

# Implementing the 2-minute board round check list; a safety initiative

Authors: Ji Soo Choi<sup>A\*</sup> and Nicholas Johnson<sup>A</sup>



## **Board Round safety checklist**

### **2-minute safety briefing**

To be carried out by Nurse in charge

### **Topics**

**Location of crash trolley**

**Location of fire exit**

**Update resuscitation status of patients**

**Any infection control issues**

**Other issues for escalation**

| Date | Completed by | Sign |
|------|--------------|------|
|      |              |      |
|      |              |      |
|      |              |      |
|      |              |      |
|      |              |      |
|      |              |      |

Fig 1. Board round safety checklist.

## **Introduction**

All staff in clinical areas should be aware of the resuscitation trolley (RT) location, in order to deliver prompt lifesaving care in an emergency. Nevertheless, our recent audit showed that

approximately half of healthcare workers were unaware of its location. Therefore, a 2-minute board-round checklist was introduced to ensure up-to-date knowledge of safety issues such as RT location, fire exits and infection control issues (Fig 1).

## **Method**

The checklist was trialled in two wards over 4 weeks. The nurse in charge completed the checklist during morning board rounds

Authors: <sup>A</sup>Milton Keynes University Hospital, Milton Keynes, UK  
\*lead author

with the multidisciplinary team, including healthcare assistants, physiotherapists, nurses (including agency nurses) and doctors (including locum doctors). Knowledge about the RT was evaluated using a snapshot questionnaire before and after the intervention.

### Results

Pre-intervention results showed that 48.5% of staff were unaware of the RT location. The staff reported that this was due to the high frequency of ward rotation and inadequate ward induction. Only 31.8% of staff received ward induction. The confidence rating of staff in accessing the trolley during an emergency was below 60%.

After the 4-week trial using the checklist, 95.5% of staff were able to correctly identify the location of the RT and 60% of staff reported receiving ward induction. Confidence rating also increased to over 90%.

### Conclusion

The 2-minute board round checklist made a significant improvement in staff's ability to locate the RT. It successfully targeted the high turnover of staff, including locum and agency staff. Overall, knowledge of RT location should be prioritised, which can be supported by the 2-minute board round checklist.