

SERVICE DELIVERY

Clinical Governance: Learning and changing practice

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(Accepted 25th June 2001)

The Journal of Family Planning and Reproductive Health Care 2001; **27**(4): 228-230

Abstract

Context. *This paper describes a very simple, non-threatening method for improving communication and sharing learning points.*

Objective. *To test whether sharing anonymised reporting of problems and helpful hints is acceptable and useful to staff.*

Design. *A pink slip (pinkie) was designed and made available in every clinic venue. All staff were asked to write about any episodes where practice was less than optimum or to share good clinical experiences. The forms could be completed anonymously if preferred. A senior nurse collated the reports monthly and fed them back to all staff as a report. In May 2000 all staff were surveyed for their opinion of the scheme.*

Result. *Over 22 months, 139 'pinkies' were returned. Fifty-six of the 100 'less than optimum' events were classified as 'system failures'. The response to the staff survey was very positive, with 62% of staff replying. Fifty-four of the 55 staff found the scheme helpful. A third of those who responded had contributed and all but two individuals felt able to contribute if the situation arose again.*

Conclusion. *This simple system of self completed pink slips has allowed examples of less than optimum practice and helpful suggestions to be shared across a large service that has a predominantly part time work force providing services from over 15 venues. The system is seen as non-threatening and was acceptable to over 95% of the staff who responded to the survey. Fifty percent of doctors and nurses had made a submission. Changes in practice have resulted since its introduction.*

Our main problem is one of communication and sharing good practice. Many hospital specialties have mainly full time staff working from a single base. This makes it easier to arrange staff meetings. In community-based family planning (FP) clinics staff work mainly part-time, and many have other jobs and service provision is from multiple venues. Communication has therefore to be by post or email. We have a robust system of sending out guidelines etc, but staff may not always read everything that arrives. We therefore wanted to look at different ways of alerting staff to new situations.

In early 1999, the obstetric and gynaecology department in Portsmouth introduced a system of logging 'risk' events which included, for example when patients had to go back to theatre within 24 hours of the original operation or when a post partum haemorrhage occurred. These forms were reviewed monthly and action taken as required.

We thought that such a scheme could be used to good effect in our department as a part of clinical governance.^{1,2} It was felt that using this system of sharing potential problems and good ideas was a way of encouraging all staff to question their own practice and keep themselves updated. It started in June 1999.

Method

All staff were informed about the scheme. We made it very clear that serious adverse events and formal complaints should be dealt with as before according to the Trust protocol. We also continued to undertake formal audit on such topics as re-admission following termination of pregnancy (TOP) and vasectomy failure.

What we asked them to write about were episodes where practice was less than optimum: problems with day to day management of results or notes where it was felt improvement could take place and to share good clinical experiences that might be of use to other clinicians.

The system works using pink slips. These are available in all clinic areas including reception. Any staff member can access a form very easily and can complete it anonymously if they wish. We ask for details of the event and the outcome. Patient details are not included to maintain their confidentiality. Ideally we like to know which staff were involved (although this is not mandatory), when the event occurred, and the clinic venue. The forms are sent in confidence to the senior nurse. She reviews them monthly and transcribes them (so that handwriting cannot be recognised) onto a 'risk assessment' sheet, anonymising them if needs be. The events are written up each month and circulated to all staff.

In May 2000 we wrote to all regular staff to gauge their opinion of the scheme.

Key message points

- A simple system whereby we can all learn from our, and others', problems and helpful suggestions.
- Anonymised reporting is acceptable to all grades of staff.
- This mechanism was seen as a non-threatening and innovative way of learning.

Introduction

The Ella Gordon Unit is the main centre of a large community-based contraception and sexual health service in the Portsmouth and South East Hampshire Health Authority. The area covers a population of 500 000. In 1999 the service, which runs in excess of 70 clinics per week, received nearly 60 000 visits and is one of the largest in the country. As well as providing a comprehensive contraceptive service from 10 sites and five venues for the under 25s, it also runs the district termination service and provides specialist advice in a variety of areas including the menopause.

Results

Over the past 22 months, 139 ‘pinkies’ have been returned. The forms are classified according to the type of health professional (if known) i.e. medical, nursing, clerical, counsellor, project worker and also as to whether it was a ‘less than optimum’ event or a ‘helpful suggestion’ or ‘risk averted’. The results are shown in Table 1. The table shows that there were 139 responses, with 100 being classified as ‘less than optimum’ events. Fifty-six of the 100 ‘less than optimum events’ could also have been classified as ‘system failures’, with staff not being aware of procedures. Examples are listed in Table 2.

Table 1 Classification of event type by health care professional

Staff group	Less than optimum event	Helpful suggestion / Risk averted
Medical	51	13
Nursing	36	21
Clerical	13	5
Other / not stated	0	0
Total	100	39

The results of the survey to assess staff response to the ‘pinkies’ are shown in Table 3.

Discussion

Communication between staff in a service that has mainly part timers who work from many different venues is not easy, as it is virtually impossible to get them all together in one place at one time. Alternative methods of sharing information have to be used. The Trust and service monthly

‘information exchanges’ are used, and regular mailings sent out about changes to protocols, new systems etc. But we all suffer from information overload. We wanted a simple system that would attract the staff’s attention and that they would enjoy reading.

The simple system of ‘pinkies’ seems to be working. Fifty percent of doctors and nurses have submitted a contribution.

We have now extended their use in two other areas. Firstly, to collect data on intra-uterine devices (IUDs). Any IUD event is written up and sent to one of the authors. This may include a failed fitting and reasons for removal.

The second use has resulted because we had a problem with men attending for a vasectomy under local anaesthesia having to be turned away because they actually needed a general anaesthetic. We circulated all GPs and FP doctors and nurses who undertake vasectomy counselling and advised that if they examined the patient and were unsure as to whether they were fit for local anaesthesia that they should refer them for a pre-operative assessment. Since we have done this the number of ‘refused’ operations has decreased. The ‘pink’ slips allow us to monitor these and any further problems.

Conclusion

This is a simple system that has been shown to be acceptable, non-threatening and effective in communicating ‘near misses’ and ‘successes’ to a large work force who work mainly part time in many different venues. It could easily be adapted to fit other services’ needs.

Table 2 Examples of ‘pinkies’ including those that have resulted in a change of policy

Staff Member	Problem	Reason	Action
Medical	Oral EC not given at first visit.	Patient decided to have IUD fitted the next day but then at the second visit changed her mind. Oral EC was then given.	Procedure changed to ensure all patients get EC at first visit even if they decide to have an IUD fitted later.
Medical	Scan report stating ? ectopic pregnancy not actioned immediately it arrived.	Doctor on holiday and result left in her pigeon hole. Nurse checked and found result.	Two actions: a) All staff have been asked to nominate a ‘buddy’ when they go on holiday to deal with urgent post. b) Senior nurse reviews all results every lunchtime and actions as necessary.
Medical (system failure)	Chlamydia swab is positive and patient did not return to clinic.	Notes state ‘no correspondence’ and no other contact details obtained.	All staff reminded that a contact number / address is imperative if a test is undertaken.
Nursing	Patient seen by domiciliary nurse 4 weeks late for Noristerat injection.	Patient had been on Depo Provera (12 weekly) but attended clinic with problems and was changed to Noristerat (8 weekly). Staff did not inform domiciliary nurse of change of injection.	All clinic staff reminded to keep domiciliary nurses informed of any of their patients who attend clinic especially if management changes have occurred.
Clerical	Test result not available when patient attended for follow up.	Result had not been received from the lab and clerical staff had not noticed it was missing and had not chased it up. It was a positive Chlamydia result.	A tighter policy whereby at the end of each clinic, a clerk & nurse enter all specimens in a book (so no tests are missed). Clerical staff tick off results as they are returned and can more easily check for missing results.
Clerical (system failure)	Clerk did not use mute button on telephone.	Client could overhear conversations about other patients.	All staff reminded re confidentiality issues.
Staff Member	Helpful suggestion	Reason	Action
Medical	Doctor had previously sent in ‘pinkie’ stating that a patient on injectable had lost a lot of weight and had checked her urine & found sugar.		This doctor had remembered this event & when seeing another patient in a GP setting, with a similar story, had remembered to check the urine and had also found sugar.

Table 3 Response to survey

Response rate		Doctor 16 / 24	Nurse 16 / 35	Clerical 24 / 30	Total (%) 56/89 (63)
Question 1	Do you find the circulation of pinkie results helpful?				
	Yes	17	14	24	55/56 (98)
	No	0	1	0	1/56 (2)
Question 2	Have you contributed an example?				
	Yes	8	7	3	18/56 (32)
	No	9	8	21	38/56 (68)
Question 3	Do you receive the report every month?				
	Yes	14	14	24	52/53 (98)
	No	1	0	0	1/53 (2)
Question 4	Would you feel able to contribute if you wished?				
	Yes	16	15	23	54/56 (96)
	No	1	0	1	2/56 (2)
Comments:					
Nurses:	I thought it a helpful and thought provoking exercise Completely non-threatening				
Doctors	I am rather nervous of being seen to be making a complaint and rather shy of broadcasting my successes If one is being written up all those involved should be informed before it is read by everyone else. The view may be biased Almost too much to read I think they are a great idea and definitely helpful in avoiding problems by learning from one another I thought, 'There but for the grace of God go I'				

Acknowledgements

We would like to thank all the staff for their contribution to this project and the Department of Obstetrics and Gynaecology at St Mary's Hospital, Portsmouth, who gave us the original idea.

Statements on funding and competing interests

Funding: None.
Competing interests: None declared

References:
1 Clinical Governance: Quality in the new NHS. NHS Executive Health Service Circular HSC 1999/065
2 Continuing Professional Development: Quality in the new NHS. NHS Executive Health Service Circular HSC 1999/154