Improving CareFlow documentation in PRH Emergency Department

SaTH Improvement Hub

Theme | Building capability: ED

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REASON WHY?

Serious allergic and anaphylactic reactions can occur when known drug allergens are prescribed, dispensed and administered to patients in hospitals and the community. This harm is preventable. In order to ensure that harm does not occur, it is important to document allergy information for patients.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

To increase the number of ED Cas-cards that have allergy status recorded to 100% and to increase the number of Careflow allergy alerts by 100% by 23/11/24.

PLAN

Recently the Emergency Departments (ED) across SaTH have switched from paper Clinical Assessment Service (CAS) cards to CareFlow.

An audit was undertaken with 31 patients being chosen at random who were discharged from Princess Royal Hospital Telford ED between 01/09/24 and 09/10/24. Of these patients, only 83.9% of patients' allergy statuses were documented, and of the positive allergies, only 25% were added as an alert on the careflow.

Following discussions with colleagues, it was agreed to:

- Issue a reminder in 'message of the week' of the importance of documenting allergies, adding allergy alerts, medications, ECG interpretation, and the results of investigations that we order.
- A quick demonstration in board round on how to add an allergy alert.

DO

The interventions were:

- boardround tutorial to ED clinicians on adding allergy alert on 13/11/24
- Quality governance update spotlight on 19/11/24 (thank you to the Quality Governance Team for this intervention)
- Email to all ED clinicians (Consultants/ resident doctors and ACP's) on how to add an allergy alert on 21/11/24

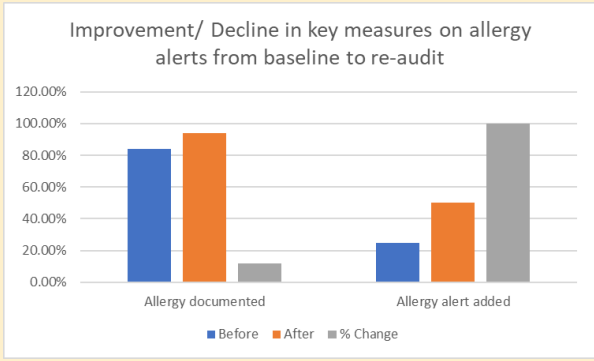
These changed from the initial intervention due to the following reasons:

- Allergy alerts were something that some people did not know how to do (compared to the other criteria), and therefore could be taught
- Compared to the other criteria we were the worst in adding allergy alerts
- Not adding an allergy alert may directly contribute to patient harm

STUDY

The below data shows greatest improvement in allergy alerts added to the system. There were data collection issues which made it difficult to calculate improvements to Pathology/ Radiology/ ECG and senior reviews. Allergies and allergy alerts were the main target of the intervention.

- 93.88% of patients' allergies were documented with 50% added as an alert
- 46/49 allergies were documented. In all three cases where allergies were not documented, there was a discrepancy between triage notes saying there WAS an allergy, and the main notes saying there was no allergy (amoxicillin, septrin, and penicillin respectively). It is difficult to know whether in these cases the triage notes were correct or the main history was correct. If the main history was correct, this would mean 100% of allergies were documented



	Before	After	% Change
Allergy documented	83.90%	93.88%	11.93%
Allergy alert added	25%	50%	100%

ACT

Greatest percentage increase was in adding allergy alerts, therefore it may be possible to 1) repeat these interventions to try to further increase adding allergy alerts and 2) repeat these interventions targeting the other criteria.

There were problems with data collection in both part 1 and part 2 of this Improvement, and therefore any continuation of this project should consider these.

Documentation of patients' current medications have scope to be improved and perhaps this should be the focus of a future intervention.

ACKNOWLEDGEMENTS & REFERENCES | Quality Governance Team.