Medical ward rounds are complex clinical activities critical to provision of high-quality patient care in a timely and reliable manner. There is considerable variability in how they are carried out and in the reliability of assessment of key issues such as resuscitations status, VTE prophylaxis, setting of discharge dates etc.

Effective multi-disciplinary team-working has been shown to improve patient outcomes, and ward rounds can be improved to deliver better team-working and enhanced communication within teams as well as to patients and families and to other teams. Reliable implementation of a structured ward round can improve patient safety, patient experience, shared learning and efficient use of resources.

Aim: Structured Ward Round Checklist in 100% of consultant-led ward rounds on wards 7C (renal) and 11 (respiratory) by July 2014

Method
A group was set up to review the whole ward round process on one medical ward. The current structure was analysed. PDSA testing of a checklist taken from the RCP document on ward rounds was undertaken.

Process Change
Checklist introduced, one team member allocated to checking and completing
Multiple tests of change to improve format
Pre-ward round brief included
Checklist completed by any member of team – nurse, Med student, junior Dr
Team members empowered to check if actions complete
MDT meeting standardised structure, twice weekly
MDT outcome documented with standard format
Ward Board set up with Estimated Date of Discharge and IDL progress
Daily rounds introduced

Second medical ward included – also testing checklist. Diverging formats have been brought back together, and learning from two ward environments shared between teams.

Achievements
Checklist in use reliably by renal team and one respiratory consultant
Standardisation of the ward round process has helped team-working on the ward. The process and communication is now much clearer.
Patients now discharged with Immediate Discharge Letters (not sent on later), reported via hospital daily huddle, currently 100%
Discharges better planned so happening earlier in the day (difficult to measure)

Key Reference Materials
Ward Rounds in Medicine is available on the RCP London website rcp london.ac.uk

Next steps
• Gaining reliability throughout all consultants on the two wards involved. Needs further PDSA testing with them
• Simplification of the checklist, and standardising between wards
• Better data collection, including spread to other consultants/wards
• Data collection on VTE prophylaxis review process

Results

| Patient name | VTE prophylaxis recommended | VTE prophylaxis administered | VTE prophylaxis review | VTE prophylaxis complications | VTE prophylaxis review completed 
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient 1</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Patient 2</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Patient 3</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

A structured ward round is much more reliable
Better team-working and communication
Measuring reliability is still difficult, and real patient-related outcome measures are challenging to identify and measure.

The project expanded to involve much more than just ward rounds – linked to Board Rounds, ward boards, and MDT meetings
Not all consultant ward rounds are using the checklist yet.

Key Learning Points
Getting a wider team involved is critical to success
Regular and frequent team meetings provide momentum
Use of checklists is helpful but difficult to ensure that the principles behind them are adhered to.
Support from other Fellows is really helpful

Further information contact: stewart.lambie2@nhs.net