A stitch on time saves nine

Update patient summaries regularly to prevent piling-up in the end.

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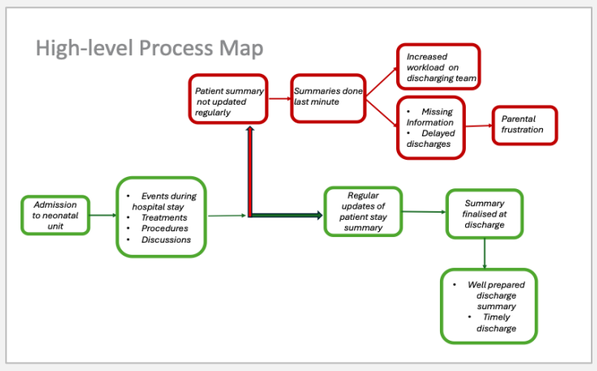
BACKGROUND

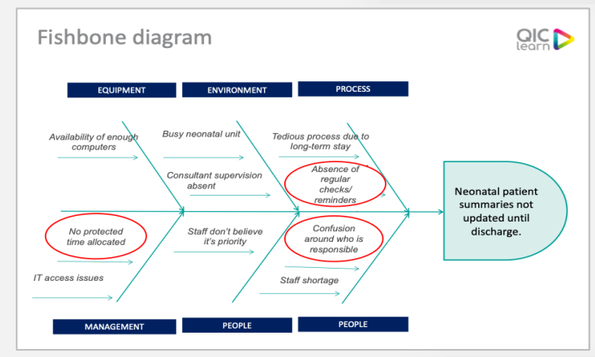
Patient summaries of neonates with long-term stay in neonatal unit are left incomplete until discharge. This leads to increased workload on discharging team, substandard summary quality and delayed discharges. This causes frustration to parents at an already emotional time.

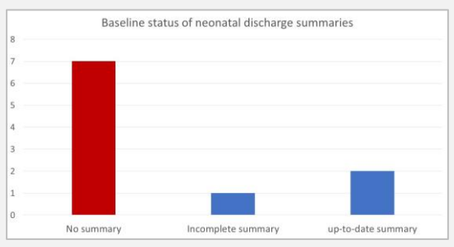
Neonatal summaries of patients with long-term stay in neonatal unit are not updated on BadgerNet until discharge.

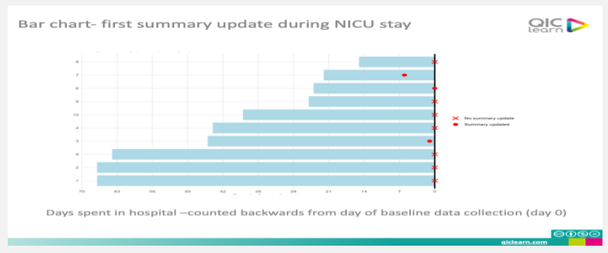
1. Increased workload on discharging team as a team member is pulled away from clinical work for preparing summary from scratch using paper notes.
2. Substandard summary with missing details as it is made in haste.
3. Delayed discharges leading to parental frustration.

DIAGNOSTICS









AIM

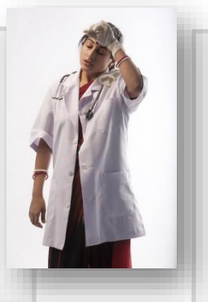
By February 2026, all babies admitted in neonatal unit UHL will have a *weekly* summary record available on at least 3 domains of neonatal summaries; namely respiratory, infection and feeding status.

MEASURE

Chosen measure: Summary record of at least 3 domains on patient stay summary, namely respiratory, infection and feeding status, completed in previous 7 days.
Scoring system on each of 3 domains:
0 = no entry
1 = incomplete entry
2 = up-to-date entry

Inclusions: All neonates admitted to neonatal unit with stay of > 7 days.
Exclusions: Neonates admitted for < 7 days.

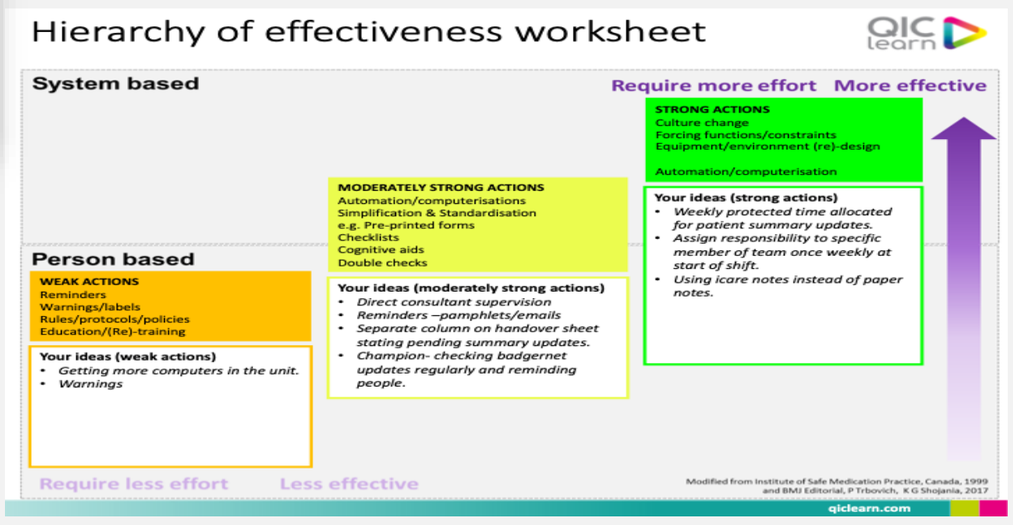
Sampling method and frequency:
Using BadgerNet entries for collecting my data weekly through audit trail option and gather information on when the summaries were last updated and what information was entered.



Neonatal summary completion points			
RESPIRATORY	INFECTION	FEEDING	TOTAL
0-2	0-2	0-2	0-6

Summary completion status	
complete	2
incomplete	1
No entry	0

CHANGE IDEAS



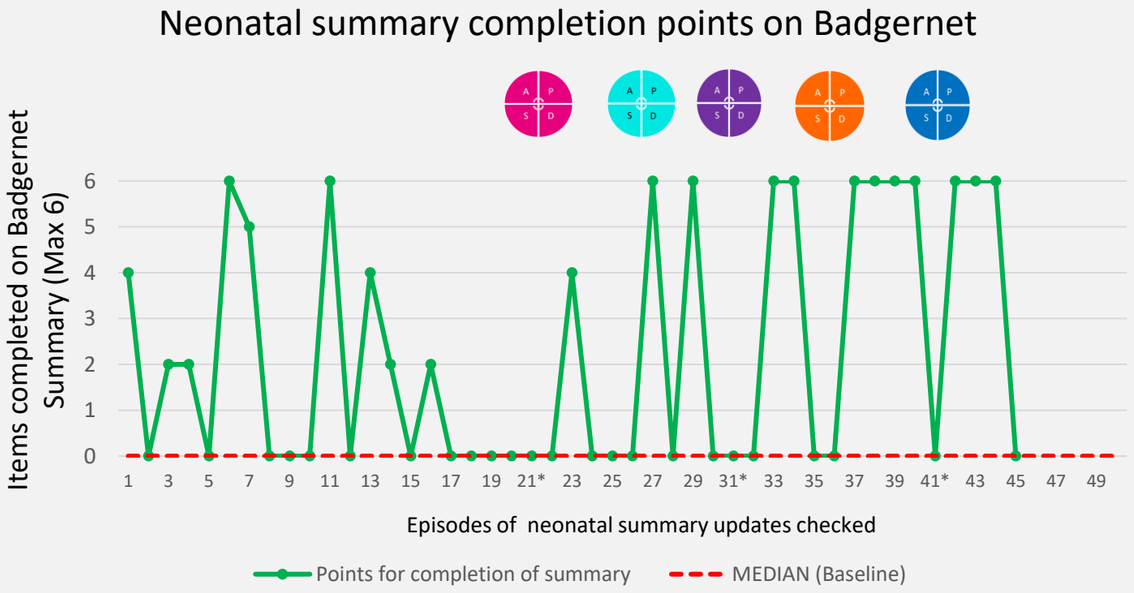
PDSAs

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Discussed with colleagues, my QIP regarding the failure to update discharge summaries of long-term neonatal patients and them being left until discharge.	On multiple shifts, I discussed my QIP topic with different colleagues and consultants and sought their views on it.	I had new insights into problems faced by colleagues and their attitudes towards regularly updating discharge summaries.	This validated that my problem was real and gave others the sense of participation. **AGAIN**
1.2	Discuss problems faced by other team members in regularly updating discharge summaries.	Sent out a multiple- choice questionnaire asking colleagues reason/s for discharge summaries not being regularly updated and timely completed.	Message read by all SHO's, Registrars and consultants. Most colleagues ranked the reasons given by me from 1 to 3 but few also provided new reasons that I hadn't thought of myself.	Helpful feedbacks from colleagues which were later used as change ideas. **ADAPT**
1.3	Suggested change ideas and asked feedback from colleagues.	Asked colleagues to rank change ideas in order of feasibility.	100% of the group members read the message. 50% of SHO + Reg responded.	Participation from colleagues seen but not all responded. **ADAPT**
2.1	Alert department about new change in handover sheet.	Messaged in departmental WhatsApp group, to alert team of the changes made in handover sheet, it's purpose and how to use it.	100% of the group members read the message. None responded or asked questions.	Could have made the message more creative to incite enthusiasm. **ADAPT**
2.2	Change handover sheet to reflect status of patient summary update status.	Prepared a column on handover sheet which demonstrated which discharge summaries needed updating and when were these last updated.	No significant change noticed in discharge summary completion. May be more helpful at a later stage once updating discharge summaries becomes a regular neonatal unit job through other change ideas and attitude change.	Prematurely implemented change idea **ADAPT and REUSE**

PDSA Test #	PLAN	Do	STUDY	ACT
3.1	Send reminder emails	Reminded colleagues through email at start of week and collected data on weekend.	Unsure if email was read by colleagues. WhatsApp messages read by 100%. 2 neonates had their discharge summary up-to-date. One of the two was planned discharge and not a regular update.	Some improvement seen but not satisfactory. Probably make reminder emails catchier. **ADAPT**
4.1	Selecting a day of the week for updating Badgernet summaries which suits the staff.	Sent a Poll on departmental group to get consensus of team members about which weekday is best to complete/ update discharge summaries. Alsos, asked about day or night time preference.	100% of group members read the message but only 33% responded. Wednesday was chosen by most, as we are better staffed on Wednesdays. 100% of respondents selected daytime.	The low response rate must have been from people who disagreed with this change idea. It was important that team feels that they are part of consensus. **ADOPT**
4.2	Remind people to complete patient discharge summaries on upcoming Wednesday.	Sent message on WhatsApp to all members of team to update patient summaries on upcoming Wednesday.	Message read by all department group members. 2 long term neonates had their discharge summary updated.	Some response seen however, unsatisfactory. Probably because start of change is slow. **ADAPT**

PDSA Test #	PLAN	Do	STUDY	ACT
5.1	Remind people to complete patient discharge summaries on Wednesday morning and ask for feedback.	Sent message on WhatsApp to all members of team to update patient summaries on upcoming Wednesday.	Message read by all department group members.	**ADOPT**
5.2	Ask for feedback at end of day from all members of team on Wednesday.	Asked colleagues on Wednesday morning to also complete simple two multiple choice feedback form with optional comments at the end of shift stating what prevented them from updating discharge summaries.	Feedback form filled by all members present on that shift. 4 neonatal summaries were up-to-date this week.	Good response seen when people were asked to reflect on their day. They tend to find time for doing non-priority jobs. **ADOPT**
6.1	Take consultants approval on implementing this change idea of reallocation of excess resources based on workload rather than location.	Discussed with consultants to assess workload every morning in handover and reallocate excess resources (Reg and SHO's) to areas of more workload. (excluding minimum required working force in each area).	Consultants accepting of this issue and happy with implementing the change.	I felt validated and supported of the idea. Also felt if the change from coming from consultants instead of a registrar, it will be easy for junior colleagues to accept.
6.2	Inform team of the changes at the start of week and collect data at the end.	Messaged the new change to the team	Unfortunately, this change was implemented at a wrong time (end of rotation). Towards the end of rotation there was minimal or even less than minimal staffing. Hence this change could not be tested. There were still 3 discharge summaries updated but these were done by consultants of patients who were imminent discharges.	Better planning in timing of implementing this change would have helped assess the outcomes better. **ADAPT**

RUN CHART



CONCLUSIONS

I did not achieve my aim as I did not get a significant run of data points on my run chart. However, more summaries were fully completed than before (11/20 compared to 2/20 in the baseline). Protected time and using reminders for completing patient summaries was found to be ineffective individually, however when used together these resulted in better summary completion rate, however the changes did not result in a statistically significant and more change ideas will need to be considered to achieve long term changes.

Barriers included:

- extra time taken to complete summaries in the beginning due to the backlog of information that needed to be put into the summaries since admission.
- unpredictability of workload in neonatal unit, on the day allocated for completing summaries.

REFLECTIONS & LEARNING

Model for Improvement is an effective framework to approach a problem and test change ideas. Making small changes allow us to make adjustments and retest and discard the idea which clearly does not work. The idea that works can then be implemented on a large scale. This allows us to spend our resources, time and energy wisely. It is also crucial that the team feels included in changes for an idea to work. Cultural and attitude change with senior supervision at the beginning is required for a change idea to be sustainable.

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