Safe surgical ward rounds

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Introduction

Ward rounds are an essential component of patient care in surgery. In the National Health Service, there is increasing pressure for ward rounds to be time efficient and yet safe.

The Royal College of Surgeons has yet to introduce minimum standards of safety for surgical ward rounds.

Following the successful implementation of the World Health Organisation Checklist for operative safety,1 it has been acknowledged that there is a scope to improve patient safety by using checklists.1 The next step would be to extend the concept of patient safety in surgery to also include their care during ward rounds.

Methods

A four stage approach to this quality improvement project was employed.

Stage 1: Establish minimum standards for ward round with consultant surgeons. (See next section)

Stage 2: Pre-intervention audit

Stage 3: Intervention

Stage 4: Post-intervention audit

Standards



- 1) Blood results reviewed
- 2) Imaging reviewed
- 3) Observations reviewed



- 4) Drug chart reviewed
- 5) VTE prophylaxis
- 6) IV fluids
- 7) Analgesia
- 8) IV antibiotics



- 9) Patient examined
- 10) Patient's questions answered

Intervention

Two main interventions were implemented after the first audit:

- 1) Informing the consultants and registrars of the initial findings.
- 2) Checklist reminder (see below) on all the ward portable computers.

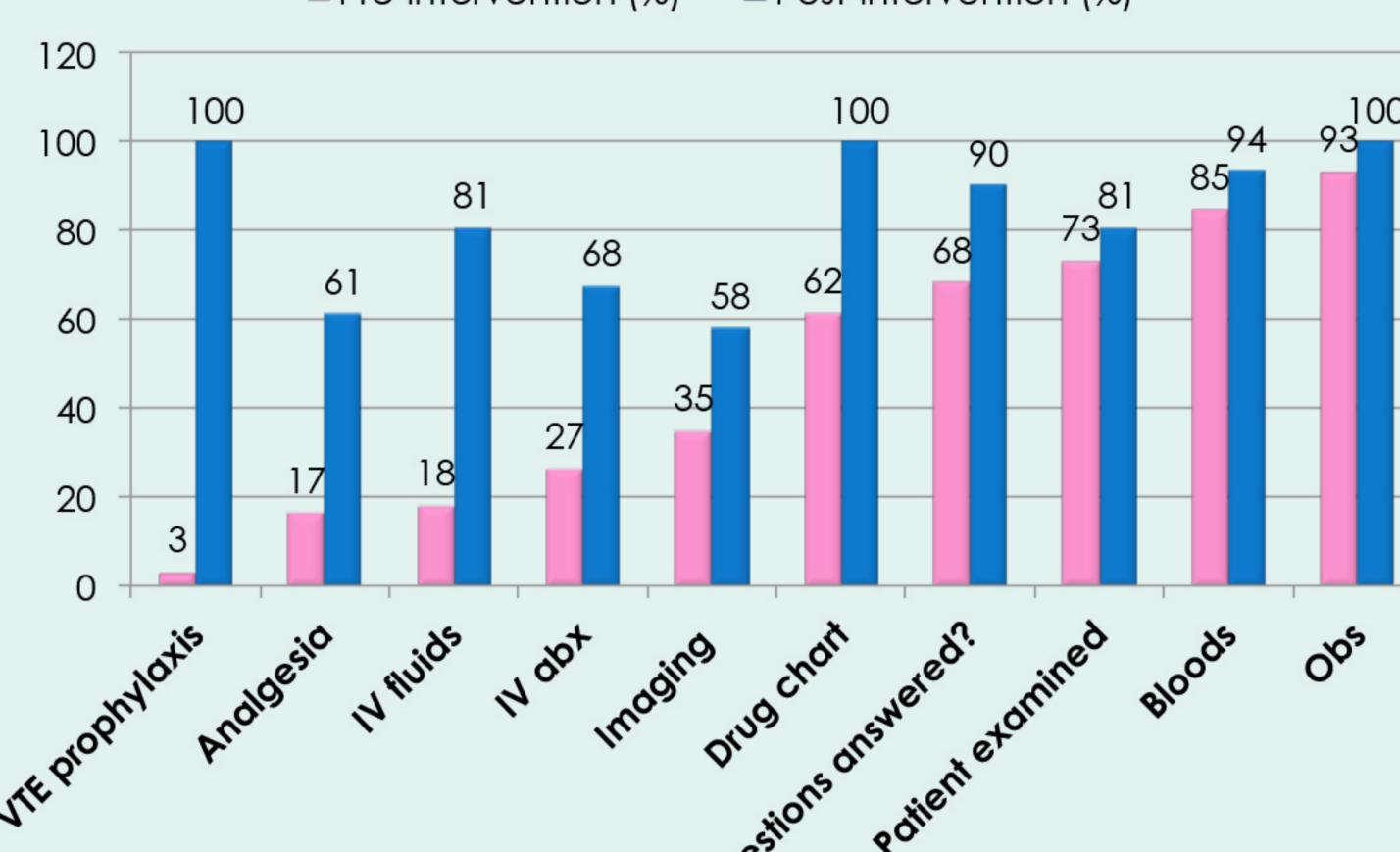
Ward Round Checklist:

- Bloods reviewed?
- Imaging reviewed? Obs reviewed?
- Drug chart reviewed?
- ✓ VTE prophylaxis check
- IV fluids?
- IV antibiotics? ✓ Analgesia?
- ✓ Patient examined?
- ✓ Patient's questions answered?

Results

Pre-intervention (n=95) compared to post-intervention (n=115) outcomes

Pre-intervention (%) Post-intervention (%)



Time saved?

Mean time improved post interventionby 28 seconds per patient (p=0.071)



Range: 4-14 min

Median time: 4 min

Conclusion

There has been marked improvement in the audited criteria with simple intervention measures. Next steps include:

- 1) Stickers for ward round entries
- 2) For inclusion in induction briefing for new members of staff.

1 Bergs J, Hellings J, Cleemput I, Zurel Ö, De Troyer V, Van Hiel M, Demeere JL, Claeys D, Vandijck D. Systematic review and meta-analysis of the effect of the World Health Organization surgical safety checklist on postoperative complications. Br J Surg. 2014 Feb;101(3):150-8. doi: 10.1002/bjs.9381