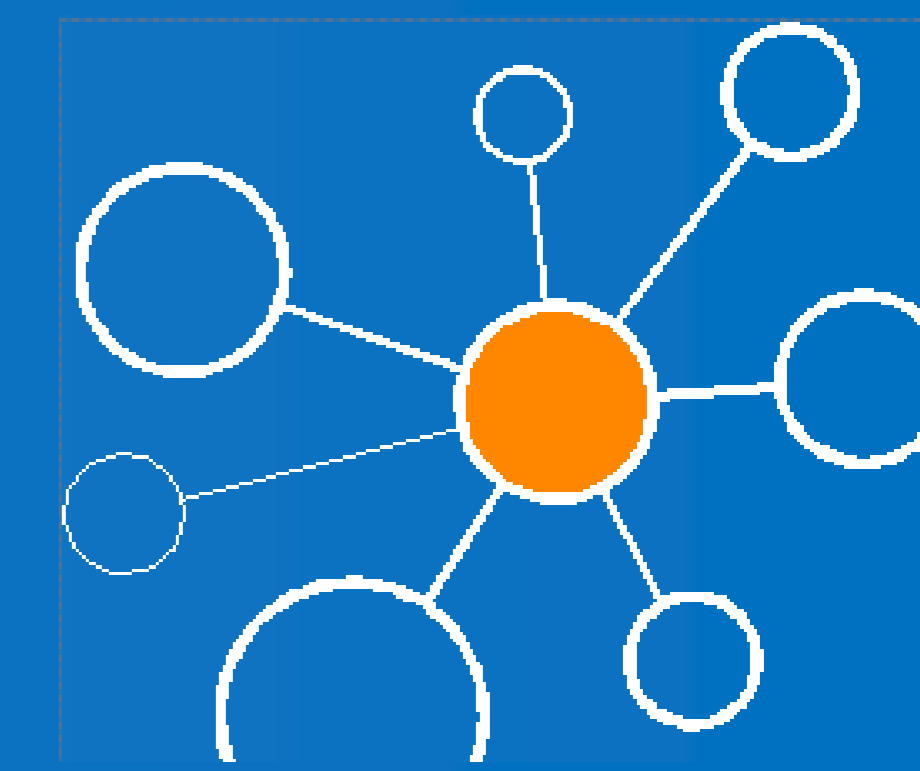# The inputting of observations onto EPR in a timely manner to escalate unwell patients appropriately

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Background

Ward 7b is predominately acutely unwell renal medical patients who require 2-4 hourly observations. The team ranges from Healthcare assistants (HCAs) to Consultants but predominantly staff taking observations are HCAS and Registered Nurses (RN's). Observations are currently being taken and documented on paper before being transferred over to EPR (transcription), increasing the time between an observation having been completed and this information being available for review and escalation despite this not being the Trust policy.
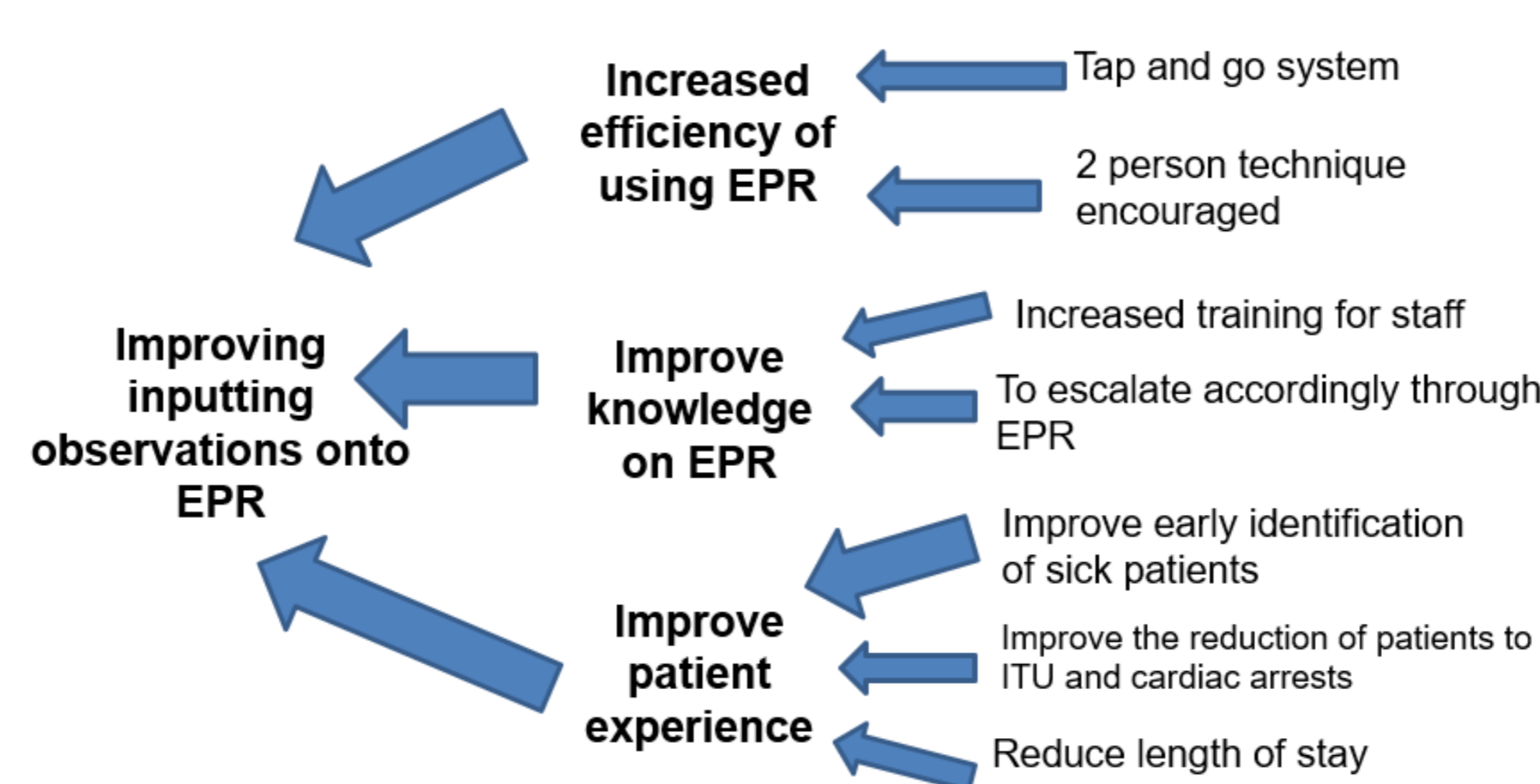
Aim

S- To ensure EPR observations are being inputted at the patients bedside and there's a less than 5 minute delay in this .
M- To see how long observations were taken to be uploaded onto EPR.
A- Achievable through a target ward '7B' which could then be rolled out onto other wards.
R- Having the target ward allowed data sets to be easily achieved and any interventions monitored.
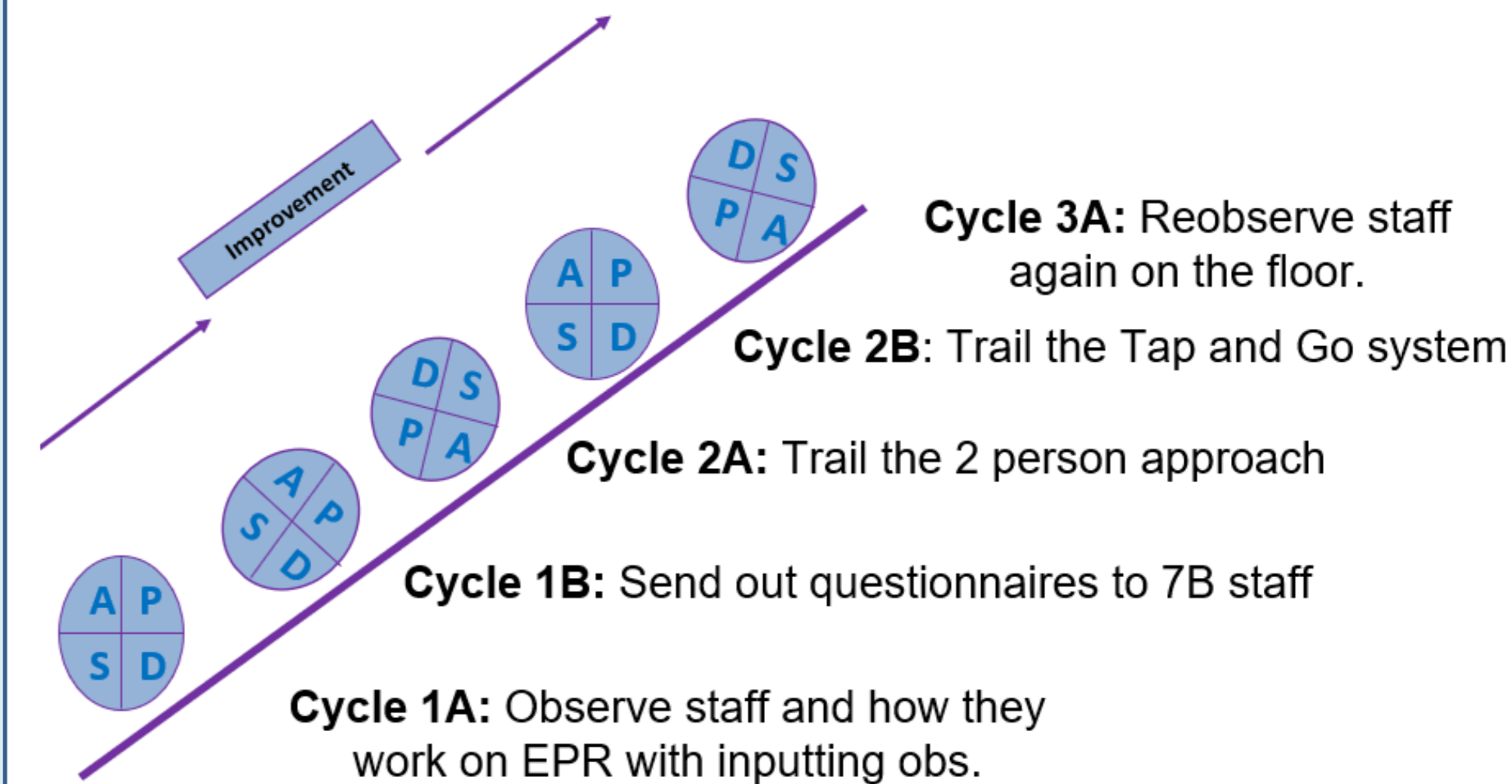**T** – Within 1 year.

Method

- Wrote and sent questionnaires to all staff on 7b regarding their thoughts on inputting observations onto EPR.
- Observed staff on how they took their observations and uploaded them. Discussed with staff how they felt this could be improved.
- Asked staff to try the Tap system and the "2 person technique" through a defined period of time so we could see if the data reflected an improvement.
- Gathered data from Business Intelligence, including before any changes were made, when we implemented the changes to the ward, and a time period afterwards. This was done over a 12 month time frame.
- Discussed our project and data with Medical divisional leads, matrons, Chief of nursing and the Deteriorating patient committee.

Driver Diagram

PDSA

Cycle 3A: Reobserve staff again on the floor.
Cycle 2B: Trail the Tap and Go system
Cycle 2A: Trail the 2 person approach
Cycle 1B: Send out questionnaires to 7B staff
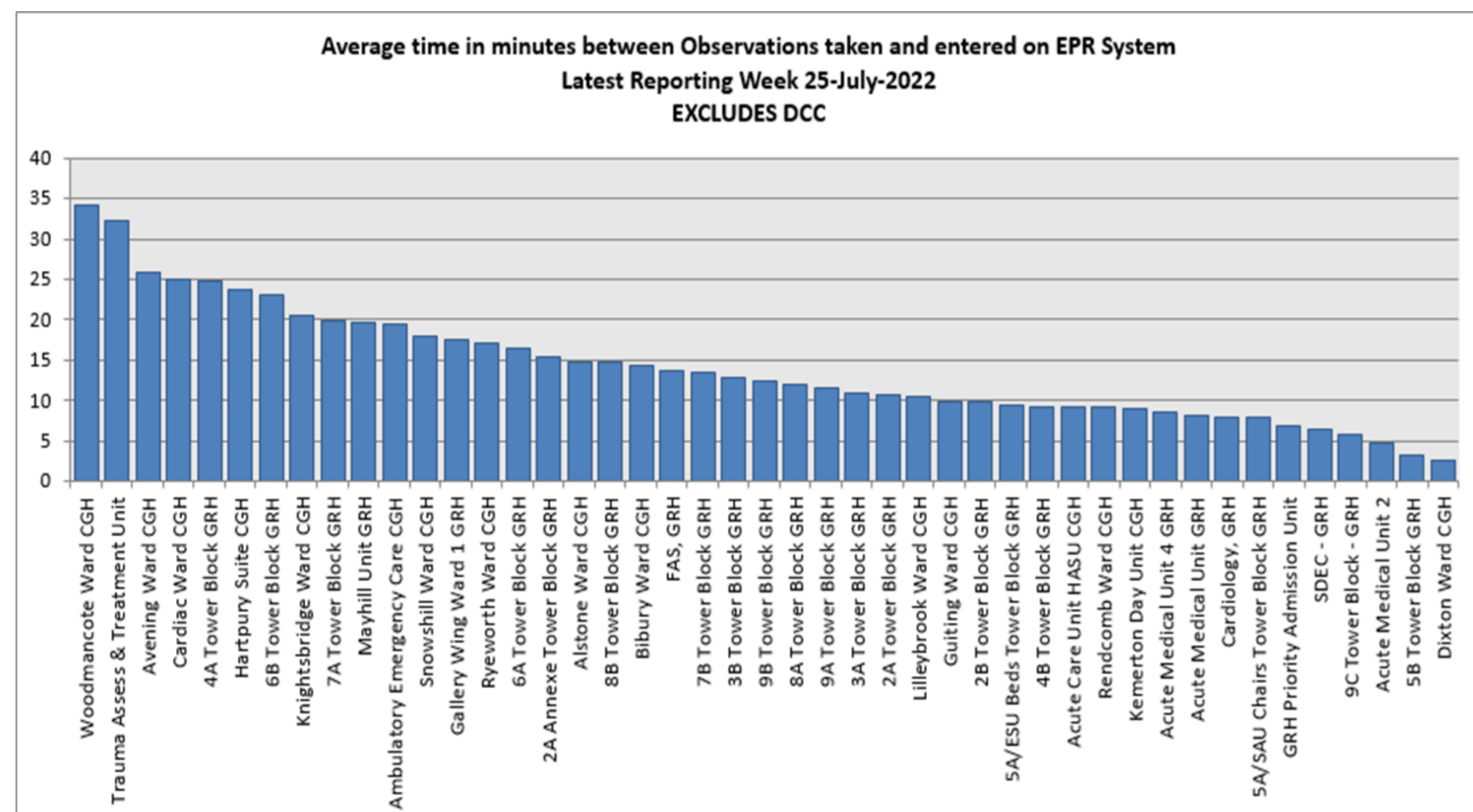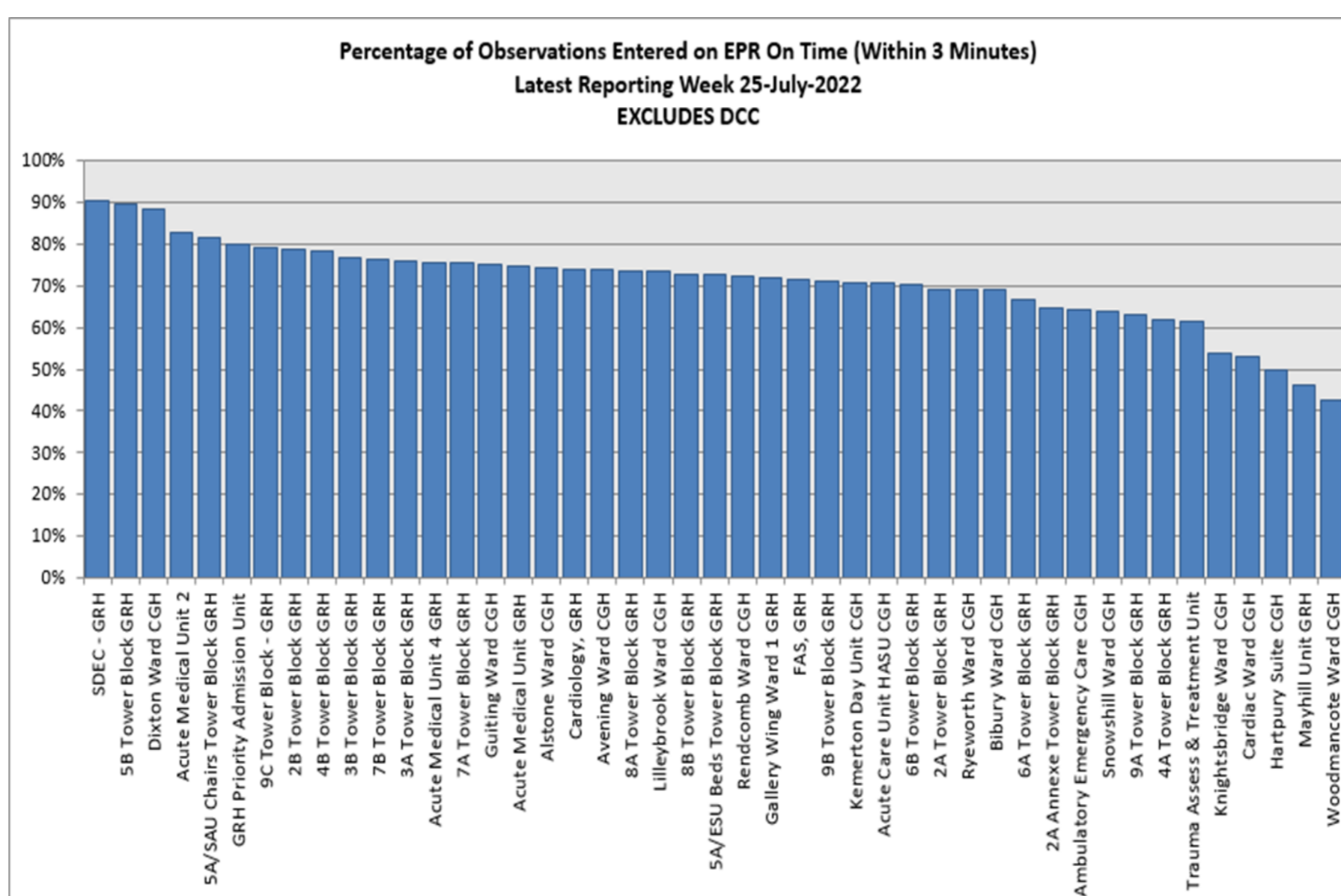**Cycle 1A:** Observe staff and how they work on EPR with inputting obs.

Measurement & Key Results

Data from BI shows that as a Trust we are not entering observations in on time consistently across the hospitals. We should be aiming to ensure that 100% of our observations are input on time throughout our trust – in line with local and national policy
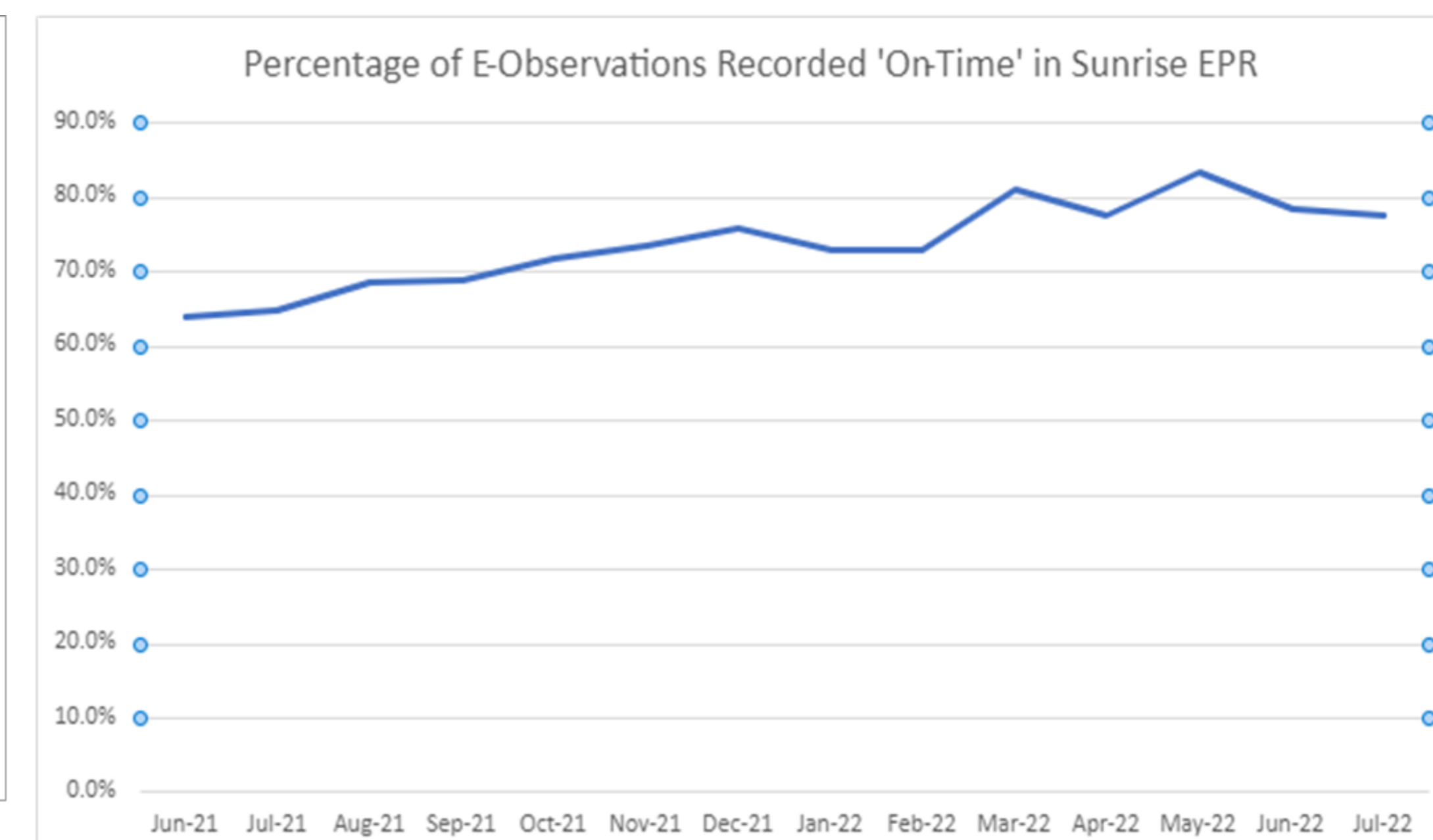

Average time delay for input is currently between 10 and 20 minutes across the Trust, with 2 wards showing delays of up to 30 minutes.

Data specifically for ward 7b shows:

- A steady improvement over 12 months
- Not consistent monthly – unclear why
- During this period – tap log in system was introduced in April 2022 which could contribute to the increase around these months.

Data from July 2022 shows
Average of just over 50%-60% of their observations are input onto EPR on time
Average delay of input is between 30-35 minutes.

Data from Sept 2022 shows
Average of between 60-70% of their observations input onto EPR on time
Average delay of input is between 30-35 minute
(have asked BI for a 12 months of monthly data and 6 months of weekly data specifically for this ward).

Other Feedback/comments

- "We only get a short time to enter it on the system, before it shows up as being late. Paper obs was so much easier"
- "It's a lot down to habit, I used to write them down and then enter them into EPR, but got in the habit of taking a COW, but for those not in the habit it's hard when there aren't any COW's free."
- "I find EPR very frustrating and time consuming. It definitely does not release time to care but actually takes care away from patients. I've been a nurse for 15 years and have never been so stressed with the new EPR system. This is especially made worse in emergency situations and trying to input observations."
- "I don't believe all documents are beneficial on the computer. Time is barrier, staff shortages and equipment not easily accessible"
- "It helps when Di suggested a buddy system for 2 of us to do it, but there is not always enough staff"
- "If the ward was staffed to allow patient obs and information to be uploaded in real time, Although more computers would be a health and safety problem with too many obstacles in the corridors, Also the use of too many electrical extensions could be a fire hazard"

Next Steps

- Support staff with using EPR and inputting obs at the patients bedside.
- To utilise EPR to escalate patients appropriately.
- To approach finance for some point of access obs machines as used in Oxford Hospital.
- Roll out across more wards.