Reducing Interruptions During Medication Rounds

Situation
Interruptions during oral medicines rounds were highlighted as a safety concern. Following implementation of a range of interventions the number of interruptions was reduced significantly and sustained over time.

Brief
Formal Medicines rounds using red aprons were re-introduced at BCH over the summer of 2014. Interruptions during medicine rounds were perceived by our Safety Nurses to have increased as a result of this. The Safety Nurse for our Neurology Ward took the lead to establish the number, duration and reason for interruptions in their own area. The reasons for interruptions were analysed and categorised into appropriate, unnecessary, or avoidable. The ward team were then engaged in developing a range of interventions designed to reduce avoidable and unnecessary interruptions. Interruptions on medicine rounds were re-audited immediately following the implementation of the interventions. The percentage of medicine rounds interrupted was cut from 71% of medicines rounds to 21% of medicines rounds. After 10 months the number of interrupted medication rounds remained at 19%.

Assessment
The Nurse undertaking the medicines round noted down on a standard sheet when an interruption occurred, its duration, who the person was that interrupted them and why. The perceived appropriateness of the interruption was decided using defined criteria. Ward staff were engaged in identifying interventions that targeted the different groups of people interruption and the underlying reason for their interruption.

Reasons for interruptions:
- **Children Young People & Families**: Requests round basic care needs such as supply of nappies, locating feeds or snacks /asking questions about care, requesting analgesia and expressing concern about their child
- **Ward staff**: Relaying messages, communicating results, requesting information and request for drug keys
- **Medical Staff**: Communicating or asking questions about plans of care or results, request for drug keys
- **Other**: Reporting to NIC, communicating or asking questions about plans of care or results, requesting an update on bed status.

Perceived appropriateness of interventions:
- **Appropriate interruptions**: Any staff member, child young person or adult requiring the assistance of one or both of the nurses engaged in the medicines drug round for an urgent situation or clinical emergency.
- **Unnecessary interruptions**: Any interruption by a staff member or adult that could have been directed to another available and visible member of the ward team.
- **Avoidable interruptions**: Any interruption by a staff member, child, young person or family member that could have been dealt with by another member of the ward team had it been directed to them.

Interventions implemented:
- Providing of information on potential impact of interruptions
  - Poster designed and displayed for staff visiting the ward from other areas showing nurses on a drug round wearing the red ‘Do not disturb’ explaining why it is important to avoid interrupting staff during the preparation of medicines.
  - Poster designed and displayed for older children young people and parents the same as above
  - Information added to the ward information booklet designed for children young people and parents
Empowering staff to challenge interruptions and providing the tools to do so
  o ‘Stock’ phrases were developed to support staff in challenging constructively unnecessary interruptions from each other, the wider healthcare team as well as children, young people and their parents families
  o Hints and tips on how to open a conversation with individuals who repeatedly interrupted medicines rounds

Changes to Team Working
  o Staff reminded at each handover to not interrupt if it can be avoided.
  o Ward Staff allocation changed to facilitate a ‘floating role’ during drug rounds. The allocated staff member (frequently this was a clinical support worker) made it known to children, young people and their families that they would be available should they require them for the period of the medicine round.
  o Team Communications improved – the Nurse in Charge began to actively handover key information about the bed status, admissions and discharges both verbally and with the use of a white board to enable other team members to field questions from bed managers and consultants without interrupting the Nurse in Charge whilst on the medicine round.
  o The ward clerk agreed to answer the ward door bell and answer the telephone during the medicine round to enable the floating team member to be available to meet the needs of children, young people and their families during the medicines round.

Changes to ways of working with other teams
  o Theatres agreed to support transport to and from Theatres during medicine round times to avoid depleting the ward team at this time.
  o Bed management and operations team agreed to receive updates on bed status from any member of the ward team not only the Nurse in Charge of the shift.

<table>
<thead>
<tr>
<th></th>
<th>Baseline audit (August 2014)</th>
<th>Following Intervention (October 2014)</th>
<th>After 10 months (June 2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Drug Rounds Interrupted</td>
<td>71%</td>
<td>21%</td>
<td>19%</td>
</tr>
<tr>
<td>Total number of interruptions</td>
<td>50</td>
<td>13</td>
<td>16</td>
</tr>
<tr>
<td>Interruptions Drug Round</td>
<td>1-5</td>
<td>1-2</td>
<td>1-2</td>
</tr>
<tr>
<td>Length of interruptions</td>
<td>30 seconds - 5 minutes</td>
<td>10 – 30 seconds</td>
<td>10 – 30 seconds</td>
</tr>
<tr>
<td>Who Interrupted</td>
<td>CYP &amp; family 30%</td>
<td>CYP &amp; family 15%</td>
<td>CYP &amp; family 25%</td>
</tr>
<tr>
<td></td>
<td>Ward Team¹ 32%</td>
<td>Ward Team¹ 38%</td>
<td>Ward Team¹ 6%</td>
</tr>
<tr>
<td></td>
<td>Medical Staff 16%</td>
<td>Medical Staff 31%</td>
<td>Medical Staff 38%</td>
</tr>
<tr>
<td></td>
<td>Other² 22%</td>
<td>Other² 13%</td>
<td>Other² 31%</td>
</tr>
<tr>
<td>Appropriate</td>
<td>5</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Unnecessary</td>
<td>22</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Avoidable</td>
<td>17</td>
<td>6</td>
<td>9</td>
</tr>
</tbody>
</table>

| Ward Team¹ – Nurses, Clinical Support Workers & Ward Clerk employed on the ward |
| Other² - Members of the wider multidisciplinary team (students/ bed managers/ wider MDT / volunteers) or Ward Entry System / Telephone. |

Response

The method adopted by the Neurology ward is easily adapted and for use in other areas, it is currently being rolled out across the hospital. The engagement of the team in deciding or developing interventions that would work in their area was key to the success of the project.

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