

“SAFER” Paediatric Ward Rounds

Jo Harvey

Project Rationale

To restructure the daily paediatric ward utilising the SAFER initiative to achieve a safe and timely assessment for children. This will ensure that the sickest children are seen promptly whilst reducing the wait times for children and their families who are ready for discharge who experience delays.

Project Aims

To improve the proportion of children identified for discharge at the 9.00 handover who are discharged by 13:00 to 60%
To achieve consultant compliance with the Paediatric SAFER sort ward rounds to 60%

The QI Project Leads

Jo Harvey Matron
Dr Marie Wheeler Consultant
Clare Fulford PANP
Dr Leena Nathwani Consultant



With involvement from the Paediatric Consultants body team, junior doctors and nursing staff

Gloucestershire Hospitals NHS Foundation Trust

Daily board round guidance

Please update PAS+ Board by 10am with:
• Updated EDDs
• Discharge status where appropriate (see guidance) Green, Amber, or Red

S Sick patients
Senior decision-maker to see patient if deteriorating or overnight/un-reviewed admission

- Is there a clear diagnosis?
- Are any tests outstanding?
- Is there clarity on who is doing what next?
- Is there an adequate management plan?
- Is the EDD still appropriate?

O Out Today or Tomorrow?
Today's and tomorrow's discharges

- Are all necessary arrangements in place: care package, transport?
- Have TTOs been taken to pharmacy by 14:00 day before discharge?
- Can any outstanding investigations be booked as OP appointments?
- Could your patient's treatment be concluded in a day case setting such as AEC?
- What needs to happen to enable morning discharges?
- Can your patient go to the Discharge Lounge?

R Rest of the patients
Review plans and revise (as necessary)

- Is your patient medically stable?
- Is there an EDD and active discharge plan?
- Do all new patients have an EDD within 24 hours of admittance?
- Are any tests or interventions outstanding (are they still appropriate)?
- Has your patient waited more than 24 hours for an internal service (has this been escalated)?
- Can TTOs be done?

T To come in?
Incoming Patients and Outliers

- How many beds do you have?
- Expected admissions?
- Outliers in other specialties? Have ACU requests been actioned?

Weekend plans

- Does every patient have a plan of care and management?
- Is the patient suitable for nurse-led discharge?

Measures

Outcome measure:

Number of children who are discharged by 13.00

Process measures:

% of Consultants using the SORT process and SAFER documentation

Balancing Measures:

The number of children and doctors on the daily ward round.

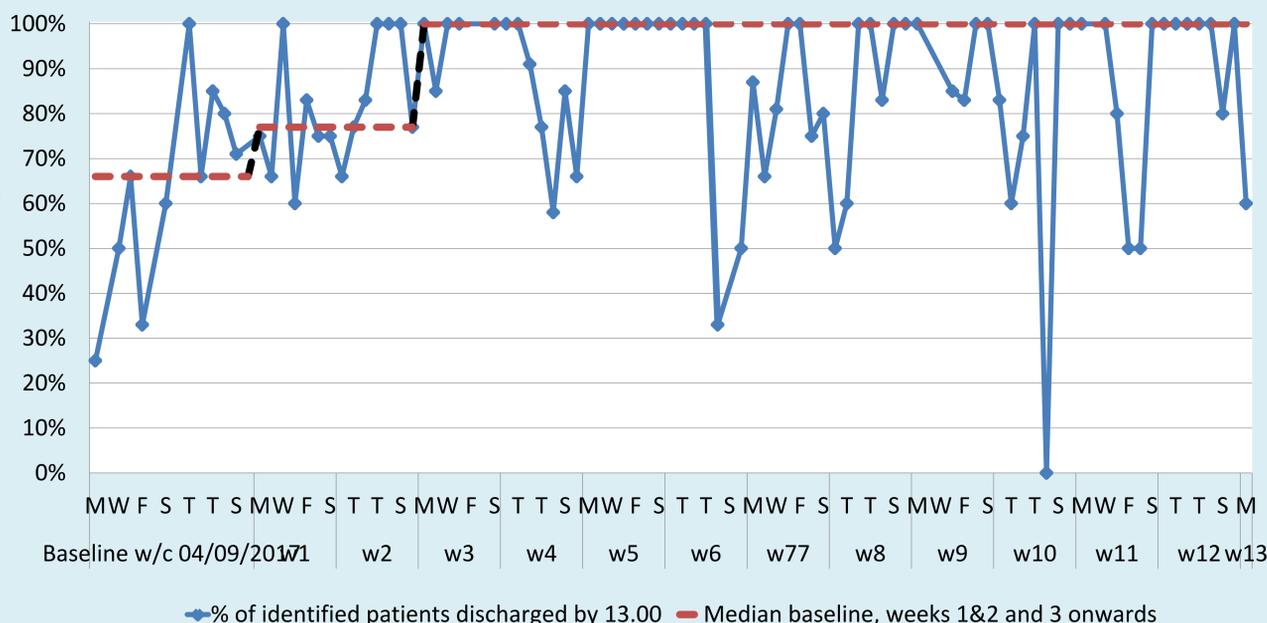
PDSA Cycle

1: Discussion and clarity regarding “o” element of SORT and use of computer on wheels

The Driver Diagram

Aim	Primary Drivers	Secondary Drivers	Change Ideas
Improve consultant compliance with paed safer sort ward rounds to 60%	Reduce variation in ward round, handover process	Staff engagement	Provide SAFER week – to share with staff background to SAFER and mechanisms for staff to be involved Develop structure for paediatric SORT ward rounds with medical and nursing teams
		Structure ward round ‘sort’	Hare and Tortoise split round Structured lunch time and PM huddle
Improve proportion of identified patients discharged by lunchtime to 60 %	Documentation	Complete all tasks round per patient	Use of computer on wheels Dispense from ward drugs
		Develop red 2 green hand over proforma	Proforma to be used at each handover to enable patients to be identified and progress monitored throughout day. This will provide data on numbers discharged within time frame and potential “blockages” in the system. Identify Consultant and Nurse Coordinator each day to support education and compliance

Outcome measure - % Identified pts discharged by 13:00hrs



Key Results

The baseline data showed a median of 65% of patients identified as fit for discharge who had left the ward before 13:00.

This increased to 75 % immediately following the introduction of SORT and following the first PDSA cycle a median of 100% was achieved. Individual troughs in performance were linked to lower numbers of patients deemed fit for discharge by 13:00.

The majority of patients identified for discharge who did not leave the ward by 13:00 were medically unfit when assessed or under joint care with another team.

All Consultants were using the SORT process, supported by juniors and the ward coordinator

Next Steps

Phase 2 of “SAFER” which includes the embedding of red2green days across the inpatient dept and further data collection to understand “blockages” in the system for children preventing timely treatment and discharge.