language therapists, informing them of the audit study. Laminated copies of the letter were made available to patients and visitors on each participating ward.

Red tabards were embroidered front and back with “Drug round in progress. Please do not disturb” and worn by nurses undertaking drug rounds to highlight to staff, patients and visitors that they should not be interrupted (Fig 1).

A tick box questionnaire was used to collect information during each drug round (for example, the number of interruptions and who interrupted the round). Staff were trained and guided by their ward sisters to complete the data collection forms.

The perception of the study as an audit rather than research meant that ethical approval was not needed.

Drug round interruptions were monitored for 14 consecutive days (weeks 1 and 2) in January 2008. Drug round tabards were introduced in week 3 and continued to be used until the end of the audit period. The use of tabards was not audited in week 3.

The medication interruptions that did occur resulted from patients, lack of drugs (from individual drug lockers), ward nurses, phone calls and medical staff (see Fig 3, overleaf).

Drug round questionnaire responses
Registered nurses who wore the tabards – 33 (41%) – completed questionnaires. The following results were found:

- Thirty six per cent did not always have access to tabards due to laundry issues;
- Sixty seven per cent wanted to continue to wear the tabards;
- Forty nine per cent said the tabards made them consider who to ask for help.

Audit of medication interruptions pre and post tabard use
More forms were completed for the 8am and 10pm drug rounds than at other times. There was no obvious reason for this, but it may have been because these rounds took place at the start of 12 hour shifts, before staff could be sidetracked by competing demands.

Table 1 shows that the average number of interruptions reduced significantly from six to five after drug round tabards were introduced (p<0.001) (see Fig 2, overleaf). The medication interruptions that did occur resulted from patients, lack of drugs (from individual drug lockers), ward nurses, phone calls and medical staff (see Fig 3, overleaf).

Infection control
All tabards grew positive general cultures, although this was no different from those cultures that had previously been found on staff uniforms.

Datix incident reporting
There was a slight reduction in incidents reported over the five week time period, compared with the previous year.

DISCUSSION
The majority of staff and patients supported the introduction of drug round tabards and understood the reasons behind the change in practice.

There were no reported issues with the message on the tabards, although it was acknowledged that a red tabard might create difficulties for some people with colour blindness and that a larger font could be used. It was also noted that the tabards used during the audit did not fit all nurses and that staff became hot when wearing them over their uniforms.

The tabards were considered a specialist garment to launder and this affected availability at times. However, wipeable tabards have recently been marketed, which could solve this problem. Storage hooks would need to be installed for tabards to be kept in the clean drug preparation area.

Although it was acknowledged that there were times when the nurse conducting the drug round had no alternative but to help

### Table 1. Pre and Post Tabard Audit

<table>
<thead>
<tr>
<th></th>
<th>Pre Tabard</th>
<th>Post Tabard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average number of patients receiving drugs on a drug round</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Percentage of drug rounds interrupted</td>
<td>96%</td>
<td>95%</td>
</tr>
<tr>
<td>Average number of interruptions per drug round (see Fig 3)</td>
<td>6</td>
<td>5</td>
</tr>
</tbody>
</table>

- Sixty one per cent liked the colour of the tabards;
- Seventy three per cent thought the tabards were comfortable, although some commented on being too hot and said tabard sizes were an issue;
- When wearing tabards, nursing staff felt supported by nursing colleagues (82%), medical staff (49%) and allied healthcare professionals (45%), although they did not feel supported by patients (49%) and relatives (42%).
- Among all other staff, 39 (65%) completed questionnaires. Of those:
  - Ninety seven per cent were supportive of tabards;
  - Seventy seven per cent thought tabards were effective;
  - Ninety per cent said the tabards made them consider who to ask for help.

FIG 1. NURSE WEARING A DRUG ROUND TABARD

Ninety seven per cent (16) felt that tabards did not fit well. They commented on being too hot and said tabard sizes were an issue.

Red tabards were embroidered front and back with “Drug round in progress. Please do not disturb” and worn by nurses undertaking drug rounds to highlight to staff, patients and visitors that they should not be interrupted (Fig 1).

A tick box questionnaire was used to collect information during each drug round (for example, the number of interruptions and who interrupted the round).