Action Station Trolley to Improve Quality and Performance on Wards Rounds
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Problem

The Consultant was discussing and reviewing cases one by one, returning to base after each patient review, to maintain confidentiality and allow in depth discussions. The Consultant also felt he would forget the patients’ details if more than one case at a time were discussed.

At the bedside doctors had nowhere to place the notes and charts, and were walking back and forth to collect stationery, charts and notes.

There were many “non productive” walks with a lot of wasted “non productive” time.

If 25 patients in four bays were being reviewed by a team of 5 health care professionals this involved 250 staff journeys, with the potential to reduce this to 40 staff journeys.

Effects of Change

Independent observers have commented that “The rounds are the most organised I have ever seen” and “The rounds are so calm and in control”. The Consultant (GC) has noted how much more active all team members are, how the team holds together around the trolley, and how much more comprehensive the patient review has become. There is more time for short episodes of teaching.

Nurses and Ward Clerks appreciate the ease of access to the notes, and the nurses now keep their files with the medical files, improving communications within the team. Juniors say “We now only need to do one round, not another after the Consultant Round. Ward rounds feel better organised”.

Two versions of the “Action Station Trolley” are now being produced commercially.

Methods

Remembering Patients

A ward round list is printed in bed order from unique “AMU Whiteboard” software. The Consultant makes notes on this to remind him of the cases at the bedside. Cases are discussed in bed order and patients then reviewed bay by bay.

Action Station Trolley

Initially we adapted an old electrician’s trolley to carry the notes of the patients for review, along with stationery, forms, examination equipment and a laptop PC. The top of the trolley provided a large surface for writing in the notes, form filling etc.

We quickly realised the benefits of this trolley and had a bespoke “Action Station Trolley” made for us by Sunflower Medical. We can take 14 sets of notes with us on rounds. Nursing notes can also be accommodated in the drawers. Notes are easy to locate.

We review cases in groups then take the Action Station Trolley to the bedsides. We immediately found that we had more time at the bedside for the patient consultation, and to fill in forms, write up notes, and discharge notifications, working “Just in Time”. The duration of our rounds has remained the same, but we have freed up time to be more thorough and to complete “Safety and Quality Checking” (see Poster 323).

Message to Others

Think!

Why did we ever use those old vertical file trolleys? Try one of these!

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Considerative Checklist to Ensure Quality and Safety on Wards Rounds

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Problem

How Would We Know That We Had Done a Safe High Quality General Medical Ward Round?

How Long Should a Ward Round Take?

A Foundation Year One (F1) doctor lead a routine round under Consultant Supervision in April 2009, and felt insecure as to whether she had “done everything” for the patients. We were aware of some Royal College guidance on how long a ward round should take, but no description of what “doing everything” was for a general medical ward round.

Strategy

Within 3 days we had discussed what we thought “Doing Everything” on a Ward Round meant, and devised what we called a “Considerative Checklist”. This is very much focused on being “Completely for the Patient” and covers the pre-bedside discussion, bedside review, forward planning, avoidance of harm and risk, and communications with the patient and nursing staff. We modified this several times in the early weeks, but the content has remained very similar. We also devised a Checklist for Safe Prescribing which is described in another poster.

Measurement – How Long Should a Ward Round Take?

We have used the Considerative Checklist on 119 Wards Rounds since April 2009.

Post Take Rounds

41 Rounds
536 Patient Assessments
Average 16 minutes per patient (range 12 to 25 minutes)

Routine Rounds

78 Rounds
1055 Patient Assessments
Average 12 minutes per patient (range 8 to 26 minutes)

Effects of Change

We have struggled to find measurable evidence of the effects of change, despite inviting expert outsiders to observe our rounds. Observers note that our rounds are calm, systematic and comprehensive with patients visibly reassured by the Checklisting process. One patient recently commented that she had been in hospital many times and had never experienced such a reassuring and caring ward round assessment.

Within the team we quickly realised that we had been missing important aspects of patients’ care such as pain and discomfort, timely removal of cannulas and catheters, attention to nutrition, DVT prevention, avoidance of pressure damage, lack of documentation of “Ceiling of Care” and CPR status, ordering too many tests and failing to co-ordinate complex discharges. We found the quantity of communication with nurses to be very low, and now make a point of active reporting to nurses after rounds.

Senior and Junior Doctors have become more systematic in case reviews, whilst retaining humanity, compassion and humour.

The ward round “leaders” all comment on how reassuring it is after a complex case or a lot of distractions, to ask and know that “It has all been done”.

We know we have done a good job well and how long it takes.

Message to Others

Modify this to your context and give it a try!

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