Every Scan Counts: Enhancing Accuracy, Care and Funding

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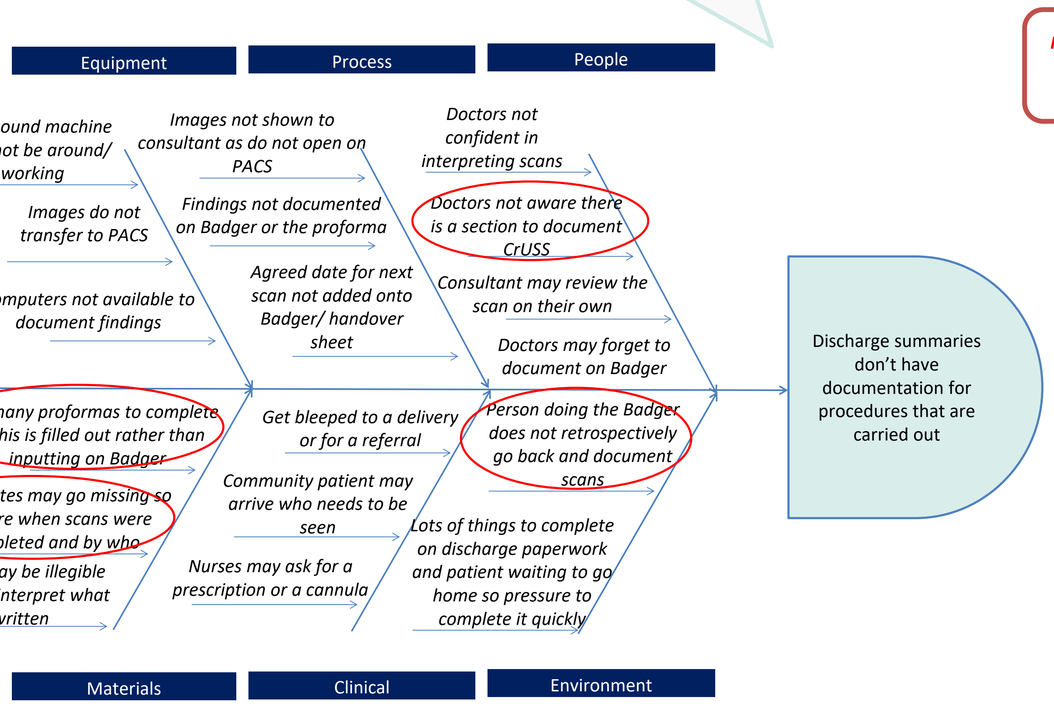
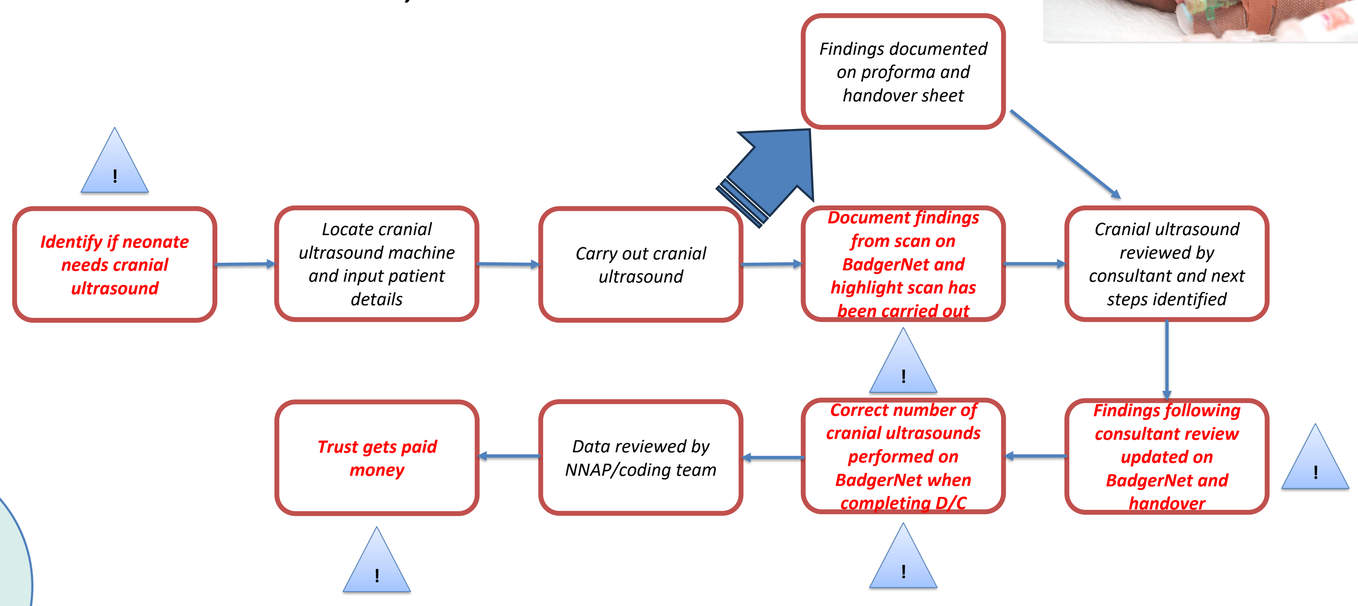
1. PROBLEM

Incomplete data captured on BadgerNet leads to delays and errors on discharge summaries. As a result, time is wasted, babies don't get the care they need and crucial funding for the department is lost.



2. DIAGNOSTICS – FISHBONE, PROCESS MAP AND BAR CHART



3. AIM AND MEASUREMENT DEFINITION

Aim
Increase the number of documentation on Badger for cranial ultrasounds performed on babies in the neonatal unit from 1/10, to 10/10 by the end of February.

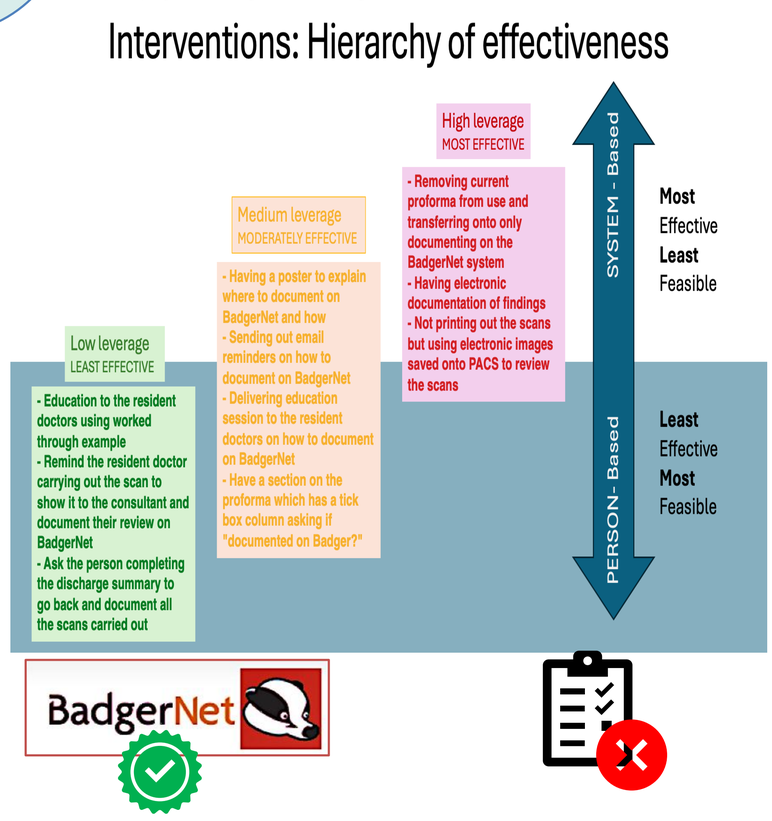
Chosen measure
Review patient's discharge summary and check which percentage of cranial ultrasounds performed (by checking PACS) has been documented on BadgerNet in the "Procedure" tab

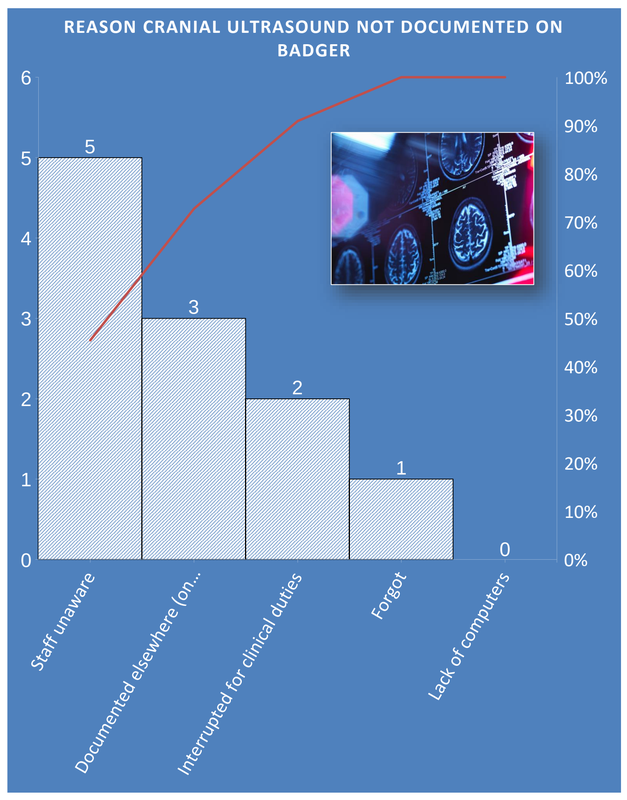
Inclusions
- All babies that had a cranial ultrasound performed that were admitted to the neonatal unit

Exclusions
- Baby's that did not require cranial ultrasounds
- Baby's that were transferred from other units who had cranial ultrasounds performed there
- Postnatal babies that required cranial ultrasound

Sampling method and frequency
Weekly review of BadgerNet discharge summaries of baby's discharged from the neonatal unit and if number of cranial ultrasounds performed correlates with the number of cranial ultrasounds documented (calculated as a percentage)

4. CHANGE IDEAS

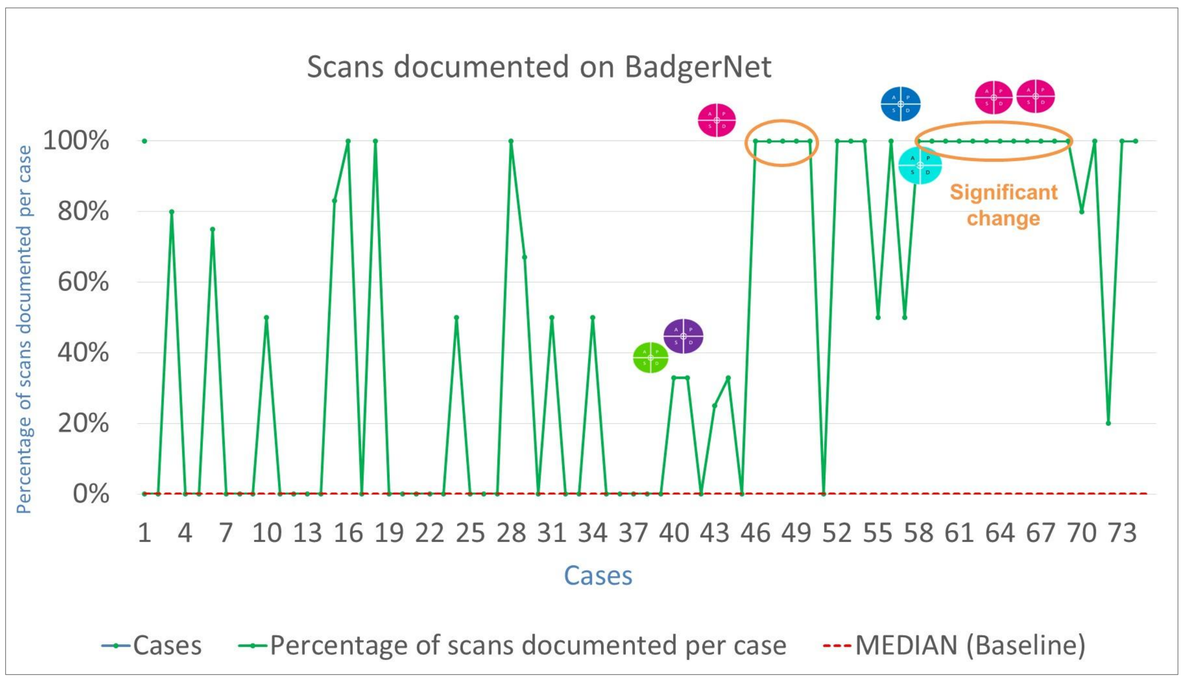




5. PDSA CYCLES

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	*Present to the team the benefits of documenting on BadgerNet and why this QI project is important*	07/11/24: QIP storyboard presented to the resident doctors after perinatal meeting	Not all colleagues were aware, and some colleagues didn't know how to document on BadgerNet. Some colleagues fed back there was duplication of work as also documenting on proforma.	Adapt
2.1	*Provide education to resident doctors by using a step-by-step guide on how to document on BadgerNet*	09/12/24: PowerPoint presentation of worked example to resident doctors in teaching session	Not all colleagues present. Feedback that may not remember so it would be good to have something to look back on. Came to attention that Proforma not being used anymore	**Adapt** Circulate PowerPoint slides Discuss proforma with consultants
2.2	*Send Email of PowerPoint slides*	29/01/25: Email sent to all resident doctors and consultants (22 people) 3 people responded to the email.	Not sure of value as unsure how many people read the email	**Again** Send by WhatsApp
2.3	*Send message on WhatsApp Group*	31/01/25: 25 members in group chat. Looks like everyone has read the message but only 2 reacted with thumbs up.	Not sure of value as message could have just been opened and not read properly	**Stop**
3.1	*Write a reminder on the handover sheet to document on BadgerNet*	12/11/24: Note made on handover to document cranial ultrasound finding	Unsure how many people have seen the note on handover sheet, but this is there for a reminder for residents to document on BadgerNet	**Extend** Note has remained on handover sheet
4.1	*Discussion with consultants about use of proforma*	07/01/24: Discussed that as cranial ultrasound now being documented on BadgerNet that the proforma has stopped being used.	Consultants raised concern that sometimes the initial findings were not amended after consultant review, and this should be done to ensure correct findings are documented	**Adapt** Consultants to amend documentation following review
5.1	*Consultants to review cranial ultrasounds after handover and provide education to resident doctors and the resident doctors to document findings from cranial ultrasound after*	20/01/25: *Cranial Ultrasound was reviewed on screen so the following can happen* 1. *Teaching for residents* 2. *Images reviewed* 3. *Outcome of scans documented*	Initially quite beneficial but found to be time consuming. Trying to achieve too much with this.	**Adapt** Review scans during consultant teaching session

6. RUNCHART



7. RESULTS AND CONCLUSIONS

Results
- The old system of using a paper proforma has been removed from use and now documentation of cranial ultrasounds occurs on the BadgerNet system. This makes finding the scan reports easier, ensures further scans are carried out appropriately if needed and the Trust gets paid for these procedures.
- Furthermore, as we have transitioned onto an electronic system by viewing the images on PACS rather than printing using thermal paper and are no longer using the paper proforma, we are saving paper and money.
- This QIP showed that carrying out successive PDSA cycles to make small change can be effective and successful.
- I was able to achieve my aim and by the end of February 2025 ALL babies who had a cranial ultrasound carried out on the unit, had a record of the result on BadgerNet, which is an increase from 1 in 10 in November 2024.
- The first successful run occurred after 3 PDSA cycles (first run)
- The change was sustained when the old proforma was removed following PDSA 4.1 (second run)

Conclusions
As we have now transitioned to documenting on BadgerNet for cranial ultrasounds, this leaves scope for other procedures to also be documented using an electronic system.

8. LIMITATIONS AND FURTHER CONSIDERATIONS

- Identify cost difference following change in practice – not able to obtain monetary figures from department or Trust coding
- Sustainability of change and how to maintain change following rotation of resident doctors (plan to deliver QI pitch at induction)
- Extending documentation of other procedures onto BadgerNet such as ECHO, IV Cannulation, Longline, UVC/UAC

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