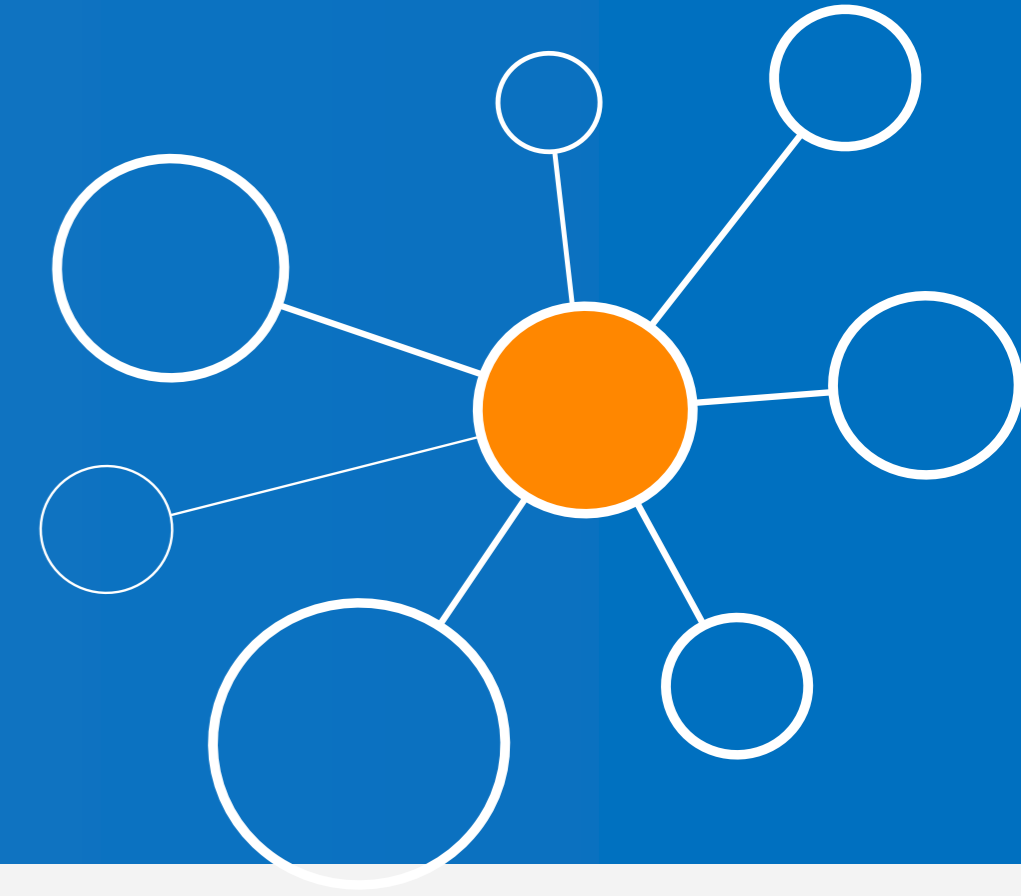


Implementation of an Emergency Department Safety Checklist

Elinor Beattie



Background

Providing good basic care, including timely analgesia and regular observations for patients in Emergency Departments can be challenging. Variations in our practice had been noted by CQC inspectors and raised by staff and patients. This QIP to introduce a local standardised checklist for both Emergency Departments has been undertaken as part of a wider regional project supported by the West of England Academic Science Network.

Aims

The aim of this project is to standardise and improve the delivery of basic care to patients managed in the majors and resuscitation areas of both Emergency Departments. In particular:

- To ensure that patients are getting regular repeat observations if indicated.
- To improve frequency of pain scoring and administration of pain relief if required.
- Improved documentation the above.
- To improve the safety and clinical outcomes for patients accessing the emergency care system

Methods

Baseline data was collected for both departments using key performance indicators including pain scoring, frequency of observation and documentation of NOK/Refreshments offered. The checklist was adapted for local use and initially implemented in CGH in March

2016. This checklist was further modified following feedback and PDSA cycle. The checklist was introduced to GRH on 1st June 2016. Monthly data collection is ongoing for both sites, a randomised sample of 5% of eligible patients are reviewed and KPIs recorded on a standardised data collection sheet. The implementation team have regular meetings and a number of PDSA cycles have been completed to try and improve the use of the checklist on both sites.

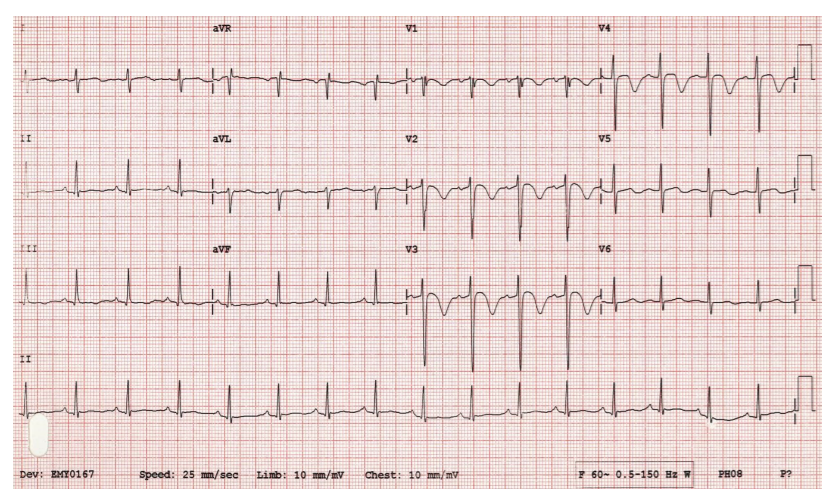
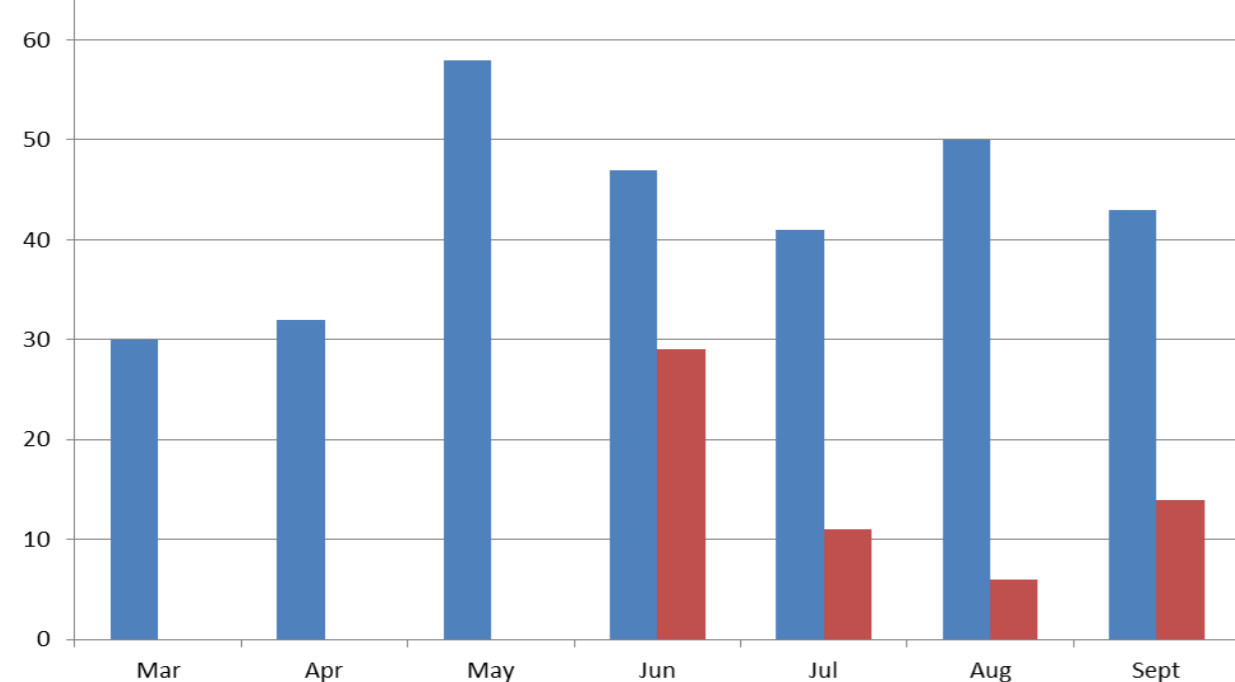
Results

The project is ongoing. The checklist is being used in both sites and data analysis shows that when it is used there has been an improvement in pain management and the frequency and recording of vital signs.

Next Steps

This project has highlighted the difficulty of implementing a checklist in a busy Emergency Department when it is perceived that it is 'another piece of paper'. The next PDSA cycle involves the development and introduction of a paperwork booklet which contains both the checklist and the observation chart.

% Use of the checklist by site



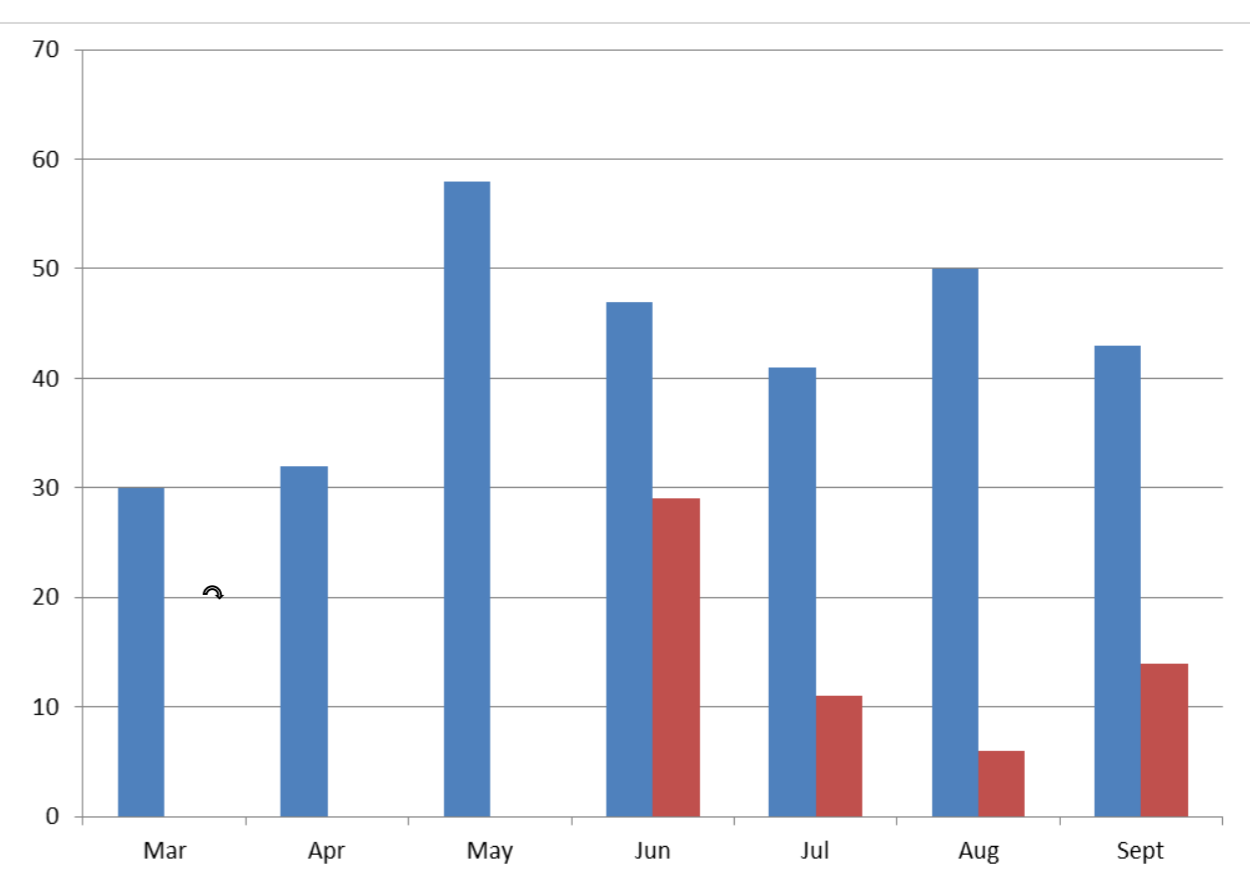
Gloucestershire Hospitals NHS Foundation Trust

Draft V2 Pilot
CGH Emergency Department
Safety Checklist

Name: _____
Date of Birth: DD / MM / YYYY
MRN Number: _____
NHS Number: _____
(SEE A&E HOSPITAL LABEL HERE)

Date	Time Booked in	Time	Initials	Comments
1st hour completion time:				
Assessment/Triage				
Vital signs measured + NEWS recorded				
** Sepsis ** RR>20, HR>90, GCS<15, Temp >38°C or <36°C				
If 2+ Present Use Sepsis Screening Tool				
Chest Pain:				
ECG recorded (within 15 minutes)				
ECG reviewed by Dr (within 30 minutes - time on ECG)				
Undressed and gown				
Wristband				
Pain score assessed				
Analgesia administered (if appropriate)				
Refreshments initiated (as appropriate)				
If access to care plan				
Blood tests				
Imaging (Stroke: # NOF within 1 hour)				
Specific Pathway Triggered (see box 1)				
Pathway commenced (e.g. DKA, NOF, Sepsis, Stroke)				
Consider A&E if appropriate				
2nd hour completion time:				
Vital signs measured + NEWS recorded				
Pain score assessed				
Analgesia administered (if necessary)				
Next of kin aware				
Patient has dementia/learning difficulties (see below)				
Refreshments offered (if not NBM)				
Pressure Area Care:				
Waterlow score performed				
Doxit completed if pressure sore present				
Care plan commenced (as appropriate)				
3rd hour completion time:				
Vital signs measured + NEWS recorded				
Pain score assessed				
Analgesia administered (if necessary)				
Review by senior doctor				
Regular medication administered (if appropriate)				
4th hour completion time:				
Vital signs measured + NEWS Recorded				
Pain score assessed				
Analgesia administered (if necessary)				
Refreshments offered (if not NBM)				
Regular medication administered (if appropriate)				
Relieved and go home:				
Patient ready for transfer				
Notes scanned				
Drug chart written/prn analgesia if required				
Speciality bed confirmed				
Referrals & Pathway/Speciality Triggers if required:				
Adult safeguarding referral				
Paediatric Health Visitor referral				
Mental health proforma completed				
Mental Health/Crisis team referral				
Domestic or sexual violence: Yes / No				
MAR&C form: Yes/No				
Referral to Drug/Alcohol Clinical Nurse Specialist				
Dementia awareness/purple butterfly				
Learning disability team contacted				
Box 1 - Speciality Bed Trigger:				
NIV □ A&E Ward or DCC				
Ductectric/Oxime - refer to GRH				
DKA □ ACUC or DCC				
Chest Drain □ ACUC, A&E Ward or GS if Trauma				
# NOF □ T&O (Divison)				
Upper GI Bleed □ ACUC or Hazleton Ward				
Tracheostomy □ DCC				

% Hourly Observations by site



% Hourly Pain assessment and management

