Clear Records: Exploring patient and staff experience of ward rounds to inform and improve ward round communication and documentation.

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BACKGROUND

1. Project completed in a high-dependency rehab unit for men.
2. Authors noticed ward round proformas lengthy and unclear.
3. Difficult to ascertain patient progress and complete reports effectively.

AIMS / HYPOTHESIS

1.Improve ward round efficacy, efficiency and documentation.

2.Improve collaboration and communication between the multidisciplinary team (MDT).

3.Make ward rounds more patient informed.

4.Good ward round documentation and MDT communication leads to improved staff and patient ward round experience and ability to achieve patient rehab goals.

METHOD

1.Quality Improvement training delivered to MDT.

2. Anonymous Likert scale survey completed by MDT.

3. Views gathered on ward round experience and documentation before (n=9) and after inventions (n=7).

4. Scale 1-10, 1 is strongly disagree and 10 strongly agree.

5. Mean averages, ranges and percentage increases and decreases calculated.

Patients: 3 interactive sessions facilitated (n=4) to:
- Explore experience of ward rounds.
- Likert scale questionnaires (n=4) completed before and after interventions.
- Review existing and coproduce revised ward round patient preparation sheet.

Staff: 5 interactive sessions were facilitated (n=9) to:
- Process map ward rounds.
- Complete fish bone diagram of ward round challenges and solutions.
- Create revised ward round and nursing proformas.
- Evaluate project outcomes.

6. Rehab division ward round proformas compared considering areas of best practice

RESULTS

1. Initial patient feedback re: ward round experience **positive.**

2. Initial Likert scale questionnaires showed patients "*understood team roles, felt heard and could ask questions*" **(mean average 9.75, 9.75, 9.75)** . "*Looked forward to ward rounds*" **(9.5).** Felt "*supported*, *understood plans*" **(9.25, 9.25),** "*Felt safe, respected, cared for and understood their responsibilities*" **(9, 9, 9, 9). Range 9-9.75.**

3. **Patient preparation sheet revised;** included patient and staff actions and visual prompt, ***"My recovery wheel".*** *Some of these changes were not implemented consistently during the evaluation phase.*

4. **Fishbone diagrams identified challenges and solutions** across multiple domains; including staffing, procedural factors, time, resources, equipment, training and education, communication, proformas and patient engagement.

5. New, succinct, MDT and nursing ward round proformas designed, with **focus on rehab goals.**

6. Ward round prompt sheet for chair created and used.

7. Second patient Likert scale survey showed a **5.4% increase** in patients understanding ward round plans **(mean average 9.75).** No change in patients feeling "*supported, cared for and respected*" **(9.25, 9, 9)** and percentage decreases across other domains (range -17.9% to +5.4%).

8. Staff Likert scale survey showed improvements across **all domains**. Greatest improvements included:
- Ward round documents finalised in timely manner. Before and after Likert scale score mean average **(3.44 and 7.57 with a 120% percentage increase).**
- Ward round proformas easier to use **(4.88 and 9, 84% increase).**
- Ward rounds running to time **(4.66 and 7.33, 57.36% increase).**
- Staff feeling listened to (**8.33 and 8.66, 3.96% increase).**
- New proformas make ward rounds more **efficient (9)** and **easier to achieve rehabilitation goals (8.86).**

CONCLUSIONS

1.Both MDT and patients feel **positive** regarding: ward round experience.

2. Ward rounds now more **efficacious** and **efficient.**

3.MDT and nursing proformas **easier to use** and **finalised quicker.**

4.The improved patient preparation sheet is more **patient centred,** after being co-produced with patients.

5.Staffing challenges during the project evaluation phase acknowledged; a further evaluation is planned in 6 months' time.

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CONTACT INFORMATION

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