Non-Essential Interruptions of Doctors

During the Consultants Daily Ward Round

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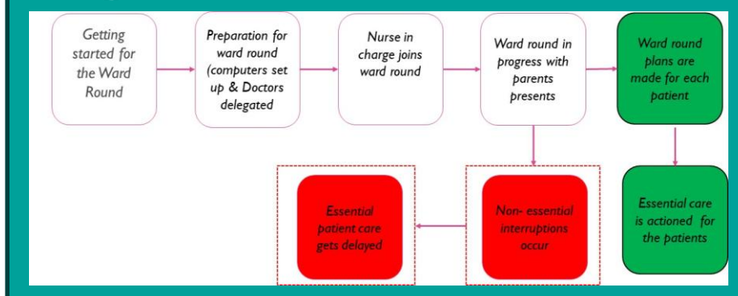
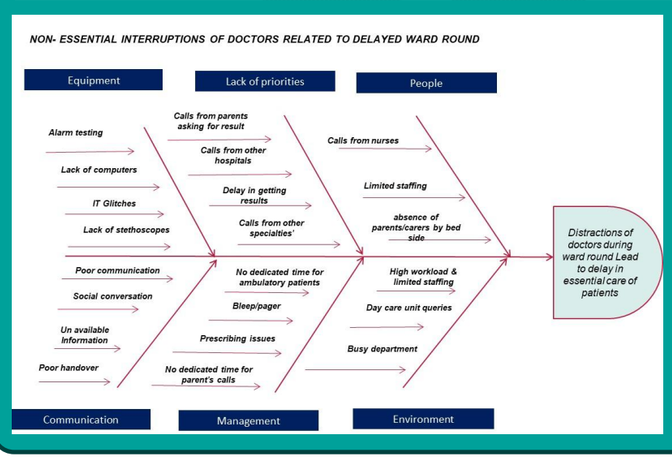
PROBLEM
The non-essential interruptions during ward round hinders ward round and leads to errors. This affects provision of essential care with distress to patients and staff with poor quality of care.

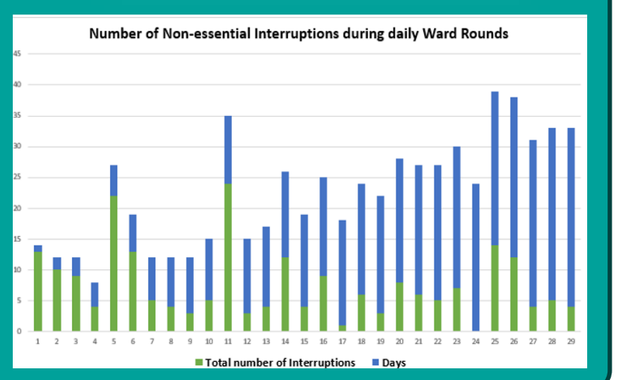
Distraction of doctors can significantly hinder patient care and safety by disrupting communication, increasing errors and negatively impacting the learning process for junior doctors.

Interruptions can lead to missed critical information, decreased focus on the patient, and potential misunderstandings, ultimately compromising the quality of care.

Diagnostics







Aim and Measure definition

Aim
By August 2025 to reduce the non - essential interruptions of doctors during the consultants and registrars daily ward rounds to less than three per day.

Chosen measure
Number of non- essential interruption of doctors with prescribing and day care queries during the consultants and registrars daily ward rounds

Inclusions
The non- essential interruptions of doctors during the consultant daily ward rounds.
Prescribing issues and day care queries.

Exclusions
Essential interruptions urgently needed for patient care
Emergency calls

Sampling method and frequency
All non- essential interruptions during ward round are noted by the doctors doing the ward round on a daily basis and this is reviewed on a weekly basis.

Change Ideas

Consultant:
- To support any intervention that lessens or prevents interruptions during ward round, delegate an SHO for the day care and utilize the team according to the workload.

Children Emergency Department (CED) and PAU:
- All children admitted to the children's ward need prescription of all medications, including the regular ones.
- To communicate with the ward nurses when admitting a child to the ward.

- **Sister/Nurse in charge of the children's ward:**
- To actively assist and support anything that can lessen or prevent non-essential interruptions.
- To be by the bedside if possible, during the ward round.
- Need to emphasize to parents and nurses the importance of being by the bedside during the ward round.
- To postpone the non-urgent family calls before or after the ward round

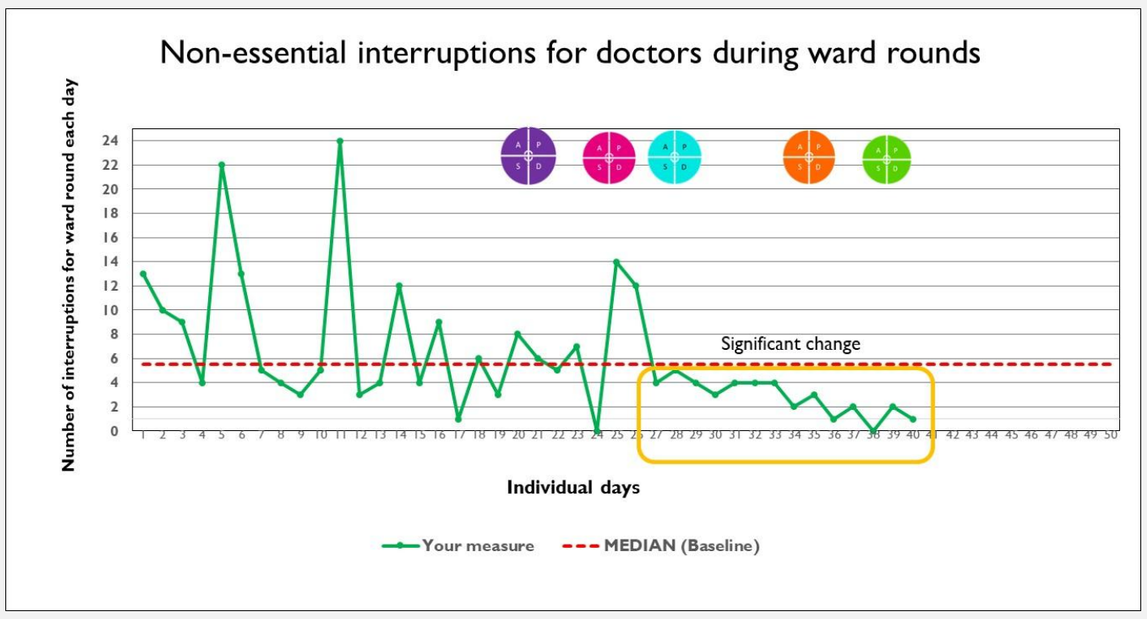
Ward attender and ambulatory patients can be seen before or after the ward round if possible.
- Ensure all prescriptions are done before the ward round.
- Discuss the non –essential day care queries before or after the ward round.

Resident doctors:
To follow the process

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Set a standard process for regular medications to be prescribed prior to admission to the ward.	May 2025 - Discuss prescribing interruptions with clinical lead and seek support	Consultant was very supportive, and suggested to send an email to all consultants I got permission to contact senior staff	Adapt – send an email to A&E and Paediatric assessment unit (PAU) consultants to agree on standard process
1.2	Draft and send email to A&E and PAU team outline clear standard process of medication prescribing prior to admission	Sent email to senior consultants and Clinical lead.	Clinical lead gave positive feedback and forwarded email to more staff This was more effective than I could have hoped for - spreading beyond my personal reach	Extend to Senior nurses
1.3	Involve the nurses to make sure that prescriptions are done prior to admission	I sent an email and also met with the senior nurses and ward managers and discussed the agreed plan to make sure the prescriptions are done prior to admission.	They agreed to decline admission for patients until drug prescription is completed. This is working with far less interruptions and reduced workload for us on the ward. Staff were happy with the process with positive feedback	Adopt - To ensure the process is followed regularly by senior nurses and ward managers with reminders during their huddles
2.1	Discuss with the lead pharmacist ways to improve prescribing in the ward	I had a joint meeting with the lead pharmacist, paediatric pharmacists, ward matron and paediatric SHO and ways to improve prescribing on the ward was discussed.	Lead pharmacist suggested a druggle for 15 minutes before or after the ward round. And to delegate an SHO to prescribe take home medication before 13:00 each day. Any prescription after this time will be done by dispensary team.	Adopt - Lead pharmacist disseminated an email to more people

PDSA Test #	PLAN	Do	STUDY	ACT
2.2	To discuss with the consultant if we can delegate an SHO to do TTAs before 13:00	July 2025 - Lead pharmacist sent an email to the consultant body asking for an SHO to be delegated for prescribing take home medication(TTA) before 13:00	It was agreed that the attending consultant will delegate an SHO in the morning to sort out prescription issues including TTA. From the reduction in the interruptions, I note that this is working well	Adopt - Continue to follow this process
3.1	To have a dedicated 15- minutes to review medications issues before or after the ward round	Lead pharmacist sent an email to consultant body, resident doctors and ward team to adopt a daily draggle before or after ward round and everyone is happy to follow the process.	The clinical lead and team suggested to do the huddle after the ward round with reminders from the nurse in charge. This is happening 3 days in a week.	Adopt – Continue with regular druggle 3 days per week and if possible, to do daily
3.2	To request mini workstation on wheel (WOW), laptops, scanners and drug trollies	Lead pharmacist requested for mini workstations on wheels (WOW), laptops scanners and drug trollies to support the ease of doing prescriptions	The management team authorised for the workstations and equipment as requested. The laptops and drug trollies have already arrived and are being used effectively	Extend - to await more equipment delivery and increase numbers based on need.
4.	To discuss with the resident doctors the need for actioning the drug prescriptions based on the pharmacist's notes on Electronic patient records so that all essential prescriptions are prescribed correctly for the patients and this will reduce interruptions	Aug 2025 – I sent an email as advised by the Lead pharmacist requesting the resident doctor to action the pharmacist notes on EPR and to put the accurate time when prescribing especially for ambulatory patients.	Doctors who received the email were happy to follow the process. Moreover, the pharmacist agreed that they will datix unactioned notes	Adapt - Continuous reminder for the resident doctors during the morning huddles
5.	To discuss with colleagues how to sustain the improvement of prescribing process	I discussed with colleagues and agreed to do a presentation at the paediatric department to outline the importance of reducing the interruptions due to prescribing issues	Consultant agreed to do the presentation which can also be shared during each induction when new resident doctors come to the unit.	Adapt - To ensure the sustainability of the process, pharmacist will include the presentation on every induction.

Run Chart



Conclusion & Learning

- I have achieved my aim of 3 or less interruptions per day during the ward round as demonstrated on the run-chart.
- The run chart shows a run of 14 data points below median which indicates significant improvement which is not by chance but due to the changes instigated.
- Initially, I was wanting to change all the reasons for interruptions but with the structured process for QI, I was able to focus on the interruptions related to prescribing issues which helped focussed my change ideas.
- Sharing with peers and receiving feedback is an amazing idea which provide valuable perspectives and insights
- Important to involve all the stake holders and get their support

Reflections

- The project had given me the opportunity to analyse my experience, identify strengths and weaknesses and develop strategies for improvement.
- I learned that through several small steps of change, I can make a big change.
- The model for improvement is a useful way to make a change
- I feel more confident in doing QIP in the future by applying structured process for quality improvement which I have learnt through the course
- There is always a challenge to sustain change which I have handed over to the clinical lead and pharmacist to help sustain the process as they are permanent members of the staff.

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