **easy to read** from **2 out of 10** in May 2024 to at least **7 out of 10** by the end of August 2024

MEASURE

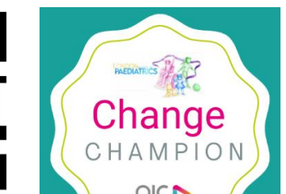
Ease of understanding of neonatal ward round entries

Inclusions: Ward round entries for babies admitted to the neonatal unit

Exclusions: Admission, discharge, night and developmental care ward round notes

Sampling method and frequency: Retrospective electronic notes review, performed by myself or colleagues of varying seniority and disciplines

PDSA	PLAN	DO	STUDY	ACT
1	Understand the problem	Observation and reflection on ward routines, discussions with nurse practitioners, SpRs and SHOs	Team felt that ward rounds were stressful , with different seniors wanting different things and juniors not understanding why	Creation of process map and fishbone diagram
2 (2.1 & 2.2)	Encourage staff to review ward round entries before signing	In-person encouragement and review of notes when present; reminder to junior doctors on WhatsApp group	Readability scores changed slightly but not significantly. Several doctors had not read the message as they had the group muted	WhatsApp reminder not repeated; in-person encouragement continued
3 (3.1-3.3)	Creation of ward round proforma	Creation of proforma, draft sent to and reviewed by consultants and nurses.	Changes made to the proforma based on feedback, balancing ease of use	Changes made prior to implementation
4 (4.1-4.3)	Implementation of ward round proforma	Proforma put on to IT system by myself. Instructions on use sent by email to all doctors and presented at unit meeting, backed-up in person	Good feedback from MDT at unit meeting. Doctors felt it was most useful for new admissions as a good starting point. Slightly time-consuming for long-term patients	Implementation continues for new cohort of junior doctors



RUN CHART

CONCLUSION & REFLECTIONS

This project made an improvement to ward round entries, though I did not reach my target (6 out of 10 achieved; 7+ out of 10 target). There is a significant change (**run)** from points 34-50. It is likely that **increasing experience of staff** on the unit through the rotation also had a significant impact on change**.**

There are **many other factors** influencing the difficulties with ward rounds which are not within my power to change (e.g**. time, space and equipment**) which impacted implementation. Consultants and matron are in support of the project and will assist future staff in **ongoing improvement**.

This project developed my knowledge and skills in QI, particularly the importance of **diagnostics** before making a change.

Acknowledgements:
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