

Introducing a digital approach to intentional rounds in Critical Care, fusing audit with teaching

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Introduction

In 2012 our specialist cardiothoracic hospital adapted Intentional Rounds for use in Critical Care (Doyle, Cox and Tollyfield et al, 2013). Subsequent research by Sims, Leamy and Levenson, et al. (2020) have questioned the usefulness of Intentional Rounds as they can become a tick box exercise; suggesting exploring new ways to support nurses to deliver care.

Aim

To replace the Intentional Rounds by developing an adaptive 1:1 audit to improve compliance with essential nursing activities, which creates a beneficial learning environment by fusing the audit with support and teaching.

Method



- MASC (Matrons Assurance Spot check) digital audit created utilising MS Forms.
- Initial focus areas - medicine management, safety checks and line management.
- Additional focus areas could be easily and quickly added in response to incident reports and monthly safety themes, etc.
- Audit is adaptive – can look at 1 area of focus or multiple.
- Audit done on 1:1 basis.
- Priority of audit – be collaborative, creating a supportive and positive learning opportunity.**
- Findings discussed with the individual immediately.
- Themes for improvement to be feedback to wider team.
- Trends spotted can be used to create targeted training.
- Following initial trial, formal feedback on the audit added, using MS forms.

References



Doyle, P., Cox, F., Tollyfield, R., Seraj, A. (2013)

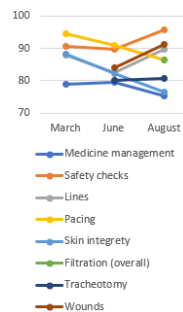


Sims, S., Leamy, M., Levenson, R., Brearley, S., Ross, F., Harris, R. (2020)

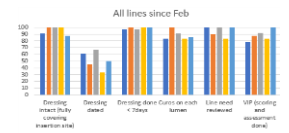
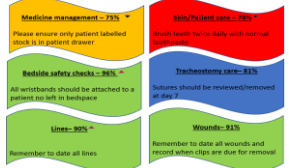
Results

- Since Feb 2023- 76 audits, covering 176 areas

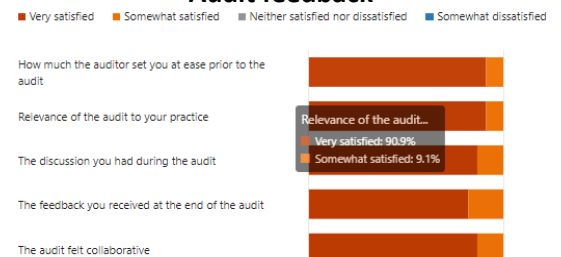
Overall trends



SUMMARY & 1 area of focus



Audit feedback



- 20 responses
- 100% reported learning something new which would influence their future practice

Limitations

- Overall trend analysis can be limited by adaptive nature of audit.
- Technical difficulties, need a device/internet access to complete.
- Time to complete the audits (min 20mins).
- Facilitator has a massive impact on the success. Must be done in a supportive way.
- 1:1 teaching slower impact.

Conclusions

- Initial feedback overwhelmingly supports that fusing audit with teaching can create a positive learning environment which is beneficial to staff and their patients.
- Individualised learning is supported.
- Compliance scores help to identify trends and highlight areas for widespread teaching.
- A quick response to incident reports as areas can added to become areas of focus.
- Utilising technology has reduced data collection/analysis times, demonstrating that quality improvement projects can be done more efficiently.
- The MASC digital audit is a more effective tool than Intentional Rounds in our cardiothoracic Critical Care unit.

Feedback quotes:

- I commend it and would love to partake in it again
- I was worried about how long it would take to do but it was relatively quick
- I felt that I have learned something new, found out my mistake without being embarrassed
- Felt inspired by the project
- Its a welcomed idea felt good and proud of myself afterwards
- I felt that am working safely with some small areas to improve upon
- Should be done more frequently
- I think it's amazing, as it will definitely impact nursing care in a positive way