Increasing Communication

 Retaining “putting uncertainty to bed”

 Drug solving

 Using "Single clerking" in a small district general hospital

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 Background & Aims

 Hereford County Hospital is a small, rural district general hospital. “Single clerking” has been introduced as a measure to reduce duplication and waste between ED and medical team in acute medical admissions. This approach was adopted following a forum with frontline staff investigating solutions to patient flow problems. The single clerking process was introduced but uptake of the approach appeared to stall. This project aims to use a qualitative approach to identify barriers and thus inform and guide the next steps towards full single clerking.

 Methodology

 Eight staff from acute and emergency medicine departments took part in semi-structured interviews about their views on the new single clerking approach. Transcripts of interviews were anonymized and coded using grounded theory. Open codes were extracted from the data and then grouped into themes (axial codes) and then further grouped into relational codes to allow more meaningful interpretation of the data and to guide practical next steps in the QIP.

 Results: emergent themes

 It’s a good idea but......

 All respondents agreed the principles of reducing duplication, incorporating and valuing the ED assessment and saving time were positive however practical negatives then dominated most feedback.

 We will change after they do (and passively resist until then)

 Tensions along departmental barriers (ED and medicine) formed the basis of a recurrent narrative. ED wanted specialty teams to be “present & proactive” and medicine insisted ED “must be prepared to do more”. Although it was “silly that is has taken us to get this far” the more dominant expression was of concern that “both sides would feel pretty hard done by.....doing more work”. Only after a sign of good faith was witnessed would greater practical support be considered. The streaming role is critical, but a passive/non-committal approach has the ability to stop single clerking by “failing to identify suitable patients”. This appears to be a subtle form of protest, a reassertion of control and an (effective) method to push the system back towards traditional patterns. Speciality protest is manifested by reverting to the use of the old paper booklets and made possible because of their continued presence in ED.

 Collaboration, problem solving and needing “a process”

 Single clerking developed from a frontline collaboration to work more closely with a “changing as we go” rather than a “grand plan” approach. This has resulted in a “halfway house” situation characterised by uncertainty and has exposed a profound deficit in frontline problem solving capability. Staff are conditioned to expect external solutions and many demanded a clear process and policy to be set out.

 Drug charts as a symbol

 Drug charts are a vessel into which complicated ideas including professional identity (“not what ED do”), risk (“I want to avoid errors”) knowledge (“so much more than just prescribing”) were poured into. Writing drug charts is “essential but time consuming” and particularly honest responses acknowledged a simple desire to avoid having to write them. Drug charts are the manifest expression of unwanted work and took up a significant proportion of the total feedback. The question of drug charts is unavoidable and requires direct engagement.

 Reference: