Introduction of a microbiology ward round sticker to improve compliance with documentation in an intensive care setting

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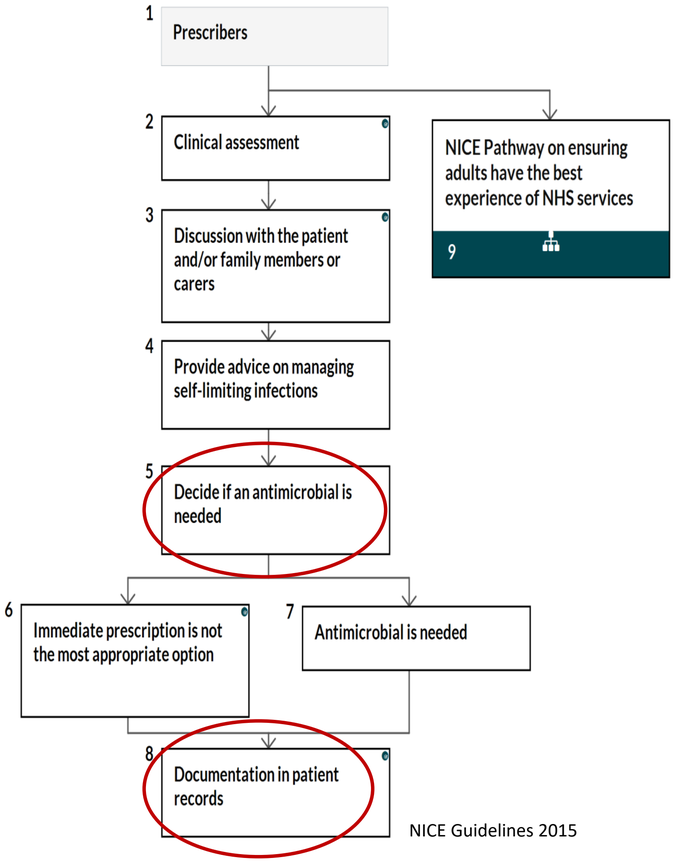
Introduction

Infection is a major cause of morbidity and mortality among patients admitted to intensive care units. The close and strategic partnership between clinical microbiologists and intensive care specialists is an effective way to manage infection in these patients. Prompt communication of microbiology results is vital and this is not always the case.

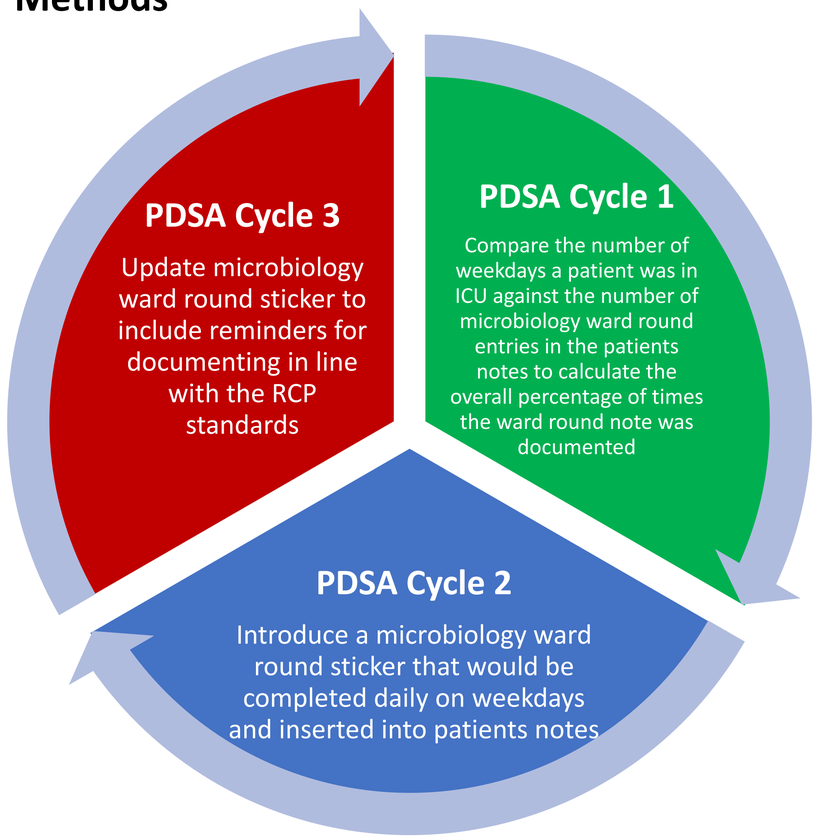


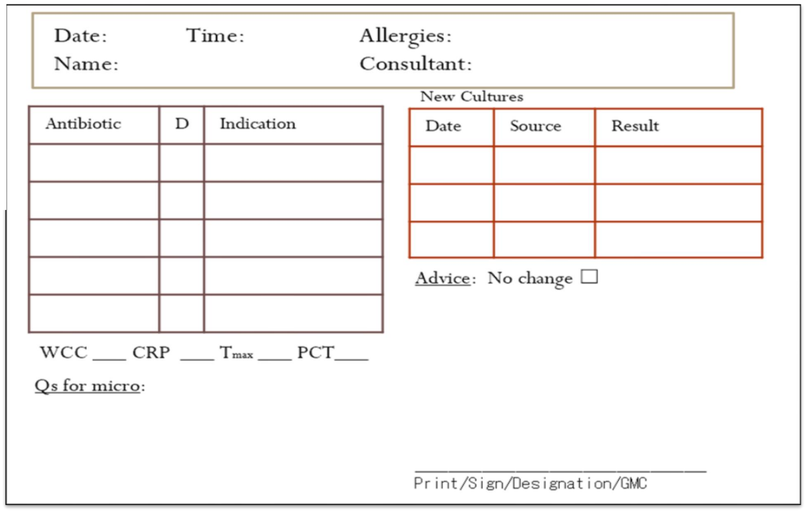
NICE Guidelines 2015

Aims

1) Improve communication of microbiology findings and advice between the intensive care unit team
2) Contribute to antimicrobial stewardship within the intensive care unit

Methods





Date: Time: Allergies:
Name: Consultant:

Antibiotic	D	Indication

New Cultures

Date	Source	Result

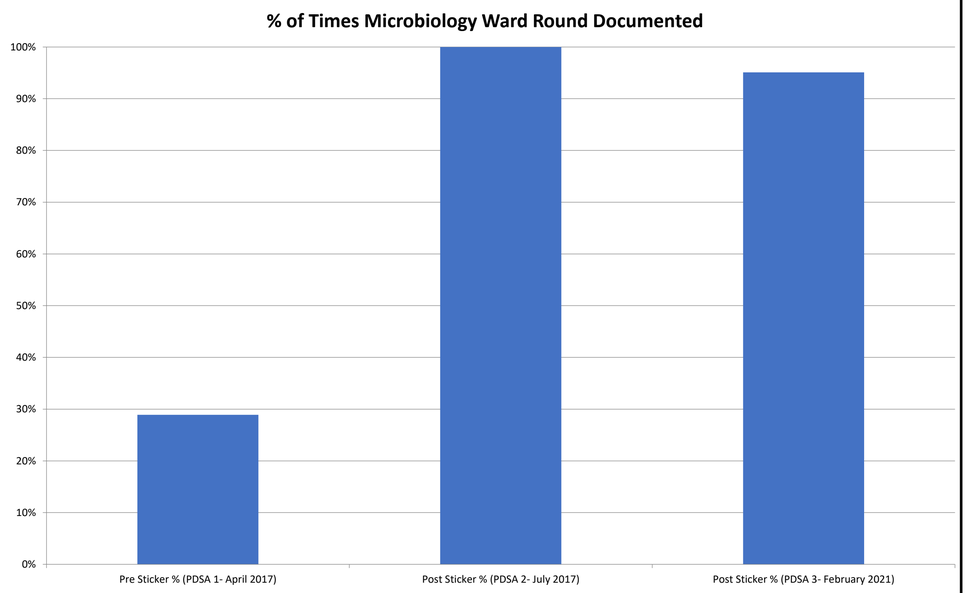
Advice: No change ☐

WCC ___ CRP ___ T_{max} ___ PCT___

Qs for micro:

Print/Sign/Designation/GMC

Results



Compliance with documentation of the microbiology ward round improved from 29% (April 2017) to 100% (July 2017) following introduction of the ward round sticker. Four years later the compliance remained at 95% (February 2021).

Discussion

Introduction of the microbiology ward round sticker has significantly improved documentation and communication of the daily microbiology ward round helping to improve patient care and outcomes.

References

Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use, NICE Guideline, 2015.
Antimicrobial Stewardship, NICE 2020.
Clinical microbiology in the intensive care unit: Strategic and operational characteristics. Bhattacharya et al, 2010.
GMC Good Medical Practice Domain 3: Communication, partnership and teamwork.
Procalcitonin testing for diagnosing and monitoring sepsis, NICE, 2015.
RCP Generic Medical Record Keeping Standards.