

EPUT – Oxevision Observations trial parameters

Trial Phases

Phase 1 – Preparations for trial (4 weeks)

Objective: Prepare for commencement of the trial

Proposed approach:

- Usability testing Oxevision Observations
- Prepare staff training package, incl. training video, “simulator” tablets and quick reference-guides
- Oxehealth to shadow existing ward round
- Write new protocol for Oxevision Observations
- Agree IG protocols required for changing patient information, doing observations and shift coordinator sign-off ahead of SSO integration
- Identify changes to policy and begin policy amendment
- Agree changes to DPIA (Data Protection Impact Assessment)
- Confirm two “Oxehealth Champions” for Oxevision Observations for each ward. One for the day shift and one for the night shift.
- Measure time taken to complete existing paper observation rounds to compare to time taken to complete observation rounds using Oxevision Observations in phase 3.
 - Time & motion study across 10 non-consecutive hourly observation rounds (an observation round being a 1 hour time period) from 1 ward.
 - Measure the time taken for 5 observation rounds in the day shift, and 5 in the night shift (after 10pm) using the paper-based observations approach and the Oxevision observations.
 - An Oxehealth champion should shadow and time the observation rounds to ensure accurate data collection. An extra staff member

may be required on the shift due to the additional responsibility of timing observation rounds.

Sign offs to move to next Phase:

- Training package signed off by Oxehealth
- Protocol signed off by XXX
 - Action: Agree who's needed to sign off protocol
- DPIA signed off by XXX
 - Action: Agree who's needed to sign off protocol
- Project Board agree to progress to Phase 2

“Get Ahead” activities during this Phase:

- All relevant staff trained on both use of the functionality and the observation protocol

Phase 2 – Staff engagement & training (2 weeks)

Objective: Ensure ward staff are set-up for success during the trial

Proposed approach:

- Circulate agreed protocol for Oxevision Observations
- Deliver live training sessions via Microsoft Teams
- Deliver simulator tablets to the wards for further hands-on training
- Share recorded video and reference materials

Sign offs to move to next Phase:

- Training of critical staff completed
- Oxehealth Champions agree to progress to Phase 3
- Project Board agree to progress to Phase 3

Phase 3 – Parallel Trial and gather evidence (2 weeks)

Objective: Evaluate whether the digitised observation protocol is at least as safe as the current paper-based approach. (Love: evaluate whether the digitised

observation protocol is at least as time effective as the current paper-based approach).

Proposed approach: Run the digitised observations protocol in parallel with the current paper-based approach for 48 hours consecutively, and then evaluate the results. One staff member completes their obs round using Oxevision Observations while the staff member completes their paper obs round. To ease the effort required by staff, Oxevision Observation rounds can be completed every hour instead of every 15 minutes. Only staff with Oxevision Observation training should do observation rounds using the system.

Oxehealth team to shadow the start of the first two shifts to provide support and on-the-spot training, if required.

Evaluation Criteria:

Safety:

- Digitised observation protocol is as safe as or safer than current protocol
 - Accuracy: staff are accurately following the digitised observation protocol and accurately completing the observations within the tool
 - Clinical Judgement: staff are continuing to use their clinical judgement to (engage and) observe patients when using the tool

How to measure: Accuracy: review and compare outputs, use anonymised video data to confirm accuracy where answers do not match; Clinical Judgement: staff surveys for those that used the tool. A random sample of 100 obs in the day shift and 100 obs in the night shift are compared.

Staff Experience:

- Staff find the digitised observation protocol easy to follow and the tool easy to use
- Staff want to shift from paper-based to the digitised observation protocol

How to measure: staff surveys for those that used the tool + a focus group to collect more qualitative feedback

Activities to move to next Phase:

- If required, sign off for any changes/tweaks to protocol or policies
- If required, sign off and develop any changes to the tool
- If required, re-run 48 hour study as many times as needed based on any changes / retargeted training
- All relevant staff trained on both use of the functionality and the observation protocol
- Project board agree to progress to Phase 4a

“Get Ahead” activities during this Phase:

- Develop plan for integrating Oxevision Observations with SSO and EPR systems

Phase 4a – Solo trial and gather evidence (1 week)

Objective: Prove that the digitised observation protocol works in daily clinical practice and can replace the current paper-based system.

Proposed approach: Run the digitised observation protocol as part of daily clinical practice for 1 week, and then evaluate the results.

Evaluation Criteria:Safety

- Staff are successfully recording observations using the tool
- Protocol appropriateness: protocols for changing patient information and shift coordinator sign-off are followed
- No untoward incidents related to the digitised obs protocol have occurred
 - Action: agree definition / scope of “untoward incidents” for the purpose of the trial
- Data: There is no data loss for recorded observations

How to measure: ward manager to review datix daily (EPUT to advise if easier alternative process) to check for adverse events related to the digitised observation protocol; Ward manager to review audit observation quality. Oxehealth to review system logs to ensure data integrity

Staff Experience

- Staff find the digitised observation protocol easy to follow and the tool easy to use
- Staff find the digitised observations protocol faster than paper-based approach
- Staff think the digitised observation protocol will reduce patient disturbance at night
- Ward managers feel they can assess in-shift observation adherence more effectively
- Ward managers feel they can make more timely decisions on staffing requirements

How to measure: staff survey and 1 focus group per ward; ward manager interviews (x2) at the end of Week 1.

Patient Experience

- Patients feel less disturbed at night
- Patients feel like their sleep has improved at night

How to measure: patient survey at the end of Week 1.

Clinical Time

- Staff do not perceive a reduction in therapeutic patient engagement
- Digitised observation protocol takes no longer to complete than current protocol (LOVE: digitised observation protocol is faster than current protocol)

How to measure staff perception: staff survey and 1 focus group per ward.

How to measure observation round time: time & motion study across 10 non-consecutive hourly observation rounds (an observation round being a 1 hour time period) from 1 ward.

- Measure the time taken for 5 observation rounds in the day shift, and 5 in the night shift (after 10pm) using the paper-based observations approach and the Oxevision observations.

- An Oxehealth champion should shadow and time the observation rounds to ensure accurate data collection. An extra staff member may be required on the shift due to the additional responsibility of timing observation rounds.
- The average time taken to complete an Oxevision Observation round in the day shift and the night shift is then compared to the current observation protocol that was measured in phase 1.

Activities to move to next Phase:

- If required, sign off for any changes/tweaks to protocol or policies and the tool, and provide updated training to all relevant staff
- Project Board agree to progress to Phase 4b

“Get Ahead” activities during this Phase:

- Start implementation of integrations between SSO and EPR systems

Phase 4b – Solo trial and gather evidence (4 weeks)

Objective: Prove that the digitised observation protocol works in daily clinical practice and can replace the current paper-based system

Proposed approach: Run the digitised observation protocol as part of daily clinical practice for 4 weeks, and then evaluate the results.

Evaluation Criteria:

Safety

- No incidents related to the digitised obs protocol have occurred
- Data: There is no data loss for recorded observations

How to measure: ward manager to review datix daily to check for adverse events related to the digitised observation protocol

Activities to move to next Phase:

- Write summary report or presentation on results from all phases

- Project Board agree to progress with recommendations to CGG