Reducing waste

REducing waste and Improving patient safety: Introduction of the on-call doctor’s bag


10.1136/leader-2018-FMLM.82

We introduced an on-call doctors bag for the Foundation Year One (FY1) doctor’s on-call medical ward cover at Wexham Park Hospital. These on-call shifts are extremely busy with the FY1 covering 14 different wards. Time is wasted locating essential equipment on unfamiliar wards. Literature over the last 5 years has calculated that junior doctors spend on average 29 hours accessing treatment room and approximately 4 working days collecting equipment over a year.1 These delays can compromise patient safety in emergencies as well as contributing to daily inefficiency and lower job satisfaction.

A pre-intervention questionnaire using a 5-point Likert Scale identified 90% of FY1 respondents (n=22) at felt that significant time was wasted looking for equipment on unfamiliar wards.

A paramedic sling-bag (£90) was purchased as an on-call doctors bag. The bag stock with the relevant equipment and was made available to all FY1s for their medical on-call. The bag was restocked by the ward manager at the end of each shift.

A post-intervention questionnaire was distributed to FY1 doctors. 100% of respondents (n=20) agreed the on-call bag helped them to be more efficient. 100% of respondents agreed less time was spent collecting equipment on the wards with the bag, 95% of respondents stated that they will continue to use the on-call bag.

10 simulated trials were performed comparing the time taken to collect equipment on 8 different wards. 6 volunteer final year medical students unfamiliar with the hospital environment were asked to collect equipment for four common on-call tasks (ABGs, cannulas, phlebotomy and blood cultures) on 8 different wards with and without the on-call bag. In every trial performed, the student with the on-call bag obtained the equipment faster than the student without the bag. The median time saved across all procedures and wards was 3 min 26 s (range 57 s – 7 min 29 s).

The on-call doctor’s bag is invaluable in reducing waste and increasing the number of on-call jobs that can be completed per shift. It reduces the time wasted in collecting essential equipment when treating the unwell or deteriorating patient.

REFERENCE

Radiology report alert systems

Radiology report alerts! Are email ‘fail-safe’ alerts acknowledged and acted upon?

Christopher Watura*, Sujal Desai. Imaging Department, Royal Brompton Hospital, Sydney St, Chelsea, London

10.1136/leader-2018-FMLM.83

Background After identifying failure to act on radiology reports as a cause of patient safety incidents, The Royal College of Radiologists and National Patient Safety Agency released guidelines stipulating that it is incumbent on radiology departments to use ‘fail-safe’ systems to communicate critical and significant unexpected results. Electronic systems are preferred, to reduce errors, increase workflow efficiency and improve auditability. A paucity of evidence exists on the effectiveness of such systems.

Aim To assess i) acknowledgment of email radiology report alerts, follow-up imaging and ii) where indicated, whether follow-up imaging was performed.

Methods and Materials A full-cycle audit conducted at a tertiary referral centre in London, which uses the email-based ‘RadAlert’ system (Rivendale Systems, UK). All cases on the RadAlert database between 5th February 2017 and 31st July 2017 were audited in cycle 1 and, following departmental educational meetings, the first 100 cases during Sept 2017 in cycle 2. The target compliance for acknowledgment of alerts was 100%.

Results In cycle 1, 39% (154/390) alerts were ‘accepted’, 55% (213/390) ‘abandoned’, 5% (21/390) ‘declined’ and 1% (2/390) ‘cancelled’. In a sample of ‘abandoned’ alerts, follow-up imaging (where deemed indicated on the report) was still performed for 76% (19/25).

In cycle 2, 56% (56/100) alerts were ‘accepted’, 37% (37/100) ‘abandoned’, 4% (4/100) ‘duplicate record’ on the database and 3% (3/100) ‘cancelled’. Of all ‘abandoned’ alerts, follow-up imaging (where deemed indicated) was still performed for 76% (22/29).