

# Changing the "no change" culture

Increasing the 'value' of ward rounds in SCBU

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## Best use of time?

Most **stable babies**\* spend weeks "feeding and growing" on SCBU, yet were being seen daily on the medical ward round, which took a large proportion of the day.

Most ward round plans for the **stable babies**\* recorded "no change", i.e. added little value. Concurrently, jobs that could add value to the other babies stayed on the "to do" list and were not done.

## Are babies being needlessly disturbed?

Any **concerns** nurses or parents had were already being **urgently** responded to, regardless of the time.

"If I have a concern I ask the doctor or nurse" (SCBU Parent)

Because I spent so long on SCBU ward round, a baby with possible ambiguous genitalia didn't get seen until the afternoon" (SpR)

"I don't think we should be examining well babies every day" (Consultant)

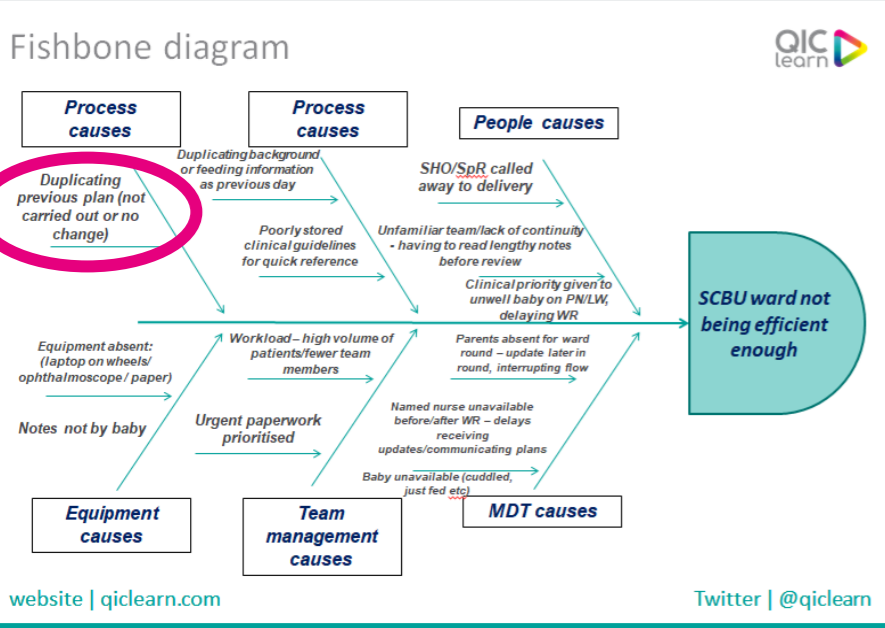
"The plan is so often "no change"" (Band 5 nurse)

**Feedback on SCBU ward round**

"Changing things could release the doctors for the sicker babies - the SCBU ones don't need to be seen every day." (Band 7 Nurse)

"At the weekend especially it... feels like a tick box exercise" (SHO)

"If we had more time maybe one of the SpRs could have half a day a week for education/clinic" (SHO)



## Aim statement

By 1<sup>st</sup> August 2019 (3 months), the number of ward round plans for **stable babies**\* that do not make changes to management (add value) will be halved.

This will allow the medical team to concentrate on reviewing postnatal babies and complete outstanding jobs.

## Measure

How to measure 'value' (efficiency/usefulness)?

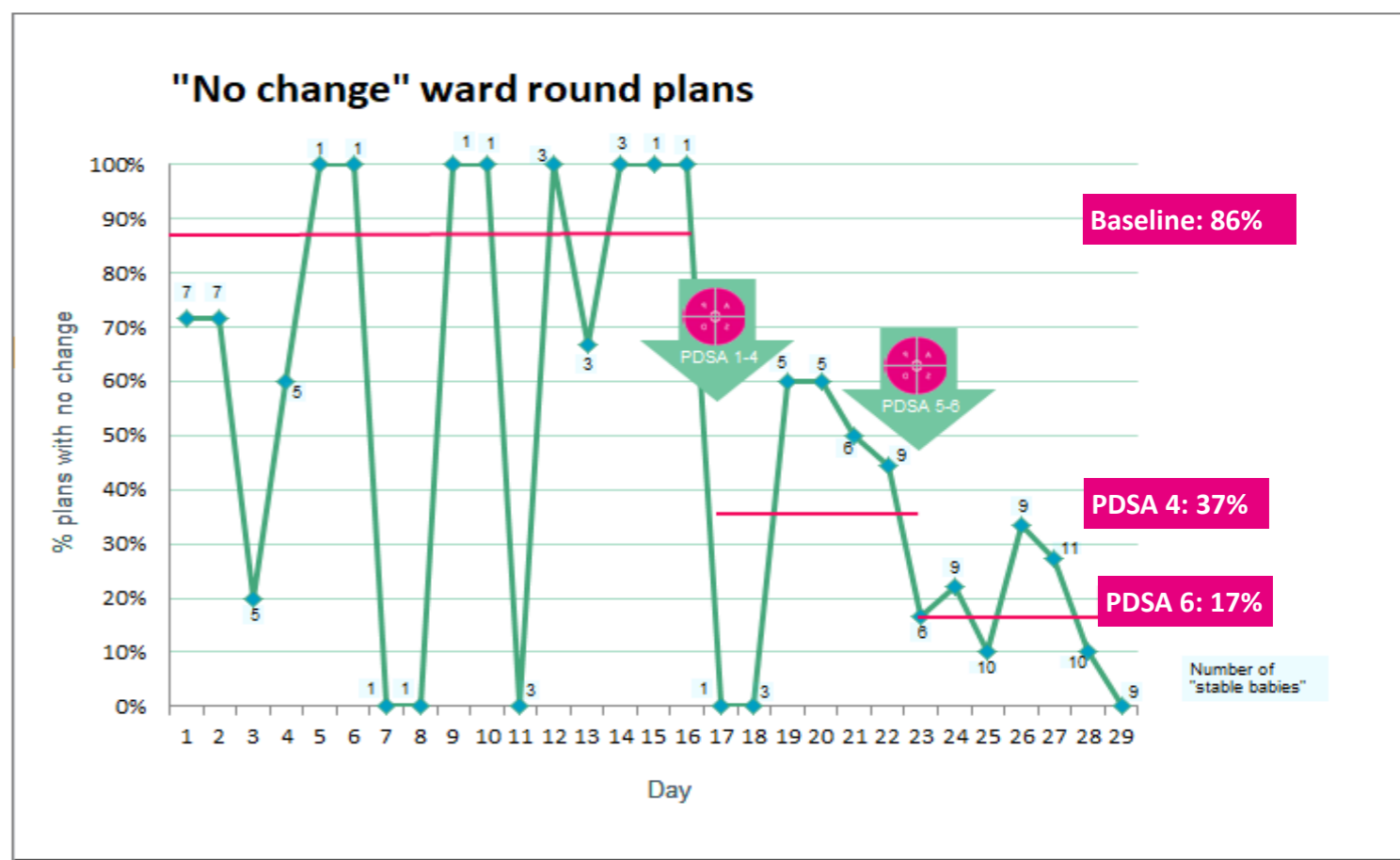
**Percentage of ward round plans for stable babies\* that are "no change" OR copy plan from the day before**

(suggesting plan didn't need adjusting)

## \*Stable Baby definition

- Inclusions**
- A "SCBU baby" + 7 days or older
  - Fully fed
- Exclusions**
- Any nursing concerns
  - Any parental concerns
  - On treatment dose antibiotics, IV fluids, morphine
  - On NAS observations
  - A cardiac defect that could lead to heart failure
  - "Rooming In" prior to discharge

PLAN	DO	STUDY	ACT
1. Emailed team in advance to request feedback on project plan	Sent separate emails to nursing colleagues, consultant colleagues, junior/MDT colleagues. Also asked face to face.	Gathered 15 responses	Responded to queries related to 1) whether it would lead to increased length of stay 2) Discussion on best days
2. Send alert on WhatsApp to team that project commencing soon	Sent message to group on team WhatsApp	Noted interest growing in the project	Addressed queries regarding 'stable baby' criteria
3. Need memory jogger for team	Add 'stable baby' criteria to handover sheet in the SCBU section	Made it easier for team to identify stable babies pre/during ward round	Introduce first major intervention: Monday, Thursday, Saturday ward rounds
4. Reduce ward round frequency to 3 times a week	Monday, Thursday, Saturday ward round	Increased 'value' Some babies being seen Wednesdays anyway - so 4 days of ward round instead of 3. No change to frequency of consultants seeing babies.	Change days to Monday, Wednesday and Friday (3 days in total) and get feedback
5. Request feedback from medical and nursing colleagues	Asked face to face, sent texts	Made note of responses - one senior nurse worried that some of the junior staff wouldn't feel confident telling the doctors they had concerns.	Highlight to doctors the importance of explicitly asking each nurse if they had any concerns with the babies not being seen that day.
6. Continue ward round frequency 3 times a week. Change days to exclude weekend days	Monday, Wednesday, Friday ward round	Further increase in 'value'. Ward rounds being led by Consultants more often than previously.	Continue with this change



## Colleague feedback

- Satisfaction amongst medical & nursing colleagues risen from 35% to 95% satisfied/very satisfied. (n= 22)
- 94% feel postnatal team now better supported
- 93% feel there is now more time to complete the jobs list
- 94% feel that discharge paperwork is now completed earlier
- 73% feel they now have more time to do QI projects/admin

"Amazing" (SpR)

"I think it's far better for the babies and a better use of our time - especially as this week we were short of registrars" (Attending Consultant)

"Not seeing all the SCBU babies today has made a big difference. It's meant we can get on with all the hot room jobs much earlier!" (SpR on a Saturday)

"..great - I think we will carry on like this" (Attending consultant)

## Results

Reducing ward round frequency encouraged more formalised senior ward round plans and longer term plans to be made. It also left 4 mornings a week to get administrative jobs done sooner, support postnatal team and help with tasks for high dependency babies. **Change has now been sustained for over a year!**

## Reflections and Learning

- The change has been adopted in the department as the new way of working for the past year
- Colleague feedback - informally and in an end of project survey - has been overwhelmingly positive
- Parent feedback since project established difficult to obtain due to maternity leave and lockdown.
- The measure was a weak point - my aim was to improve efficiency but "how often plans made differences to care" was the best measure I could think of. I would have preferred to measure staff efficiency and time left to be able to do other work but the variables were too great
- Balancing measure was 'low risk' babies who became unwell - none were recorded over the course of the data collection period and no concerns have been raised since change.