

PDSA Log – Rainforest Endo/Met: Week Commencing 1st June

Day/Date	Plan <i>What did we want to try?</i>	Do <i>How did it go?</i>	Study <i>What did we learn?</i>	Act <i>What change will we try next?</i>
Monday 1 st June	Huddle at 12:50 using script and structure from IPP. Nursing and medical attendance.	Huddle was well-attended and ran to time. Endocrine patients were discussed as planned. Metabolic patients were not discussed because doctor not present.	It was felt that discussing metabolic patients would be useful for the nursing team even if the metabolic doctor is not present.	Discuss metabolic patients at the next huddle and see how this feels.
Tuesday 2 nd June	Huddle as Monday, adding discussion of metabolic patients.	Worked well and seemed logical to discuss all ward patients. Kept to 10 minutes, although finish time was not officially recorded on tool. No medical attendance and no N.I.C.	MDT clash occurred, hence no SpR or nurse in charge	Consider this MDT clash - will it be a regular occurrence – any way around it?
Wednesday 3 rd June	Use of new Huddles folder, with laminated script and PDSA log.	No SpR in attendance again (was on ward with family). Not all patients had a CEWS score. Patient flagged well as a “watcher” due to high risk novel therapy but status not recorded visually for whole team.	The script proved useful for the NIC (Hannah) who had not yet run a Huddle. Consultant presence has been lacking. “Wednesdays are bad for endocrine due to the number of clinics” (NIC)	Consider recording watchers on the whiteboard. Liaise with SpR to understand why she did not attend today (Hannah)
Thursday 4 th June	Try bleeping SpR 10 minutes in advance of Huddle to remind to attend.	SpR attended, SHO was also bleeped but did not respond.	Medical attendance felt to be useful by all present. Aim to get both medics present for future huddles.	Repeat today’s PDSA and see if it sticks. Bridget will speak to Rakesh about attending huddles to role model and encourage the other medics to be present.
Friday 5 th June	Bleep SpR and SHO in advance to remind them to attend. Invite Rakesh to attend.	Meta & Endo SpRs present. Script used. Minor interruptions. All patients discussed. One without CEWS done but flagged up well. Nursing staff sought deterioration plans on 2 pts. “Any other concerns” at close identified a watcher due to mother’s concern	Nursing staff are empowered to seek clarity from medics. Watcher status very useful – how should this be visually recorded? When emergencies occur staff need to leave Huddle and may need to interrupt to access drugs etc. How is this interruption managed?	A weekend Huddle!
Weekend 6 th / 7 th June	Run a 12:50pm Huddle on weekend to observe how this works. Continue PDSA recording.	Huddles took place both days; the SpR on call (immunology) attended.	Well-scored.	Continue weekend huddles. No further tests agreed today.
Week 2 8 th – 12 th June	Test agreed huddle format for one week to run it past as many of the nursing team as possible and embed it in practice. Review on Friday 12 th June.			