



EXAMINATION, DIAGNOSIS & TREATMENT

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Information on treatment.	<ul style="list-style-type: none"> 'Time to Switch' – Switching from IV to Oral Antibiotics Quality Improvement Project. 	<ul style="list-style-type: none"> Leadership & Governance: a dedicated multidisciplinary QI team led by the AMR team and including nurses, doctors, pharmacists, pharmacy technicians, quality, risk & patient safety team and patients with regular team meetings & QI support, having the QI project on the agenda of shift handovers & MDT meetings. Communication & Education: Development and implementation of a "Time to Switch" poster on all wards, formal education sessions for doctors and nursing staff, informal interactions on the wards, prompts in the clinical notes, the inclusion of IV antibiotic duration in the daily nursing ward handover meeting and the use of visual tools on the ward to identify patients on intravenous antibiotics. Engaging & Empowering Patients: Empower and encourage patients to become more aware of their antibiotics treatments and to ask their doctor about their antibiotic therapy – 'Know, Check, Ask'. 	<ul style="list-style-type: none"> To reduce the patients that are suitable for oral antibiotics but are on IV antibiotics by 30% from 26% to 19% in 6 months. 	June 2023



DISCHARGE OR TRANSFER

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
Information on medication information on discharge.	<ul style="list-style-type: none"> Focus on Discharge and VTE leaflets and medication side effect information to be given to patients at/prior to discharge. 	<ul style="list-style-type: none"> Review/improve Discharge Patient Information Leaflet (PIL). Ensure Discharge PIL and VTE leaflets are available on all wards. Discharge PIL and VTE leaflets and medication side effect information to be given to patients at/ prior to discharge. 	<ul style="list-style-type: none"> Revision of the Discharge Patient Information Leaflet. Discharge leaflet and VTE leaflet to be available on all wards and given to all patients on discharge. Patients feel better informed on discharge. 	March 2023



OTHER ASPECTS OF CARE

AREA FOR IMPROVEMENT	SPECIFIC QIP	QIP ACTIONS	WHAT WILL IMPROVE?	TIMELINE
<p>Opportunities for improvement.</p>	<ul style="list-style-type: none"> To improve the effectiveness of the Leadership Quality & Safety Walk-Rounds in our hospital. 	<ul style="list-style-type: none"> Advance notice and explanation including a list of Suggested Topics (developed using PDSA) given to local manager. Leadership and QPS teams meet for 10 minutes in advance of the Walk-Round to share collective experience/evidence/challenges/opportunities for the relevant area/department. Local manager provided with feedback reports on patient experience (compliments, complaints, suggestions and the National Inpatient Experience Survey), clinical incidents and learnings from System Analysis Reviews (SARs), relevant risks on the corporate risk register, environmental audit results, staff compliance with mandatory training and update on actions from any previous Walk-Round to the area/department. Inclusion of Patients in Walk-Round. Inclusion of MDT in Walk-Round. Leadership and QPS teams meet for 10 minutes after the Walk-Round to debrief & maximise learning opportunities from the Walk-Round. Written feedback to manager after Walk-Round including learnings and actions. Leadership team regularly review completion of actions from Walk-Round. 	<ul style="list-style-type: none"> Improved awareness by the SMT regarding the experience of care by patients and staff, improved staff engagement, completion of agreed actions after each walk-round, determination of improvements made in wards/departments that are attributable to the walk-rounds. 	<p>Preliminary review November 2022, final June 2023.</p>