Anaesthetic forms – *recording the finer details*

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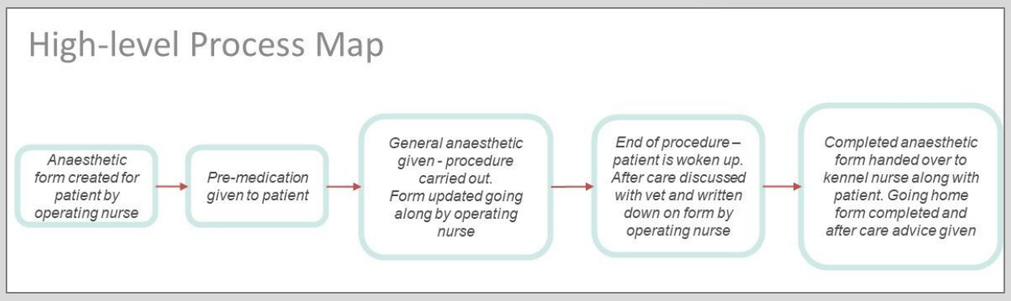
PROBLEM

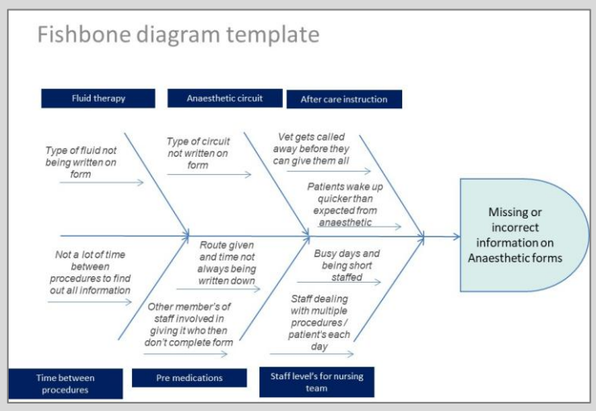
Incomplete anaesthetic forms lead to poor communication between clinical staff. This leads to time wasted chasing missing information, a risk to a patients after care and poor record keeping.

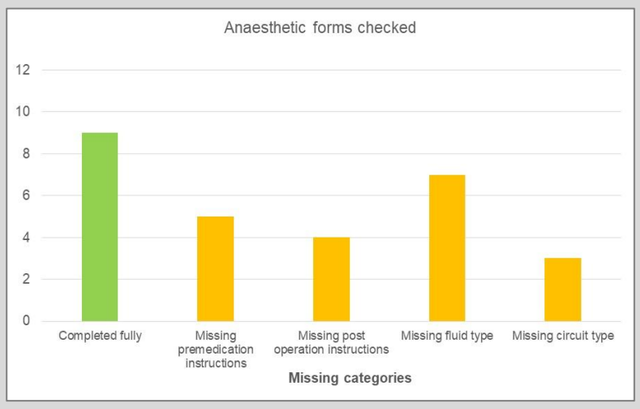
BACKGROUND

Anaesthetic forms are used on a daily basis in practices for both anaesthetic and sedation procedures. They hold a lot more information than just the basic anaesthetic monitoring including: pre-medication information, swab counts, type of circuit or fluids have been used and after care instructions and information. Each practice has a slightly different form depending what they specifically want to record.
It is very easy on a busy day for some information to be missed off, not because people choose not to do it but because people forgot to record it even though it has been discussed between the people involved. But all of the information is important in practice for good record keeping, to allow everyone to deliver a good level of care, and to give the owners correct details for recovery.

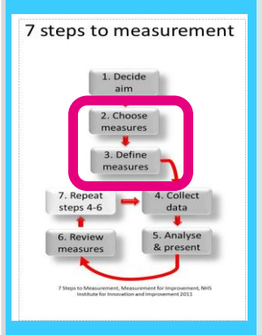
DIAGNOSTICS







AIM & MEASUREMENT DEFINITION



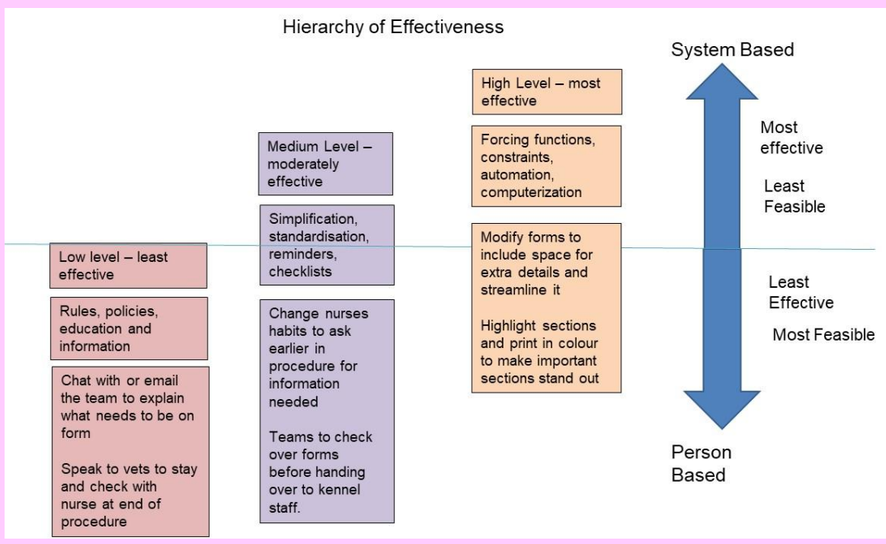
Aim
By end of November 2025 anaesthetic forms for nine out of ten patients are fully completed by the vet and nurse before handing back to kennel staff.

Chosen measure
How complete are the anaesthetic forms. Scoring will go from 1-6
6 being fully complete, 5 being missing only a minor piece of extra information (anaesthetic gas type, swab count, tube size, dental throat pack used), 4 being missing one of either pre medication route/times, fluid type, post operation instructions or circuit type and also any other minor information, 3 being missing 2 of the previous noted ones, 2 being missing 3 of the previously mentioned ones and 1 being missing all 4 of the previously noted ones. (previously noted are written in scoring 4).

Inclusions
All patients that had an anaesthetic using a form, including cats, dogs and rabbits.

Exclusions
Patients that are due for procedure but didn't proceed or patients where the procedure didn't continue/complete as hand over could be different to normal procedure in these cases.

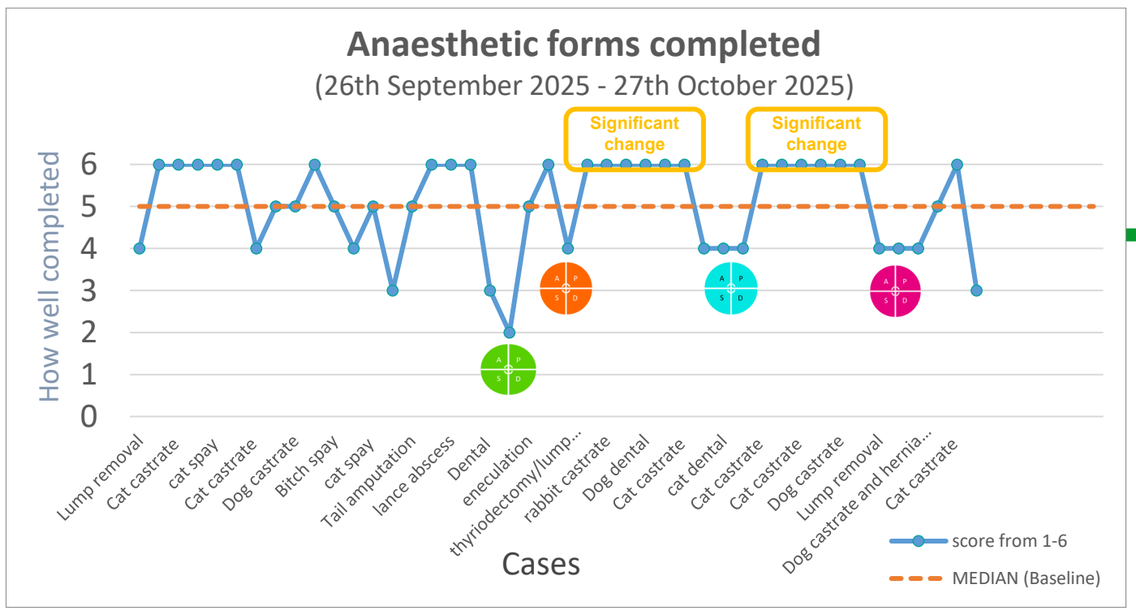
CHANGE IDEAS



PDSA CYCLES

PDSA Test #	PLAN	Do	STUDY	ACT
1a	Modify the form to see if these changes to streamline it help to get it completed better.	Test carried out on 4 patients and new anaesthetic form used on one day of procedures	Looked at results out of the 4, 2 completed fully and 2 still had missing information.	Adopt
1b	Chat with nursing team to engage them on the forms and why the changes are happening and get them on board with this project.	Test carried out on a day I am not in and after chat with nursing team.	Looked at results 3 out of 3 filed in correctly,. But not all sections were needed for 2 of these procedures but what was done was done well.	Abandon - Not long-term fix as can't always bring up in chats, needs more permanent fix – so modify the form more.
1c	Highlight sections of the form which are on my scoring system.	Test for 2 days to gather more results	6 procedures used the forms over the 2 days, only ones done correctly where cat castrates which don't need much of the bits I am looking for, so other 3 procedures are still missing information needed.	Abandon – don't think highlighting makes any difference.
2a	Email nurses and vets to ask them to check over forms before handing back over the kennel staff to make sure all information is recorded.	Test for 3 days to see how this goes.	6 out of 11 procedures over the 3 days were filled in correctly – but some of these required less of the forms to be used. All other forms missing some information, from pre-medication sections not being fully completed or fluid type recorded, to swab count not being fully done.	Abandon – not really possible to keep sending emails to remind everyone to complete forms and this PDSA showed it didn't really make a big difference.

RUN CHART



CONCLUSION & LEARNING

After establishing the baseline median (score of 5), there are two significant runs of 6 data points corresponding to two PDSA's: one after a chat with the nursing team to engage them in the changes to the forms and the other over lapping between highlighting and sending out an email to the clinical team.
Some of the higher scores occurred when the forms don't need quite as much information filling in: so whilst it looks like the forms are completed better, this just reflects less work required.
So whilst I observed two statistically significant changes, neither are likely to be sustained and I would say that I have not really met my aim, from the tests for all 4 of the PDSA's only 14 out of 25 forms were filled in fully.

REFLECTIONS

I like the Model for Improvement. It gives good steps to follow to really look at what changes can be made and the best ways to do this. It makes you think a bit more about being creative with your ideas, but this sometimes is limited with what the thing is you are trying to change. When trying to bring in future change I will definitely step back first before adjusting anything to look at how its currently being done and what change ideas I can come up with. I can then think how best to introduce these to see what helps.
I have found it is harder to make a change that are sustained even when I have explored beyond my initial ideas: the changes I made to the forms haven't given a large amount of improvement and it's hard to figure out exactly why!

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