

NHS
Worcestershire
Acute Hospitals
NHS Trust



Lead, Worcestershire Acute Hospitals NHS Trust

METHOD CONTINUED

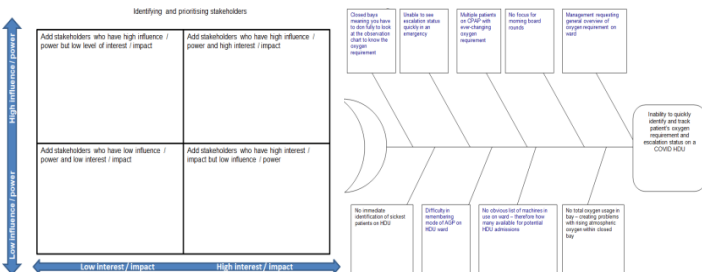
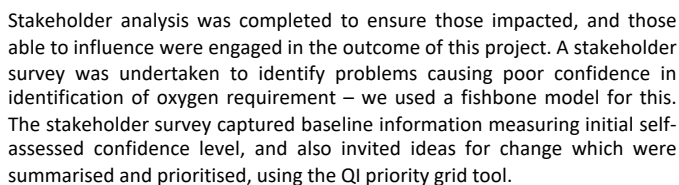
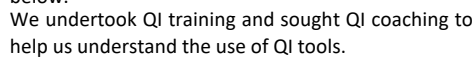
Bed	PT	Ceiling of care	O2 mode	FIO2
A1	XX	CPAP ceiling DINAR	CPAP P12	75%
A3				
A4				
A6				
B1				
B3				
B4				
B6				
SR1				

A black and white photograph of a person wearing a full-body protective suit, a hood, and a face mask. They are carrying two large oxygen cylinders, one in each hand. The cylinders are labeled 'oxygen'. The person is standing in what appears to be a hospital or clinical setting.

ACT – see next steps section

Confidence Level	Number of staff
Not confident	9
Neutral	5
Confident	2
Very Confident	0

Confidence Level	Number of staff
Not confident	5
Neutral	7
Confident	4
Very Confident	0



requirement without having to enter closed bays

A bar chart with the title 'requirement without having to enter closed bays'. The y-axis is labeled 'Number of staff' and ranges from 0 to 12 in increments of 2. The x-axis has four categories: 'Not confident', 'Neutral', 'Confident', and 'Very Confident'. The bars are red. The values for each category are: 'Not confident' (0), 'Neutral' (1), 'Confident' (5), and 'Very Confident' (10).

Confidence Level	Number of staff
Not confident	0
Neutral	1
Confident	5
Very Confident	10

Escalation status - Pre-whiteboard, 75% of staff were either not confident or neutral, in being able to identify patient escalation status. This is compared to 100% of staff feeling neutral to very confident in identifying patient escalation status, of which 94% were confident or very confident following whiteboard implementation.

Confidence Level	Number of staff
Not confident	0.5
Neutral	1
Confident	5
Very Confident	10

100% of staff found the whiteboard easy to very easy to use, and 100% of staff would continue using the whiteboard in future.

By using QI tools, the project leads were able to understand the problem as described by stakeholders, engage stakeholders in the solution design, and see positive results using agreed QI metrics. This simple, low cost intervention significantly increased HDU staff confidence in identifying all patients' oxygen requirement and escalation status, resulting in improved patient safety. Zero staff members reported being not confident in identifying patients' oxygen requirements and escalation status. 100% of staff found the whiteboard easy to use, and would continue to use it in the future. This whiteboard facilitated twice daily board rounds with ITU regarding bed capacity and oxygen consumption, allowing for ease of communication between critical care units.

Moving forward, this whiteboard has been transferred to a non-COVID respiratory unit, and has the potential to be adapted to other specialities. Project leads plan to present this poster in upcoming medical meetings so other departments can be encouraged to utilise a whiteboard, which can be easily edited to suit the ward, and requires little to no staff training, whilst still producing a low cost, high impact intervention.