Safer Patient Care Checklist

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Introduction

This project focuses on the current usage of checklists by medical professionals. The daily usage of these checklists will be assessed for the seriousness with which medical practitioners use these documents. Over the six to four weeks, the project will be complete. The project seeks to address the current disregard for formality that is experienced in health facilities. Disregard is credited to have been the cause of some medical mistakes that this project seeks to resolve.

Rationale and Significance of the Project

The fault has been credited to the outdated and unreliable checklists currently under use in many hospitals. Besides, “important information was sometimes buried in documents, insufficient, inaccurate, out-of-date or not verbally reinforced” (Braaf et al., 2015, p. 1884). The incorporation of these documents is helpful in some medical capacities, such as reduction in casualties, wrong medical procedures and prescriptions, and improved consideration among the patients (Talia et al., 2017). It is the mentioned problems that this project seeks to provide solutions for.

The communication structures in hospitals are neglected because medical practitioners are busy. The unstandardized communication between clinicians is of vital importance because it regards the health of the living (Leonard, et al., 2004). The difference in the phrasing of information is in regard to the unstandardized means of communication. Hence, this project will employ the personal opinions and experiences of health practitioners in realizing its goal.

Implementation Plan

Goals and Objectives

This project seeks to;

- Introduce new checklists and standards to the medical profession

The project’s objectives are;

- Research on the reasons why medical practitioners do not comply with the checklists
- Understand the standards recommended by the Medical Board of Australia
- Audit the checklists for faults

Project Content and Setting

The project will entail random nurses, doctors, and receptionists. Personal interviews will be held with individual nurses, doctors, and receptionists (Hales et al., 2008). Their personal views and experiences pertaining to the methodology that the checklists employ will be considered in the design of new checklists. The personal interviews will substantiate the otherwise significant but contemporarily downplayed points of importance.

The setting of the project will be the Royal Melbourne Hospital. The project will be divided into three categories, to be completed in six weeks. The first three weeks will include personal interviews and audits of the checklists used in the hospital. The next three weeks will be used to test the recommended checklists by the teams involved. The project will be divided into three parts;

- The emergency center
- Wards and Surgical areas
- Reception and pharmacy sections

Project Design and Methods

The documentation of data in the emergency section of the hospital is set on its own because it runs concurrently yet independent of the other parts of the hospital. The information in these lists at the reception is not similar to that in the inpatient section. The checklists filled by the receptionists are not the same as those brought in by the ambulances. These checklists require patient background information, their current state of health, reported medical problems and recommended medical attention (Government of New South Wales (NSW), 2012). The information at the reception is used by the medical teams for referrals, and hence, these documents will be audited for their efficiency. Doctors in the emergency units have no time to fill out the documents, and therefore, the work is left to their subordinates (Ampt et al., 2013). The recommendations of the doctors in the doctors posted in the emergency area will be used to formulate alternative means for the doctors to document their procedures and findings.

The recommended documentation in nursing is required in real-time; the documentation of changes and medical care such as injections to patients. Also, the admissions, situational and admission details are required in the forms (Linton, 2014). This project will audit the nurses for their input in filling out these forms. The planned care and progress are derived from these documents, and hence, the nurses will be interviewed for feedback on the efficiency and redundancy of these documents. To test the effect of the recommendations by the nurses, their personal contributions and experiences

will be used to come up with new checklists. In effect, the value of these documents by the doctors and nurses will be looked into. Because the filing and documenting of the patient information has been neglected due to poor communication and improper documentation, the effect of this will be analyzed. In totality, the project in the ward will address the education of liable nurses and doctors responsible for filling out the documents. Also of importance is the documentation of the nurses and doctors in charge and the change in shifts. Of necessity is the communication between the health practitioners regarding the patients' medical states. Verbal communication is not entirely enough, hence the importance of documentation.

Due to the limited time factors, this project will only limit the research to documented casualties suffered due to errors in documentation (Bourke, 2013). The errors in the medical field are associated with poor documentation. Therefore, this project will address the specific parts of the documents that contribute to these errors. The problems identified with the checklists will then be deleted or amended. The specific checklists that possibly could lead to fatal incidences include;

- Prescription checklists
- Surgical checklists
- Admission checklists
- Allergy checklists

Documentation in the reception areas is paramount to health institutions (Health Department, 2017). The information recorded in the checklists is important for the analysis of the medical conditions of patients before admission to the hospital. The science of diseases allegedly acquired while in the hospital is dependent on these records (Shaban et al., 2016). For the pharmacy departments, the documentation of administered drugs and injections is important for follow-up and review cases. This project will analyze the methods of retrieval, analysis, and documentation before and after administration of the prescribed medicine. This project will further analyze the recorded impacts due to pharmacists underestimating the necessity of these checklists.

Proposed Time Frame

The project is expected to be completed in six weeks. The first three weeks will be used for interviews and audits of the checklists. The three sections of the hospital will each be allowed a maximum of one week in the research. This project will rely on the current checklists and audit them for their efficiency, fault, and inadequacy. Also, personal interviews will be conducted with the selected medical practitioners and receptionists. The next three weeks will then be used to test the proposed checklists.

Expected Outcomes

This project hopes to come up with new checklists. The old projects have been cited to be redundant, inefficient, and laborious. The new checklists will be a result of recommendations by the affected parties; inclusive of the nurses and doctors. Besides, with the new checklists, there are expected to be better healthcare services due to reduced time spent in writing obvious and repetitive information.

This project also seeks to understand the importance of the said checklists from medical practitioners. The importance, as per the experts, will then be used to determine the preferred checklists. The faults in the previous checklists and the causes will be addressed and most likely be scrapped in the new checklists (Merry & Barraclough, 2010). The new checklists will contain solutions to the most probable causes of ill health and harm.

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