Quality improvement project on the efficacy of saving clinical notes on Diabetes and Endocrinology wards at St Thomas' Hospital, London

Dr Shravan V. Gowrishankar, Guy's and St Thomas' Hospital, London

Dr Anand Velusamy, Guy's and St Thomas' Hospital, London

Abstract (300-word limit)

Statement of the Problem:

After each ward round, the ward round note should be saved as opposed to leaving it as a 'draft'. This ensures that the medical team clarifies the plan with the ward round leader (e.g, consultant/attending physician) after the patient has been seen. Once saved, the ward round note can no longer be edited. This ensures that the nursing team/consulting teams do not follow 'drafted' plans that might not be accurate. The expected standard of ward round notes saved should be 100%. A quality improvement project was designed to increase the number of ward round notes saved on the diabetes and endocrine wards at St Thomas' Hospital in London.

Methodology & Theoretical Orientation:

Pre-intervention:

The number of ward-round notes saved in the diabetes and endocrinology medical wards at St Thomas' Hospital was collected from the electronic medical system for 2 days (24th - 25th July 2023).

Intervention:

Posters placed in diabetes and endocrinology team wards outlining the importance of saving notes and discussion with doctors highlighting the importance of saving notes.

Post-intervention (2nd cycle):

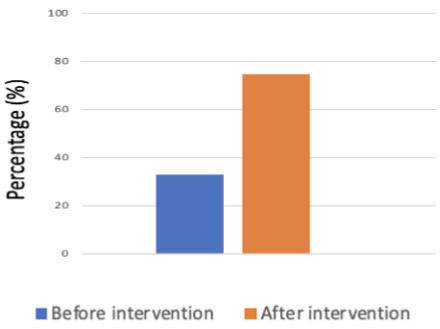
The number of ward-round noted saved on diabetes and endocrinology medical wards was collected from the electronic medical system for 2 days (26th - 27th July 2023)

Findings:

The intervention was associated with an increase in the percentage of ward round notes saved from 33% to 74% (Figure 1)

Image

Figure 1: Bar Chart showing the percentage of ward round notes saved overall in the Diabetes and Endocrinology Wards at St Thomas' Hospital



Conclusion & Significance:

A poster and discussion with doctors highlighting the importance of saving clinical notes increased the percentage of notes saved. Further data collection in the future will be required to determine if this is sustained. Other methods of intervention, such as a 'prompt' in the electronic medical record system to encourage saving, could also be trialed.