# Fieldnotes

Hospital D

D1: At 3 PM they do obs on everyone. At 10 AM they only do obs on those who are on 6 hourly obs, so when I went at 10 AM I only got obs for 8 patients.

D2: At 1.30 PM they do obs on everyone.

D3: At 10 AM they do obs on everyone. At 2 PM they do obs on everyone.

D4: After 3 PM they do obs all the time because they have post-op patients who get observed every 15 minutes.

Hospital D

Each ward was quite explicit about the flexibility of obs rounds. Therefore I’ve given the number for the ward to check with them in the morning if they’ve said to do this. Alternatively, it might be good to turn up before 10am (earliest observations listed), and pop in to see when plan observations. For some wards they plan observations around 11am but they may slip to midday, etc. Info given on each profile. D2 are the ward that do the least obs rounds overall – generally just after lunch – but this should include everyone (ward of 27 patients). D1 is a mixture of acute and rehab so there is a mixture of 6 hourly and 12 hourly so I imagine this depends on patient cohort.

I had to cancel the final session on Monday as they’d done their obs early. All three sessions worked out fine yesterday.

Hospital C

C4 ward round until 10.40 then lunch at midday plus ppl going to and from operations means 10.30 obs different to do. even post op obs late

Yesterday there were only 6 obs between 15.00 and 17.45 on C1. On C4 I’ve managed only 8 per session and have extended it both times.

C4 - ward round at 10am so best to get to ward for just before 10.30. Got about 8 obs last week each session as only 18 patients on and four were EOL.

C1 and C2 both v few obs between 3-5pm (varies? will check last week's obs on cmub). might be better to do late (9pm) or 11am. sometimes get a few between 5-6pm. spoke to Peter about this and reviewing overall obs observed to see if repeats needed.

C3 also have ward round at 10am so best to get there around 10.20

C1 8.30-11.30 apparently better according to an HCA. so maybe split the hours?  but potentially 8.30-9.30 on C1 or C2 then 10.30-11.30 on C3 or C4? then see if any would do is around 3 or 5.   
review busy times on obs so far and see if workable.

Just speaking to the ward leader [on C1] she says obs are often delayed eg 10.30 at 1.30 today.  so might be worth doing unplanned sessions when ask/see if happening

(4pm)

having said that there are now obs happening on C1!

We have been more successful in getting more observations in Hospital C (this can be around 18 per session) as we have stopped doing planned sessions there and now work around moveable rounds timings by checking with wards when observations are likely to happen each day. We will be taking a similar approach in Hospital D as advised by ward staff.

Hospital A

only managed 9 on one ward twice due to patient refusal but more on others will make it up. Can always do another hour on that ward if we are short, and will look into splitting obs over two separate hours there as very rounds focused.

Hospital B

B1

High turnover lots of time consuming admissions, issues with transport and discharge chasing ppl ppl turn up at wrong time etc no time to do planned obs still doing handover when came on… Started late as waiting for handover to fjnish [this will be B1 3-5pm)

Nearly start round then check EWS software as need to do fluids and dressing change obs not due for half hour so do other things first

B1

These all look fine except B1 was the one I only had 5 observations one afternoon. It might be worth checking when coming on shift to see if they have many coming up. Better time for that ward is 10am. Having said that I got 20 observations when I did B2 last week.