Project	Date started	Date completed	Title	Objectives	Summary	Action plan	Plan completed?	Any closing of loop/repeat?
Urology 1	Submitted to QI Hub on 30/1/23	Not recorded	Skill Acquisition of F1 Doctors on Urology placement at WGH	Skill Acquisition of F1 Doctors on Urology	This QI project aims to seek whether Foundation Year 1 doctors on Urology (as part of their General Surgery rotation) are acquiring the basic necessary urological skills that they should be comfortable with following the end of their rotation. References: Urology for Medical Students and Junior Doctors 2020 (ISBN: 978-1-5272-5992-8) THE INTERCOLLEGIATE SURGICAL CURRICULUM PROGRAMME (08/2021)	Not recorded	Not recorded	Not recorded
Surgery 1	Submitted to QI Hub on 4/5/22	Not recorded	Surgical Information Leaflets for our common Maxillofacial operations	To improve patient communication and level of care. To avoid miscommunication and adverse events as a result.	We have created 3 leaflets; zygomatic arch fracture, mandible fracture and orbital floor fracture. These leaflets will be available to give to patient in A&E to inform them of their facial fractures and what to expect.	Not recorded	Not recorded	Not recorded
Surgery 2	Submitted to QI Hub on 11/4/22	Not recorded	Preventing wrong site surgery in dermatology	We want to encourage all staff members to become confident is ensuring the WHO checklist is read out loud and feel confident in addressing any questions they may have.	We have been auditing the checklist that we use in the dermatology department prior to starting operations, to improve the quality and ensure that we are avoiding wrong site surgery.	Not recorded	Not recorded	Not recorded
Surgery 3	Submitted to QI Hub 9/12/22	Not recorded	Compliance with ERAS protocol, specifically reviewing post operative opioid use for analgesia, amongst colorectal surgery	Increase compliance with the ERAS protocol amongst colorectal surgery junior doctors with regards to post operative analgesia prescribing. Improve	The aim of this audit is to review the prescribing of post-operative analgesia, focusing on opiate prescriptions of colorectal patients on the ERAS pathway at Bristol Royal Infirmary. Retrospective data collection of 104 patients Feb-Aug 2022 to review post operative analgesia prescribing. Intervention aimed at raising awareness for	Not recorded	Not recorded	Not recorded

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			junior doctors at the Bristol Royal Infirmary	post operative outcomes for colorectal surgery patients e.g. speed up recovery time, reduce complication rate	incoming junior doctors onto colorectal surgery firm in December. Re-auditing post intervention			
Surgery 4	Submitted to QI Hub on 21/6/23	Not recorded	Focusing on care on wards to improve patient experience care and improve standards of care on in patient wards	Improve communication, address areas of care which are below standards, engage all nursing staff of all bands. Improve patient experience, increase base knowledge for staff, improve staff morale, empower staff, patients and carers	Focusing on care on wards to improve patient experience care and improve standards of care on in patient wards	Not recorded	Not recorded	Not recorded
Surgery 5	Submitted to QI Hub on 9/9/22	Not recorded	Not recorded	Better nutritional optimisation for post operative colorectal surgery patients. Aiming to improve patient outcomes post operatively, reduce complication rate and speed up recovery	Not recorded	Not recorded	Not recorded	Not recorded
Surgery 6	Jan 2022	Not recorded	Surgical site infection (SSI) prevention in cardiac surgery	Aiming to reduce SSI rates	Reporting high SSI rates in cardiac surgery Aiming to reduce SSI rates Quarterly SSI reports began in 2022 to allow details of reported SSIs to be understood in more details and look for any trends. A SSI working group was set up in 2022 to allow a MDT approach to SSI	See project poster	Not recorded	Not recorded

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1	 	Completed	 		prevention and focused time to discuss the issues	+	Completed.	Тоор/терси:
i		1	'		at bi monthly meetings. Action login place and			
i I		1	'		actions shared at divisional meetings. PEF team			
,		1	'		focused on ANTT teaching due to variations in			
•		1	'		practice being identified. Wound care team			
		1	'		focused on general wound care and dressing			
i		1	'		section teaching. Rep carried out teaching on BHIS			
•		1	'		bras (used routinely in cardiac surgery). A pre			
•		1	'		operative skin cleaning SOP has been adapted to			
•	'	1	·		include an intra and post operative wound care			
•	'	1	'		sections. Datixs are now completed for SSIs and			Ţ
i i	'	1	·		surgical teams are to complete a SSI verification			
i		1	'		form for their SSIs, previously this was verified by			
	'	1	'		microbiology. RIR was completed for moderate			
i i	'	1	'		harm SSI and taken to patient safety. SSI risk was			
i I	'	1	'		added to the risk register. SSI team carried out			
í	'	1	'		theatre observations and are part of theatre			
i I	'	1	'		practices IPC compliance group. Moved from			
i i	'	1	'		routine day 3 to day 4 wound checks. Planning for			
	'	1	'		introduction of Cardio-adjustable thoracic support			
i I	'	1	'		vest. Cleaning scores discussed at SSI working			
i İ	'	1	'		group. Increased awareness of SSI rates, data			ļ
i i	'	1	'		collection process and actions within the division.			
· ['	1			Now seeing a slow reduction in SSI rates. Takes			
1	'	1			time for actions to be reflected in data. Due to the			!
1	'	1	'		data collection process which includes a 30 days			
<u> </u>	<u> </u>	<u> </u>	<u> </u>		post surgery phone call			
Surgery 7	Not	Not	Cardiac surgery	produce a repeatable,	made a video to show all patients post cardiac	Not recorded	Not	Not recorded
1	recorded	recorded	discharge video	consistent and	surgery with d/c advice, with posters to signpost		recorded	!
1	'	1		accessible source of	patients. Orginally this info was delivered by 1:1			
1	'	1	'	advice for patients	talk which was very time consuming and the			1
1	'	1	'	following cardiac	quality of the information varied depending o wo			1
	1	1		surgery	was delivering it.			

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Surgery 8	Submitted to QI Hub on 22/9/23	Not recorded	Evaluation and quality improvement of surgical site infections following adult cardiac surgery	By systematically reviewing and analysing incidence, contributing factors and implications of SSIs in this patient population, we aim to identify areas for improved practise and infection control. This QIP aims to reduce the incidence of SSI, improve patient care, and reduce avoidable prolonged hospital admissions.	The rationale for conducting a QIP to assess surgical site infections (SSIs) in adult cardiac surgery is grounded in the importance of patient safety and quality of care. Adult cardiac surgery recovery is often complicated by infections (commonly median sternotomy and long saphenous vein harvest sites) leading to increased length of stay, mortality and use of potentially avoidable antibiotic prescriptions.	Not recorded	Not recorded	Not recorded
Surgery 9	Submitted to QI Hub on 12/6/22	Not recorded	Improving foundation doctor orientation in general surgery	Quicker orientation of new starters into the general surgical team. Less confusion over where to find forms and therefore quicker and more efficient handover and improved patient care.	We have created a helpful document with information regarding how to find forms, where meetings take place and how to conduct referrals in Weston amongst many other subjects which we hope will be beneficial to the new foundation doctors or new starters within the general surgical team. We found that although our general induction was very good, there were a number of things which we were only able to learn how to do or find whilst working. We know that starting at a new hospital is daunting, so we wanted to help the new doctors have a quicker settling in period.	Not recorded	Not recorded	Not recorded
Surgery 10	Submitted to QI Silver course on 6/4/22	November 22	Stryker drill database and safety availability	Creation of a database for QDU mayor and minor drills that includes relevant information of usage servicing faultiness in	No exciting database at the moment that reflects amount of stryker drills purchased, when they were last serviced. Availability and knowledge of these drills it's essential in certain surgeries and without then surgery cannot be carried out. Risk of patient not being able to have their operations if	Database will be shared within the different members of the team, data needed would	Yes	Not recorded

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				order to organise that information promoting patient safety for their correct use and availability in our theatres	equipment is not available or doesn't work properly.	be when the drills where purchased, when they were last serviced. Measurements of drill availability now and the future can be made.	,	
Surgery 11	Submitted to QI Silver on 10/7/22	Not recorded	Establishing Enhanced Recovery after Surgery for Adult Cardiac Surgery patients.	to optimise pre operative patients for cardiac surgery and ensure good contact and communication. to streamline the surgical pathway in hospital to facilitate good recovery and early discharge		implementing a pre operative service to monitor pre op patients, using criteria led discharge for patients who go through this pathway to improve flow.	Not recorded	Not recorded
Surgery 12	April 2021	Not recorded	Use of electronic prescribing system prompt to influence best prescribing practice in adult surgical patients	Not recorded	In the Division of Surgery, the Medway EPMA system has been rolled out for completion of patient discharged, in the longer-term it is anticipated this will also stretch to use for inpatient medicines administration. The system offers treatment templates and prompts to influence prescribing and the aim is to develop some of these specific for surgical patients to see if it improves prescribing practice	Data will be collected by automated identification of patients discharges from the Division of Surgery via Medway and reports can be run in real-time to identify how	Not recorded	Not recorded

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		completed					completed?	loop/repeat?
						much these are		
						being used.		