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DATIX TO GREAT X – DE MYSIFYING THE JOURNEY TOWARDS VISIBLE POSITIVE LEARNING

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Aims Datix systems have a taboo attached to the investigation process. There was need to bridge the gap to ensure Datix review and feedback with learning in the workplace. Multi-disciplinary team (MDT) working groups have always provided greater skill mix and promoted and enhanced any learning strategy. MDT Datix group helped evolve the learning process into system based reviewing, reflecting, learning and responsively changing working environments. Our team wanted to ensure effective Datix MDT system based process review and create a positive and visible learning in an open and transparent way.

Methods A specialist Datix club was started 1/4/2020 as a weekly one-hour MDT based discussion ‘teams’ meeting to review datixes, to help draw in system-based process reviewing strategies in the working environments (figure 1). There was good representation of consultants, junior doctors of all grades, senior nursing members, practice educators, governance, pharmacy, risk nurse and nursing students. Lessons learned was shared in grand rounds the same day. Monthly flyer/poster was introduced and circulated from 1/1/2021 to the entire MDT paediatric team to ensure more visibility (figure 2).

Results • Strategy of Change was to ensure good communications system digitally and flyers visibly, as a measure of quality improvement in dissemination and visibility of the system-based MDT learning process across the wider team.
• The weekly grand round learning meant that the entire team had an opportunity to reflect on events within the week, so the learning was timely and effective with real examples. The Taboo to datix was taken away with the MDT meeting discussions from Datix to Great-X process. The Datix themes fed into the MDT Quality Improvement journey for the team to ensure learning is embedded from August 20 -21 with 26 MDT QI projects.
• Visibility across teams with monthly Datix club themes helped build a positive system based process of learning engagement across the teams towards effective patient safety and ensure transparency of the learning process.
• Next Steps: We have set the scene to ensure a Great-X club with the Datix club so we look at the whole process of learning from experience and sharing the experience as an open journey towards excellence in care and ensuring patient safety as a system MDT.
KMC and breastfeeding every six hours. All mother-neonate dyads admitted in the postnatal care ward from 01/01/2021 to 28/02/2021 were included in the study. A re-audit was performed from 01/06/2021 to 10/07/2021 in the same ward. (figure 1)

Results We included 32 mother-neonate dyads in the initial audit and 36 dyads in the re-audit. (figure 2)

Conclusion The quality improvement team successfully met its goals. We plan to extend this initiative to further increase the rate of exclusive breastfeeding and reduce the expenditure on formula feeds. During the Covid-19 pandemic-mandated lockdown, the number of home deliveries in the city grew. We also envision studying the safety and implementation of home-based or domiciliary KMC.

To attempt to counter this, a communication framework was developed to ensure that information could be reliably provided at set times and allow for consistent dissemination. This rapidly iterated into a weekly communiqué via an email newsletter to share information, links to updated policies along with other departmental requirements, such as staffing gaps and reminders of teaching and educational opportunities. This further iterated into an opportunity to develop closer working relationships via ‘soft touch’ sections such as interviews with staff members, an agony aunt column and sharing excellence.

Qualitative and quantitative surveys were held before starting the Quality Improvement Project, and then at regular intervals throughout to adapt the content to be of maximum benefit.

Results Before starting, the departmental responses on information sharing showed a gradient correlating with seniority. Consultants scored the department an average of 72%, whilst registrars scored the efficacy at 49% and SHOs at only 33%. Trust communications were felt to be significantly more effective than departmental communications by trainees (70% vs 38%), and less effective by consultants (56% vs 80%). This pattern was repeated for other categories including education and staffing where consultants felt information was shared more effectively than trainees. 80% of staff felt a single source of truth would be useful.

After LOLIPOP! had been running for 6 weeks, this survey was repeated. The overall score improved from 50% to 85%. All grades now rated the efficacy of information sharing at over 80%, removing any gradient. This was consistent for staffing and education as well. All grades now felt the department was sharing information better than the trust, with a 45% improvement in departmental communication across all grades. 100% of staff now felt the project was useful.

Qualitative feedback was universally positive. Trainees felt that LOLIPOP! ‘brought the team together’, ‘lifted everyone’s spirits’ and that the project was ‘one of the highlights of the year’. The tone and frequency was felt to be appropriate, with staff feeling that too much information on a regular basis would ‘lessen the impact’ and might mean information would get lost.

Conclusion LOLIPOP! provided a touchstone in the week where all staff knew they would be able to receive the most accurate information, along with other reminders. It became a key part of the departmental information sharing. It showed clear benefit in ensuring accurate information was easily available, allowed a wide team to share their skills and was shown to have bond a team working under difficult conditions. The project continues with a new editorial team at the helm.

To rapidly disseminate information in a consistent, reliable, accessible format.

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LOLIPOP!: A TRAINEE-LED APPROACH TO COMMUNICATION

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Aims 1. To rapidly disseminate information in a consistent, reliable, accessible format
2. To improve departmental morale

Methods of working within our department. These changes occurred so rapidly that it was a challenge for staff to stay updated, and lots of questions arose. This exacerbated the anxiety and uncertainty felt, and contributed to a significant drop in morale.

IMPLEMENTATION OF PARENT/PATIENT INITIATED FOLLOW-UPS (PIFU) IN A GENERAL PAEDIATRIC OUTPATIENT SETTING – EXPERIENCE FROM A PILOT STUDY FROM A RURAL DISTRICT GENERAL HOSPITAL IN ENGLAND

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