# The Vascular Ward Round – a time-out structure

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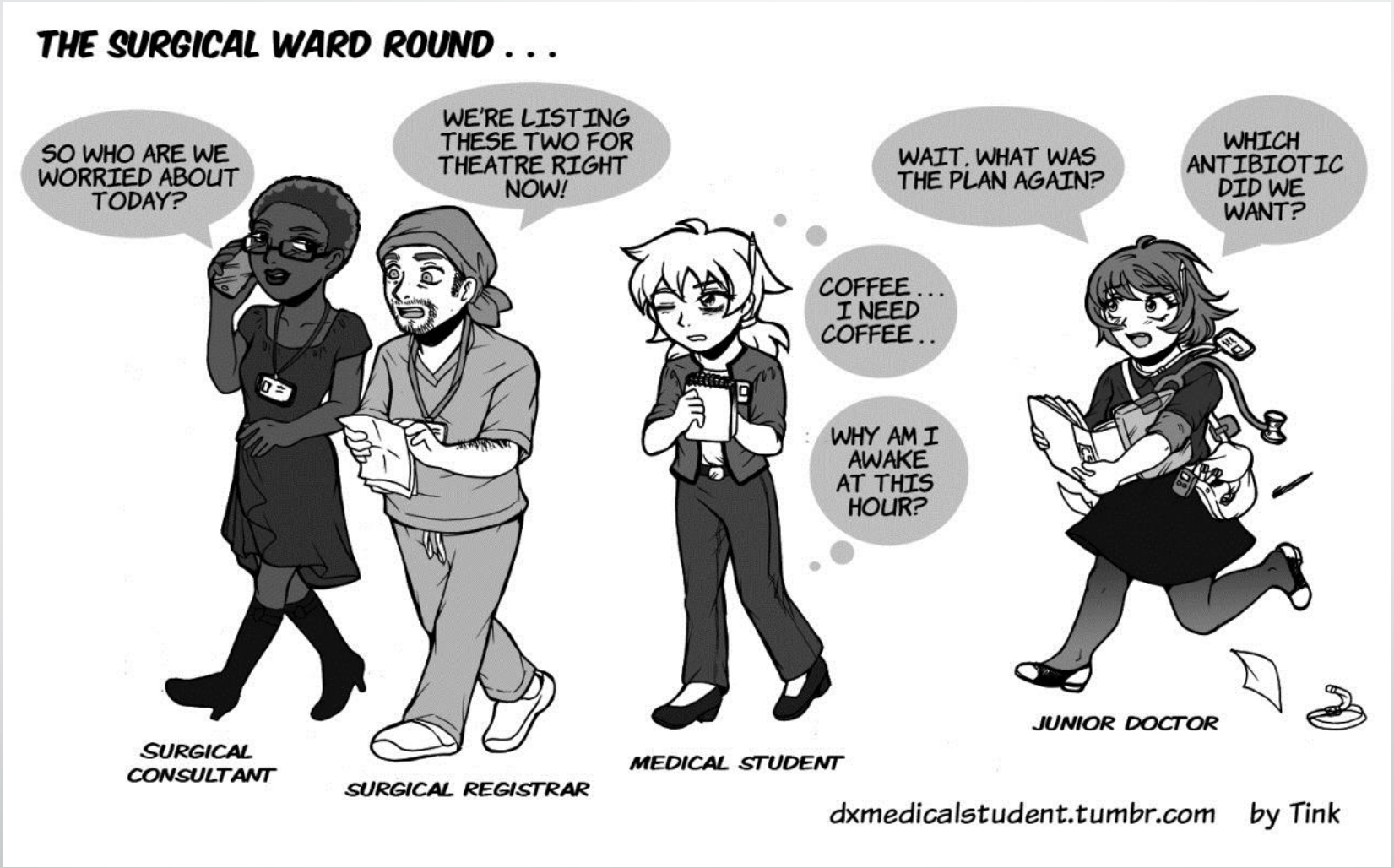
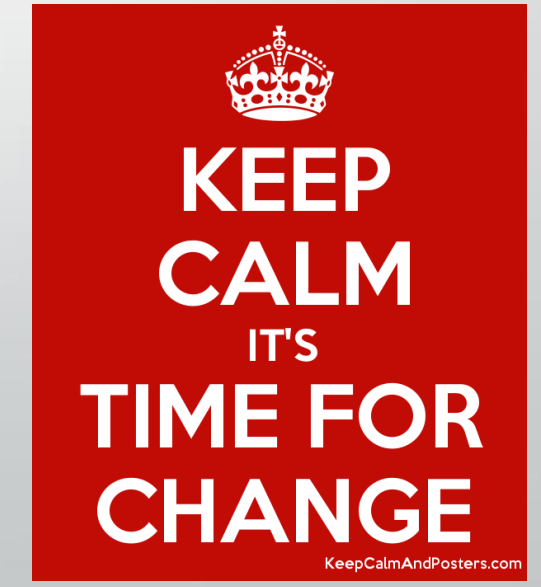

THE SURGICAL WARD ROUND . . .
SO WHO ARE WE WORRIED ABOUT TODAY?
WE'RE LISTING THESE TWO FOR THEATRE RIGHT NOW!
COFFEE . . . I NEED COFFEE . .
WHY AM I AWAKE AT THIS HOUR?
WAIT, WHAT WAS THE PLAN AGAIN?
WHICH ANTIBIOTIC DID WE WANT?
SURGICAL CONSULTANT
SURGICAL REGISTRAR
MEDICAL STUDENT
JUNIOR DOCTOR
dxmedicalstudent.tumbr.com by Tink

# Aims

- Give an opportunity for both staff members & the patient to have a voice
- Encourage a combined MDT approach
- Minimize interruption to work flow
- Integrate into current practice without hardship
- Paper-lite
- Create no additional administrative tasks
- Improve hand hygiene
- It's a structure that the whole team likes to use



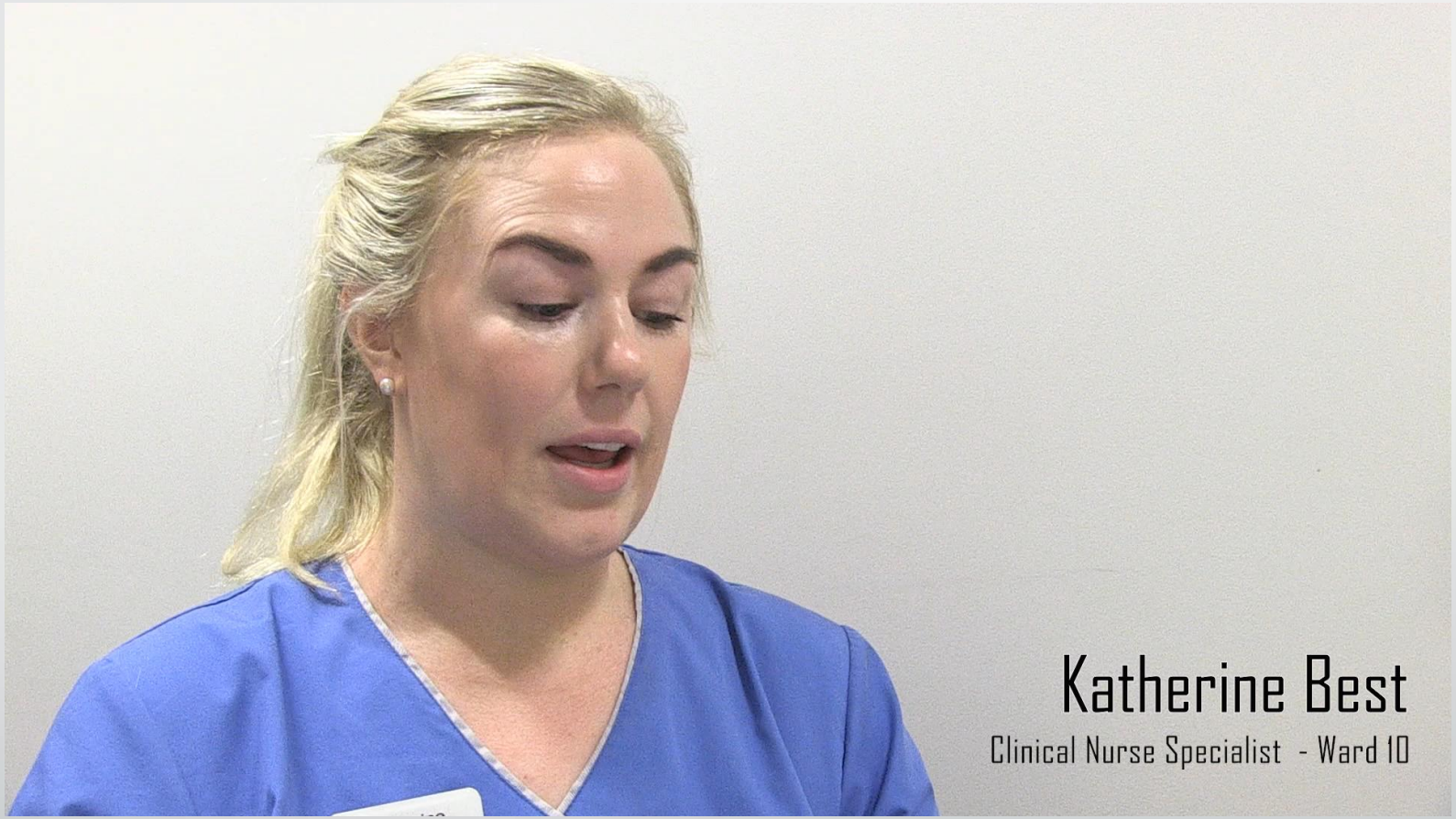
# Time-in

- Gather as a group in the nurses station
- Introductions of team members
- Identify consultant on call and registrar on call
- Identify concerns from patients overnight, specific patient concerns, and patients to see on round
- Wounds for review that day
- Goal of day
- Begin rounding


- Reviewing
  - patient clinical observations (NZEWS score)
  - medication regime (ensuring best medical therapy)
  - recent blood results
- Nursing/MDT Concerns
- House Officer Concerns
- Medial lead to then provide a **plan**, including discharge plan
- Address with patient
- Hand hygiene


At the end of the round:

- Check all patients have been reviewed
- Any final questions from staff
- End ward round
- Fist pumps & high fives all round


Katherine Best
Clinical Nurse Specialist - Ward 10

# Roll-out

| | |
|---|---|
| Stage 1 | • Audit of current ward round practice, and survey of staff perceptions<br>• Staff education about new ward round time out model<br>• Instigation of new model, re-audit, and further survey<br>• Presentation of final findings to staff |
| Stage 2 | • Continue use in everyday practice, modify ward round structure as necessary. |
| Stage 3 | • Formalisation of ward round structure and departmental publication as standard practice. |
| Stage 4 | • Further audit of patient outcome data pre and post implementation to assess if significant difference in outcomes. |

# Results

**Table 1: Ward Round Patient Numbers and Consultation Length**

| Factor | Pre Checklist | First Audit | Second Audit | p-value† |
|---|---|---|---|---|
| Number of rounds | 12 | 10 | 10 | Not applicable |
| Total number of patients | 60 | 89 | 84 | Not applicable |
| Mean number of patients per ward round | 5 | 8.9 | 8.3 | p=0.04* |
| Mean time of each consultation (Minutes) | 3.96 | 3.8 | 4.5 | p=0.81 |
| Mean Total length of ward round (Minutes) | 23.9 | 54.7 | 49.5 | p=0.01* |

* Statistical significance at $p<0.05$

†ANOVA

| Categories | Pre Checklist | Audit One | Audit Two | p-value† |
|---|---|---|---|---|
| **Assessment** | | | | |
| Greet the Patient | 54 (93%) | 88 (98.9%) | 84 (100%) | p=0.15 |
| Assess pain management | 23 (39.7%) | 36 (40.4%) | 73 (88%) | p<0.01 |
| Bowel and bladder function | 7 (11.7%) | 18 (20.2%) | 39 (46.4%) | p<0.01 |
| Observation Chart Review | 12 (20%) | 67 (75.3%) | 68 (81%) | p<0.01 |
| Wound Review | 32 (60.4%) | 40 (50%) | 61 (84.7%) | p<0.01 |
| Drug Chart Review | 6 (10%) | 48 (53.9%) | 66 (78.6%) | p<0.01 |
| Blood test results addressed | 14 (23.3%) | 32 (36%) | 36 (49.3%) | p=0.08 |
| Catheters, cannulas, drains reviewed | 9 (15%) | 25 (28.7%) | 9 (81.8%) | p<0.01 |
| Clinical Impression | 21 (35%) | 69 (77.5%) | 84 (100%) | p<0.01 |
| | | | | |
| **Management** | | | | |
| Discharge Destination | 25 (41.7%) | 62 (69.7%) | 67 (79.8%) | p<0.01 |
| Day of Wound Review/Dressing Change | 13 (24.5%) | 23 (29.1%) | 61 (84.7%) | p<0.01 |
| Mobility Status | 15 (25.4%) | 35 (39.3%) | 65 (77.4%) | p<0.01 |
| Anticoagulation/Antiplatelet Treatment | 19 (31.7%) | 54 (60.7%) | 47 (58.5%) | p=0.01 |
| Ceiling of Care | 0 (0%) | 1 (0.8%) | 1 (0.7%) | p = 0.74 |
| Allocation of Tasks | 18 (21%) | 63 (70.8%) | 80 (95.2%) | p<0.01 |
| Clear Plan | 36 (60%) | 78 (87.6%) | 84 (100%) | p<0.01 |
| | | | | |
| **Communication** | | | | |
| Hand Hygiene | 10(16.9%) | 65 (73%) | 62 (73.8%) | p<0.01 |
| Curtain Closed | 41 (69.5%) | 81 (91%) | 74 (88.1%) | p=0.01 |
| Patient Covered | 9 (36%) | 16 (57.1%) | 84 (100%) | p<0.01 |
| Confidential Discussion | 39 (66.1%) | 80 (89.9%) | 79 (94%) | p<0.01 |
| Check Patient Understanding | 28 (50.9%) | 59 (67.8%) | 84 (100%) | p<0.01 |

# Results cont.

**Table 2: Staff Perceptions**

| Factor | Pre | Post | Significance† |
|---|---|---|---|
| Ward Round Function | 2.91 | 4.43 | p<0.05* |
| Clear Plan | 2.77 | 4.48 | p<0.05* |
| Team Cohesion | 3.05 | 3.91 | p<0.05* |
| Ward Round Organisation | 2.68 | 4.26 | p<0.05* |
| Comfort to Voice Concerns | 3.64 | 4.61 | p<0.05* |

*Statistical significance at p<0.05
†Mann-Whitney U Test

# Conclusions

- This study demonstrated improvement in ward round quality and staff satisfaction following introduction of a novel ward round checklist.
- These promising findings indicate ward round checklists should be used in clinical practice.
- Further work is needed to evaluate the impact of ward round checklists on patient outcomes.

# References


- Pitcher M, Lin JTW, Thompson G, Tayaran A, Chan S. Implementation and evaluation of a checklist to improve patient care on surgical ward rounds. ANZ J Surg. 2016;
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