Reducing Risk on Snowdon Ward

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1. Problem/Issue
Staff on Snowdon Ward recognised that important patient safety information regarding swallowing difficulties, resus status and DoLS (Deprivation of Liberty Safeguards) was not being communicated effectively during handover. This placed their neuro rehab patients at risk.

2. Aim
By March 2018 all Snowdon Ward staff will be able to identify patients that are not for resuscitation, have swallowing difficulties or are under a DoLS, supporting safer care on the ward.

3. Actions Taken
- Agreed to audit current staff knowledge on the 3 problem areas.
- Audit tool developed by team.
- External support to complete the audit following handover to limit bias. (n=8)

4.1 PDSA Cycle 1
- Plan
  - Test a new magnetic whiteboard to display patient information
  - Set out temporary layout on the whiteboard
  - Agree coloured codes for each of the three risks
- Do
  - The team tested out the new board for two weeks gathering feedback from staff
- Study
  - Identified some changes to the board template to make it easier to read and sustain
- Act
  - Changes were made

4.2 PDSA Cycle 2
- Plan
  - Set out the new layout with permanent grid tape and pen
- Do
  - The team tested this for a further two weeks
- Study
  - Re-Audited using the same method to collect baseline data
- Act
  - The success was shared

5. Measures/Outcomes
Initial measurement justified the need for improvement with only 42% of staff being able to identify those high risk patients. After the changes were made this increased to 100% of staff ensuring all patients were safe in relation to the three key areas.

6. Learning Outcomes
Staff recognised the importance of clear, visual and correct information being displayed in an area where clinical conversations occur.

Staff acknowledged this was a small scale change which had a large impact and this has motivated them to make further Quality Improvements relating to patient safety and their clinical handover.