

# Quality Patient Focussed Admissions

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## Quality Improvement

4A is a 24 bedded acute short stay admission ward incorporating 6 endocrine bed. Our patients are medical patients admitted as an emergency from the emergency department via the AMU. The goal of this project was to reduce complaints by ensuring that the admission to the ward was welcoming and informative reducing anxiety. The project was focused on providing a welcoming orientation to the ward that could be completed by anyone. As part of this process we also aimed to increase the compliance in completion of assessments required on admission to hospital and basic information gathering.

- As part of this project we aimed to improve
- Orientation to ward, along with checking of next of kin details
- Completion of Falls assessments
- Completion of Must and Waterlow assessment
- Completion of pressure areas assessments and MRSA Screens

We also looked at completion of property books and correctly completing the patient's bedside name board

The rationale behind targeting these areas for improvement was focussed from feedback from complaints from patients and from documentation audits highlighting areas which needed improvement.

The ward had previously had admission checklists, and the trust has a first hour priority checklist but we were finding if areas we not completed immediately on admission they would be filed in the notes with areas incomplete.

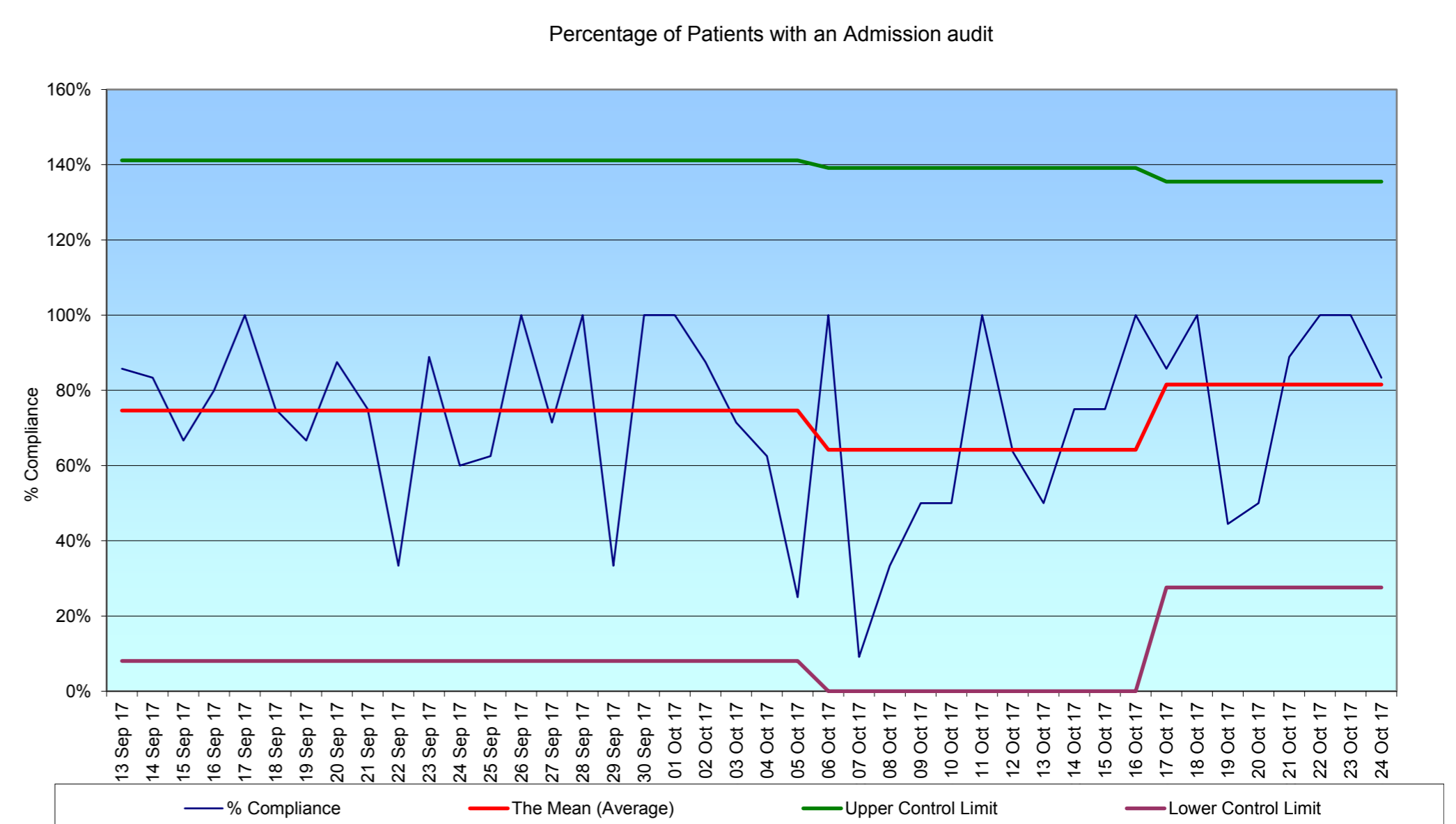
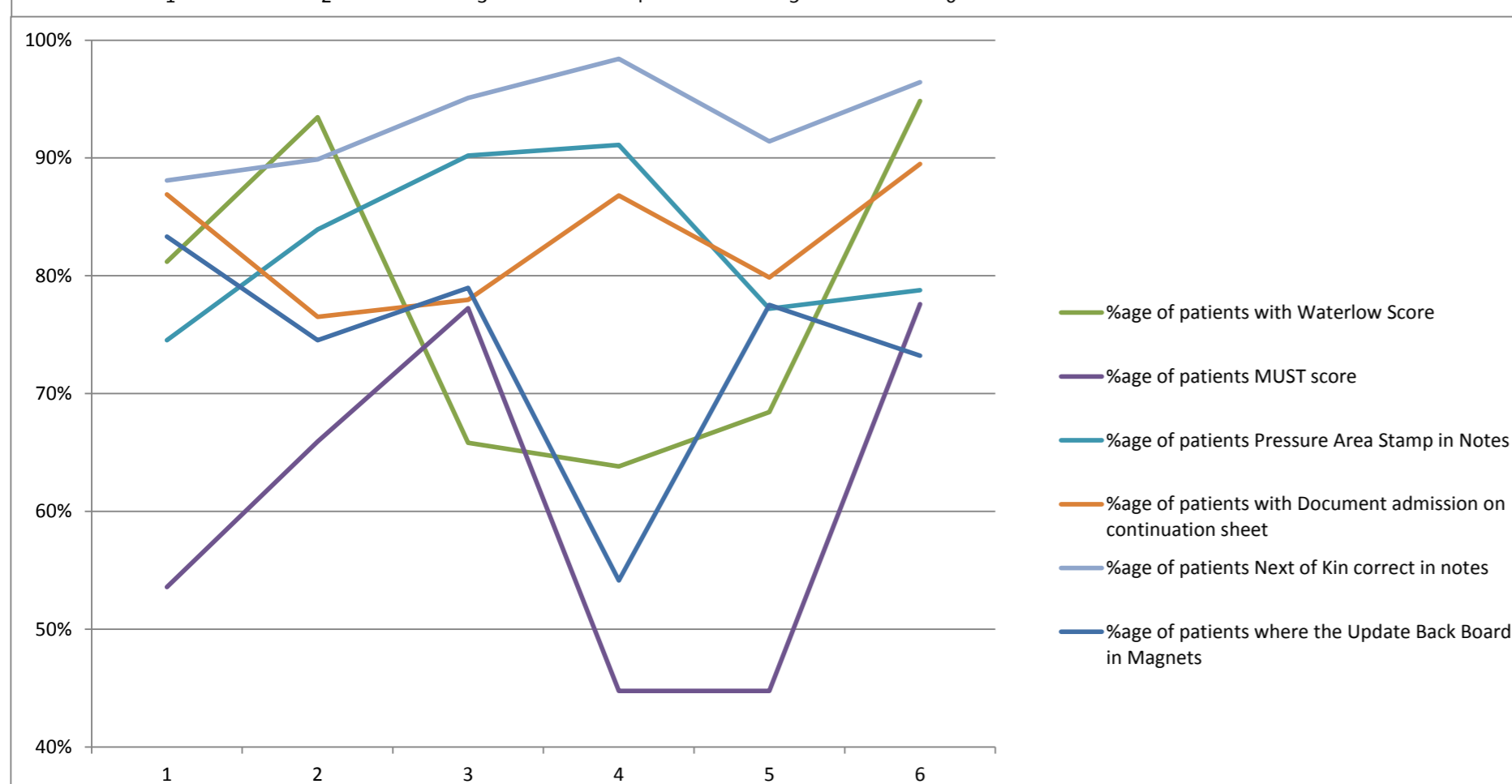
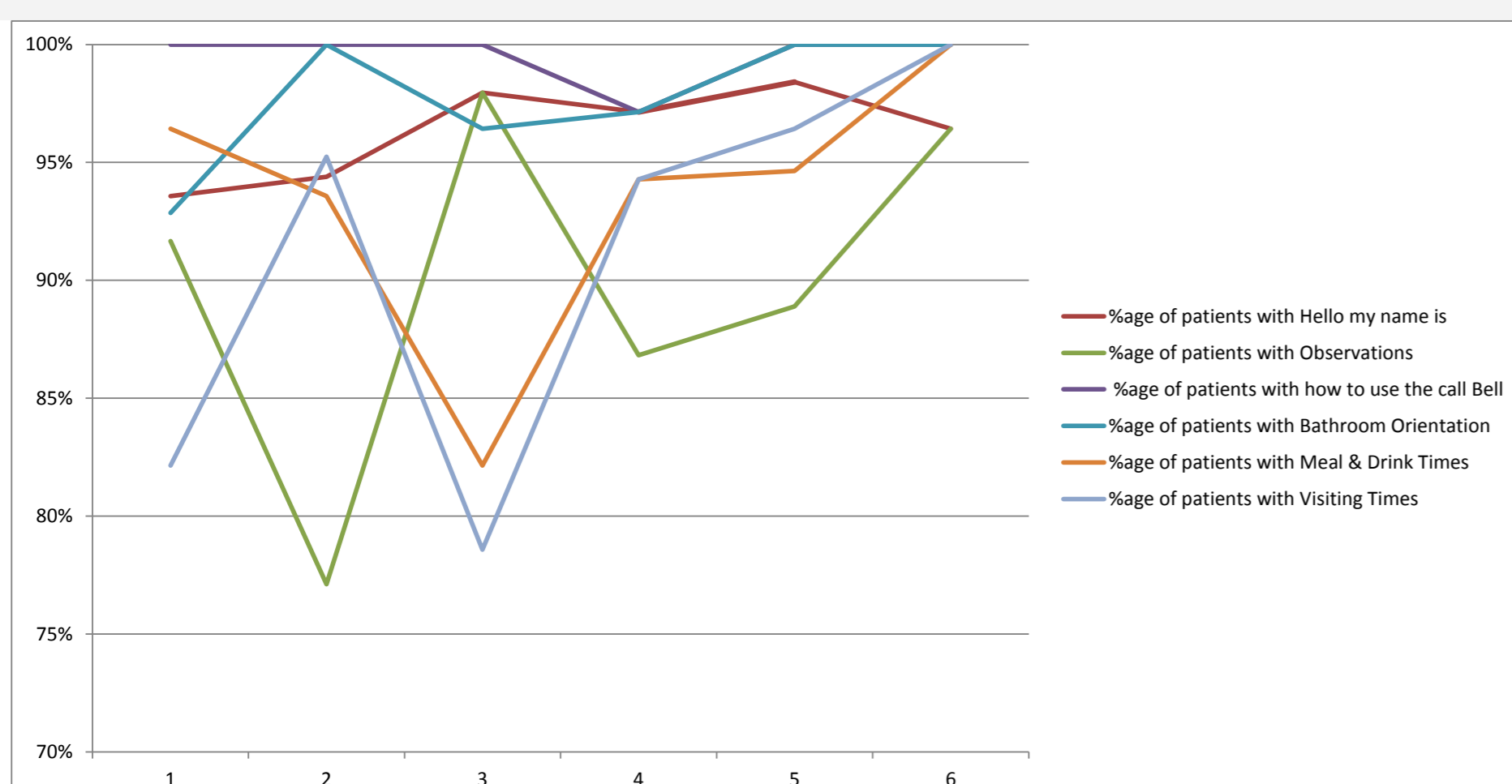
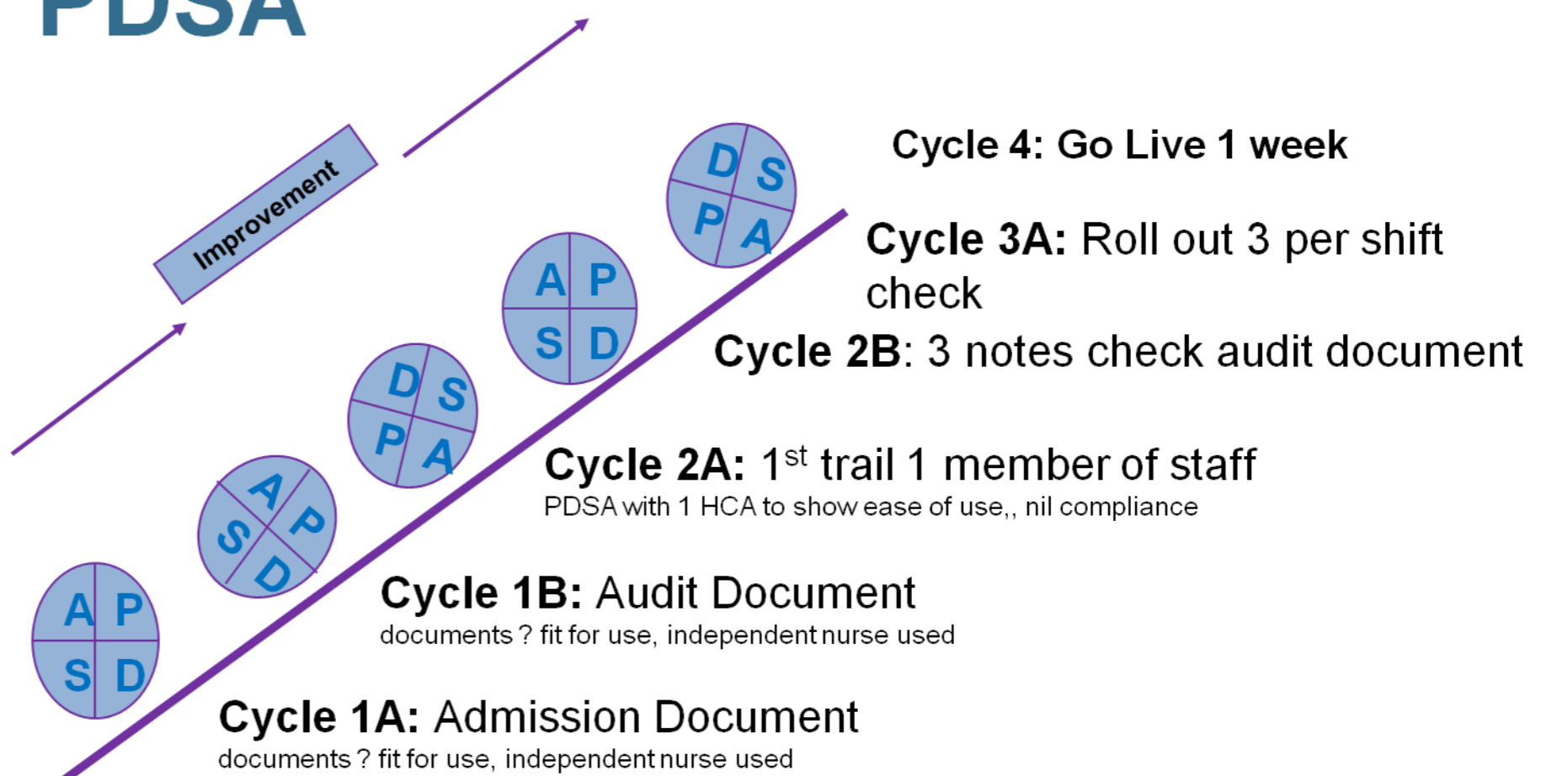
## Aim

Ensure that by December 2017 80% of all admissions to ward 4a receive an orientation to the ward on arrival to the ward

## Method

To achieve our goal we developed a 2 sided admission checklist, one side had an orientation sheet, with all the information required to provide that orientation, regardless of knowledge of ward, the other side focussed on a checklist of key admission assessments and tasks. The Main driver for change however was the Audit sheet. This was completed the following day by the staff looking after the patient. The focus of the audit sheet was not to look compliance of completion but rather to review the checklist and ensure that the assessment and orientation was completed. This also gave the opportunity to check comprehension of the previous orientation and address any issues

## PDSA



## Measurements and Key Results

Over a six week period of data collection we showed that we were able to achieve our target of 80% of collection data for a significant portion of the time, This did reduce at weekends and whilst I was on annual leave.

We have moved from a 30% collection rate to

60-90% for Waterlow scores,

75-90% for Pressure area care

45-80% for Must scores.

Even though some areas are small in change, every area has improved.

## Next Steps

- The project has highlighted blockers for must scores being the ability to weigh patient in a sitting or standing position, so we need as a ward to resolve/source an alternative method
- With minimal change to the orientation information this could be rolled out across medicine.
- Ongoing as a team we will work to resolve the weekend slip, to maintain standards 24/7. could be rolled out across medicine, with small adjustment to the orientation information for each ward