

REASON WHY?

The work the Quality Governance team do is the unknown. Clinical staff rarely know what we do, how we do it or how it impacts their work. We are seen as scary, that we assign blame when things go wrong. This is not at all what Quality Governance is about – we are here to support the teams and ideally prevent things going wrong, but to ensure when something does happen that we promote learning. We also provide positive feedback when we see good practice.

PLAN

I needed to understand, and be able to evidence, the baseline level of knowledge and understanding that the Emergency Department (ED) staff (non-consultant and not band 7 nursing) at PRH had regarding what the QGT do and how it impacted them.

In addition I needed to understand how they wanted us to communicate with them and what information they were interested in receiving.

I informed the key stakeholders about the project and they were in agreement that I could continue.

I planned to encourage the staff to complete the survey with chocolate and goodies, but I didn't need to, once you get talking to the staff they want to share their thoughts.

DO

I prepared a Google Doc questionnaire, agreed that a random cross section of staff anonymously would be the best way to ascertain the truest picture and that I would attempt to get data saturation.

Initially I sent the link out to the ED nurses and doctors this was not successful.

I reviewed how I could obtain more responses. I printed the questionnaire out and took it into the department for staff to complete. I asked the PEF team to support me to get these completed. Unfortunately, there was very little uptake and I had to enter all the data manually.

I spoke to the improvement course who suggested I use an i-pad from IT, which they could not provide. I utilised an old tablet and went into the department with the support of one of the staff nurses and we asked them to complete the questionnaire.

I reviewed the results and determined I needed more responses. I returned as did Victoria Selby (one of the ED PRH nurses), in her own time and we obtained enough results for a clear picture.

Unfortunately, not all who completed the survey were the catchment group. Therefore 5 (senior staff) were removed from the results.

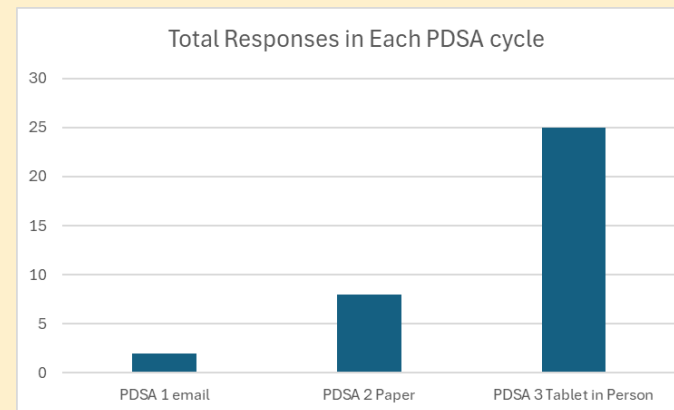


The overall aim is to will improve knowledge and understanding of the quality governance team (QGT) role and the impact it has on ED staff and tasks. This poster addressed the process taken to ascertain how best to gain enough responses to the staff questionnaire.

STUDY

It took a couple of PDSA cycles to establish the right way to connect with the staff and obtain quick but thorough feedback from them. I successfully identified that a tablet with a brief survey and support with technology was the most successful way to obtain responses.

This allowed me to answer staff questions and also improve awareness of the QGT after the survey was completed, which is part of the larger improvement project. The results I got were in line with my expectations. But I was surprised that staff preferred and responded better to face to face tablet surveys.



PDSA cycles
response rates

ACT

I am going to **ADOPT** this way of surveying staff, it is quick and effective and allows for some desired interaction.

I will also continue to use the links within the department to facilitate the responses.

I will keep the encouragements in my back pocket, I didn't need them this time but it is always nice to give something back.

NEXT STEPS

I will use the data I have to inform my improvement project and re-evaluate the staff once I have implemented a change to see if it has been successful or if further improvement work is needed.