Closing the audit loop – STOP moments in ultrasound

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INTRODUCTION

The National Patient Safety Agency (NPSA) and Royal College of Radiologists (RCR) developed a specific checklist adapted for radiological interventions, based on the WHO Surgical Safety Checklist with emphasis first on the intervention suite but increasing attention to all invasive procedures including ‘biopsies and other invasive tissue sampling’ (1). It is intended as an extra safeguard, conferring patients significant safety benefits.

Standards were derived from recommendations set out in ‘Standards for the NPSA and RCR safety checklist for radiological interventions’ (2), with the minimum being entry into either clinical notes or electronic record. The aim was for all completed checklists to be scanned into the electronic patient radiology information system. The two indicators used were the number and completeness of scanned in STOP forms with the target being 100%.

METHODOLOGY

A retrospective review of data on the Clinical Record Interactive Search (CRIS) of all ultrasound-guided examinations undertaken from June – July 2016 was conducted. Breast, thyroid and prostate sampling were excluded as they had modified checklists.

RESULTS

1st audit round: June – July 2016

Of 73 procedures, 78% STOP forms were scanned. Of which, 91% equipment, 91% procedure side, 96% observations and 79% post-procedure check were documented. Lack of easy access to scanners was identified as the main issue accounting for suboptimal scanning of forms. This resulted in an increase of scanner availability in the ultrasound rooms as well as educating of staff during the departmental audit meeting to ensure improvement in completing and scanning of forms.

2nd audit round: January – February 2017

Of 88 procedures, 88% STOP forms were scanned. Of which, 95% equipment, 99% procedure side, 92% observations and 87% post-procedure check were documented. There was improvement in completing and scanning of forms following the implemented changes. However, there is still room for improvement.

CONCLUSION

The role of pre-procedural STOP moments in conferring patients safety benefits should not be overlooked. An awareness of this and staff compliance in both meticulously completing and scanning in the forms are vital. This can be encouraged by ensuring availability of scanners in rooms where invasive procedures are carried out as well as educating staff at audit meetings.

NEXT STEPS/FUTURE DEVELOPMENT

Apart from continuous re-auditing, we are considering electronic bedside STOP moment documentation.

REFERENCES