

Paper light on Rosebank Ward

Ashley Coad, Emmanuel Addo, Francesca De Ritis, Rufaro Mudarikwa, Olivia Leadbeater, Rebecca Lingard, James McGill, Mahmoodah Khanom and Andy Cruickshank (QI Sponsor)

WHY:

Ultimately, to deliver better care for patients by handling, storing and sharing patient information safely and securely.

- One system – Simplicity, time efficient, and less chances of losing information, accessibility
- Better communication
- Spend more time with patients
- Environmentally friendly
- Highly dependent on paper notes when we are supposed to be 'paper light'
- More control

AIM:

To become paper light by 40% in 6 months (31s March 2016)

MEASURES:

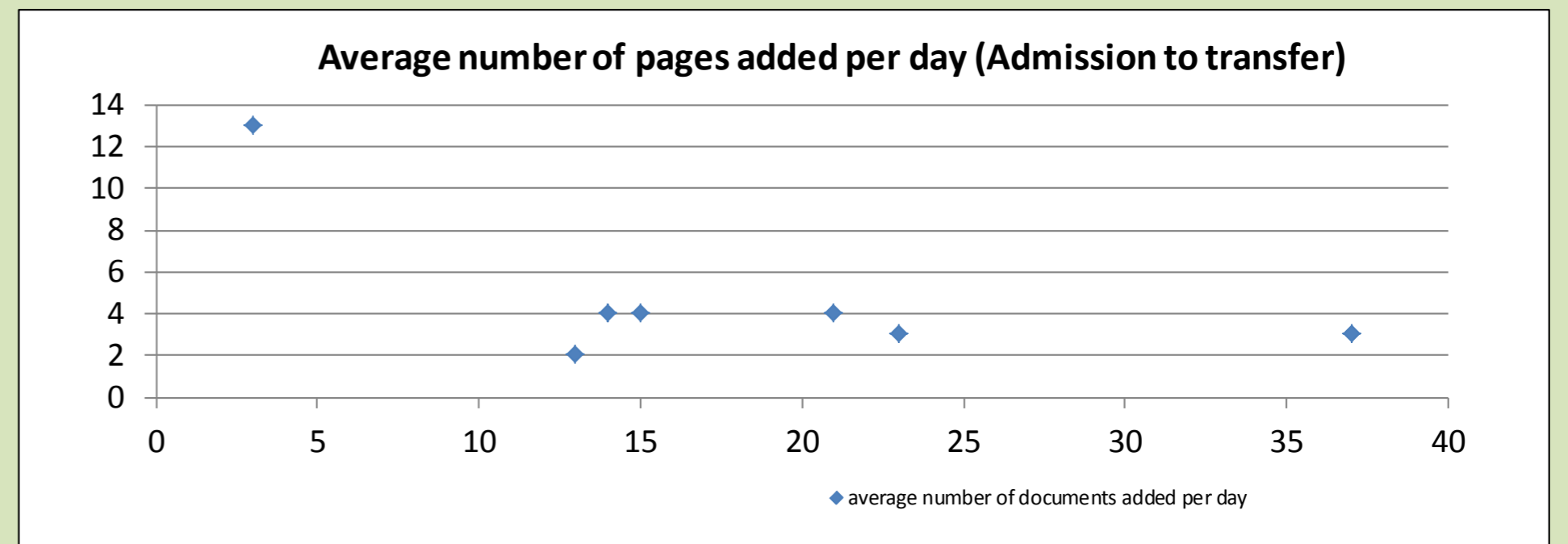
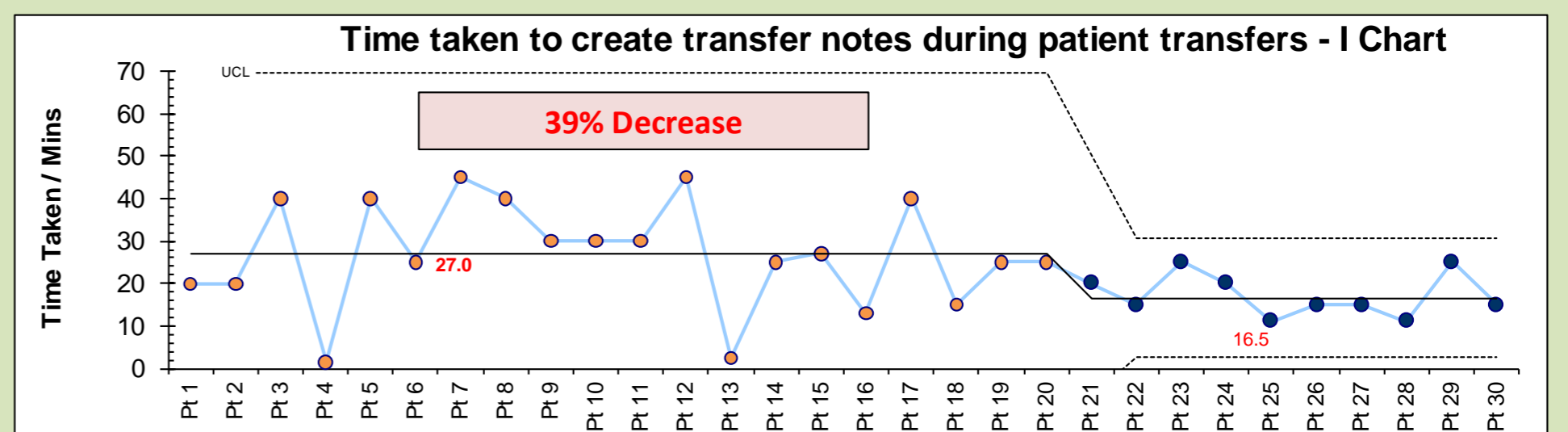
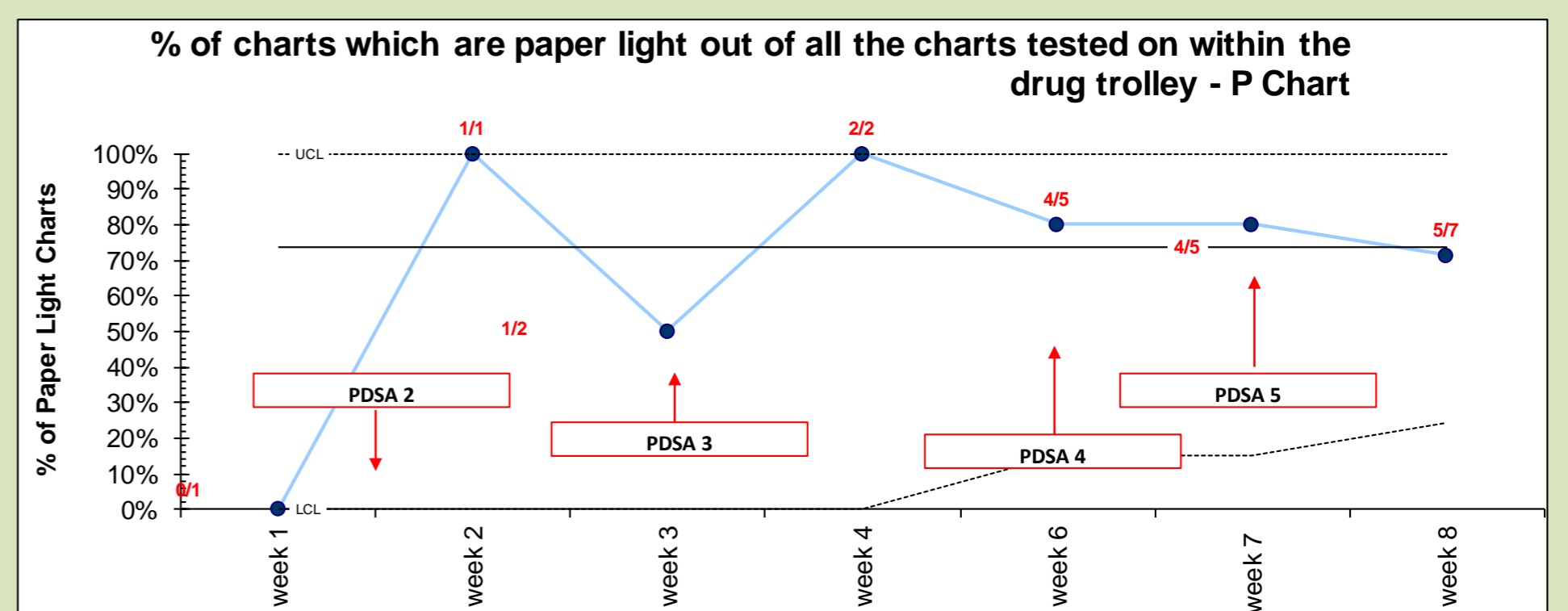
Outcome measure: How many patient notes are paper light?

Process measure: % of time taken to transfer patients out to another ward outside of TH.

% of time tablets are being used as opposed to paper method.

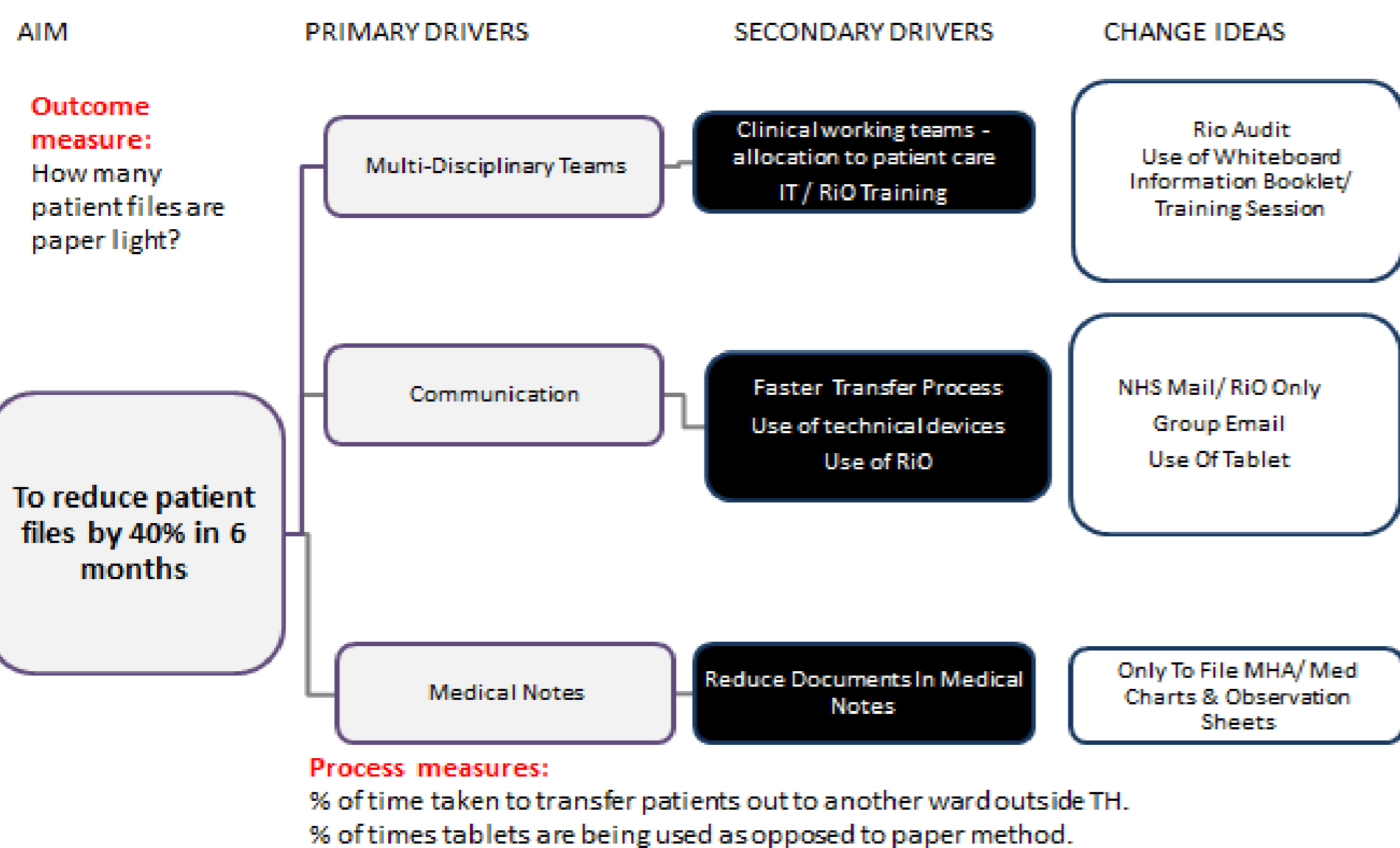
Balancing measure: Staff satisfaction

RESULTS:

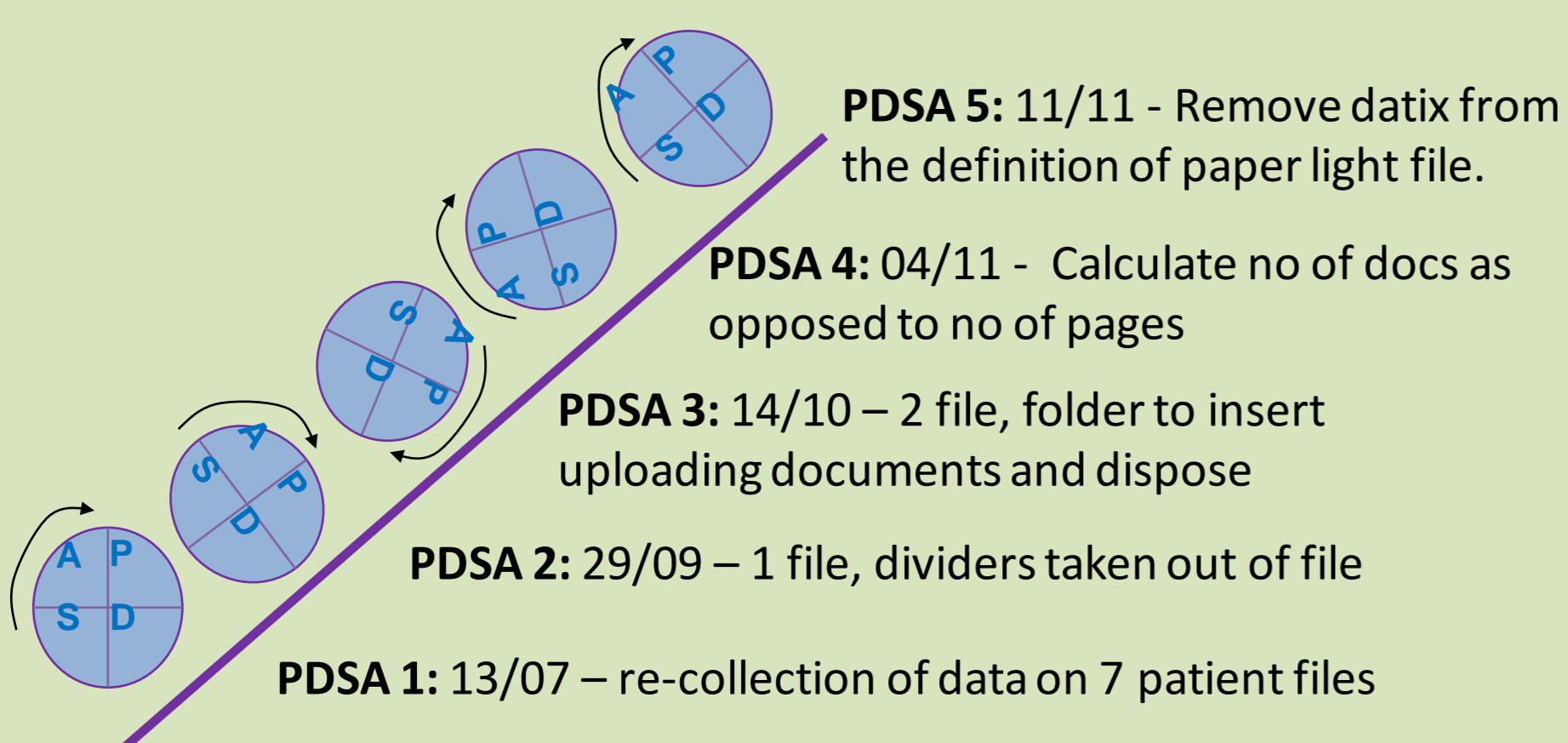


Operational definition of paper light: MHA Papers, Obs sheets, Medication charts, property lists and PHAS.

DRIVER DIAGRAM



PDSA CYCLES:



LESSONS LEARNT:

Going paper light has resulted in less printing and reduced folders in the office. It has resulted in a 39% reduction in time taken to create patient transfer notes and has increased the use of RiO and control of information that we share.

A challenge faced was changing the culture on the ward around the paper light concept. This is a key challenge as we push to embed paper light from 70% to 100%.

WHAT'S NEXT:

Using laptops to work live with patients (e.g. physical health monitoring & care plans). Recording close observation direct onto RiO