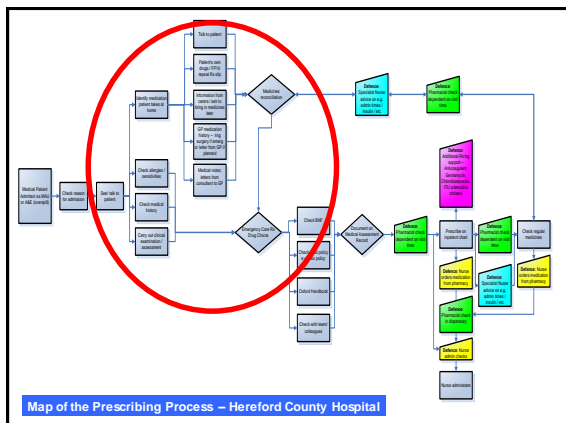
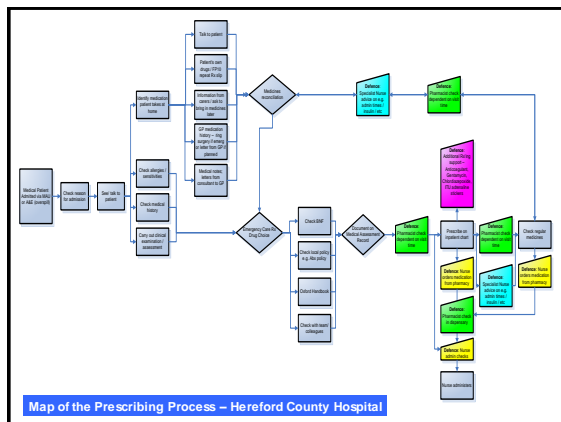


The use of Scenarios and Stories to Inform Analysis and Design in Health

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The Scenario...

Dr J sees an elderly lady who is very confused and has a UTI due to problems with her catheter. The patient can't remember if she takes any medication at home and **no medicines or medication history information have been brought in**. Obtaining a drug history will have to be followed up later with the relatives or **in the morning when the GP surgery opens**.

Dr J finds **a free PC at the nurses station** and begins to search for the antibiotic policy on the Trust Intranet.

...continued

A **CCU nurse has arrived to find a doctor** to prescribe Glyceryl Trinitrate infusion and sees Dr J immediately. She explains her situation and tells him that the dose required is 10mcg/min. Dr J prescribes what the nurse asks, thinking about her specialist knowledge and **makes a note to check the dose later**.

...continued

Dr J begins to document what he has found so far, but another nurse **interrupts** him to prescribe something to help her patient sleep. The nurse gives him the inpatient chart and **stands over him, waiting**.

He **recalled a senior choosing to prescribe zopiclone** and so Dr J checked the BNF for the correct dose and prescribed on the chart. The nurse left quickly.

Understanding what really happens..

- Practitioners view of how they experience their own activities
- Stories are subjective
- Build up a picture of factors that influence the quality of prescribing
- Communication tool for those who don't understand how doctors work
- Also used to find out what works well...

..Understanding what really happens

- How do staff cope with the gaps? E.g. staff shortages

'I came in to work hoping to finish off a report from the previous day but was told that we were extremely short staffed...I put myself in for an additional 1.5hr final checking slot to relieve a senior dispensary technician to be hands on if needed and maintain some training when the new pharmacist came back to dispensary. I realised that my work plan for today would have to be postponed...'

How did I build the scenario?

- Observing doctors
- Post observation interviews
- Examples of practice (stories)

'Patient with stroke and nil by mouth who needed IV fluids. I got bleeped 5 times. Before the assessment record was completed, the patient was transferred to MAU and I still had to complete prescription chart and write up fluids. I forgot to write up fluids and patient went without overnight. It was picked up the next morning. The nurse who dealt with the patient had finished her shift and wasn't there to inform the ward of the care plan during transfer – this sometimes happens'

Drawbacks

- Didn't see importance initially
- Asking for a story at the right level to capture the detail
- Stories are subjective
 - need to validate

What are we doing next?

- Future state 'scenario' to accompany future state map
- Using stories to build a pro active tool
 - Trial in pharmacy
- Review IR1 report system
 - Looking at stories to capture factors leading up to incidents

Questions?