

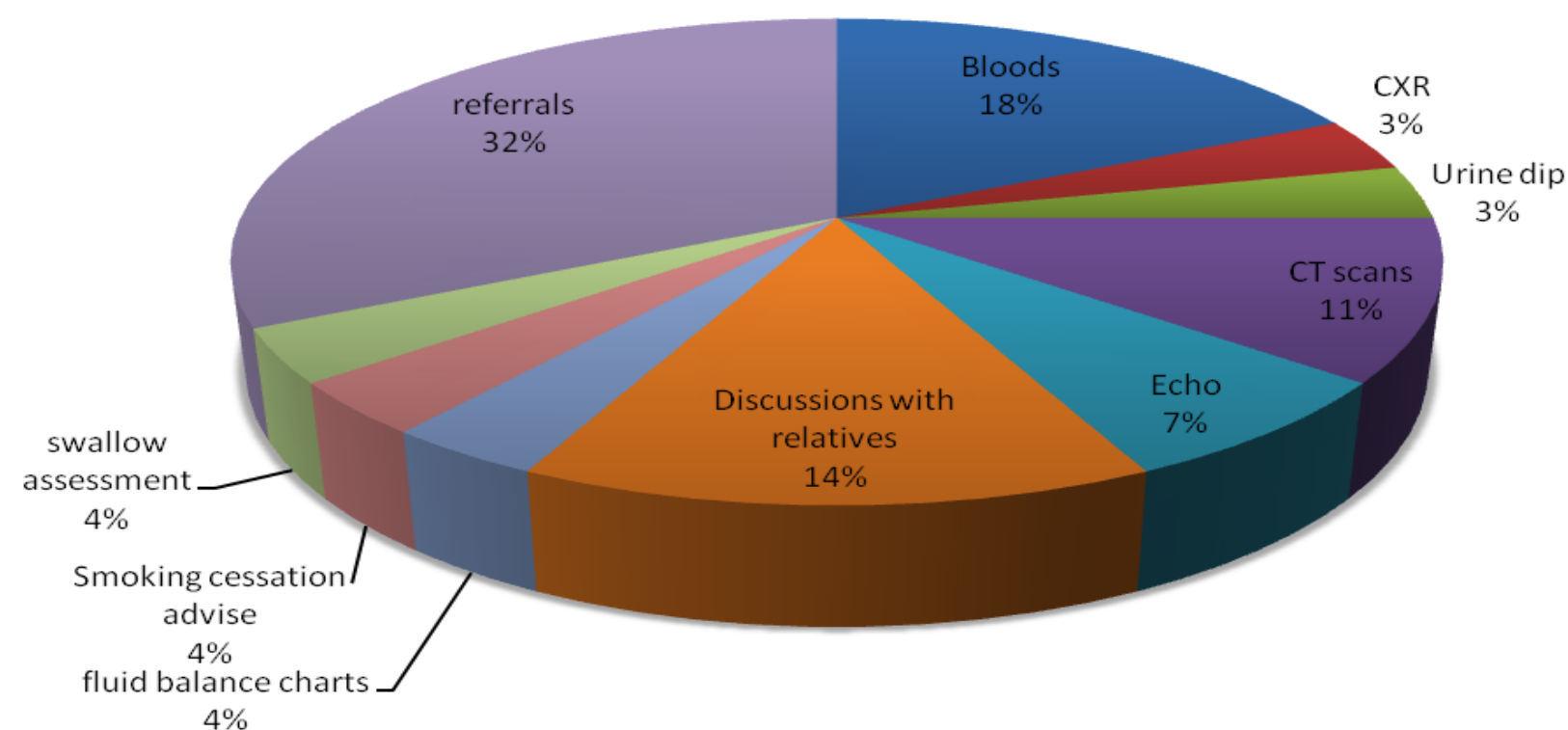
"Nothing's been requested!"

– Aiming to improve levels of care after the post take ward round by auditing handover tasks and documentation

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Imagine.... Your team has been on call yesterday: You go to the MAU to review and hopefully discharge some patients. You go to the computer to find out their blood and scan results. Nothing is on the system. You ring the scan department - no request cards have been received! How many times do you go to see a patient only to find that nothing has been requested from the post take ward round plan?

Pie chart showing the 28 jobs that weren't done or requested after the post take ward round



Pie chart of the 33 jobs which were requested but not chased or documented

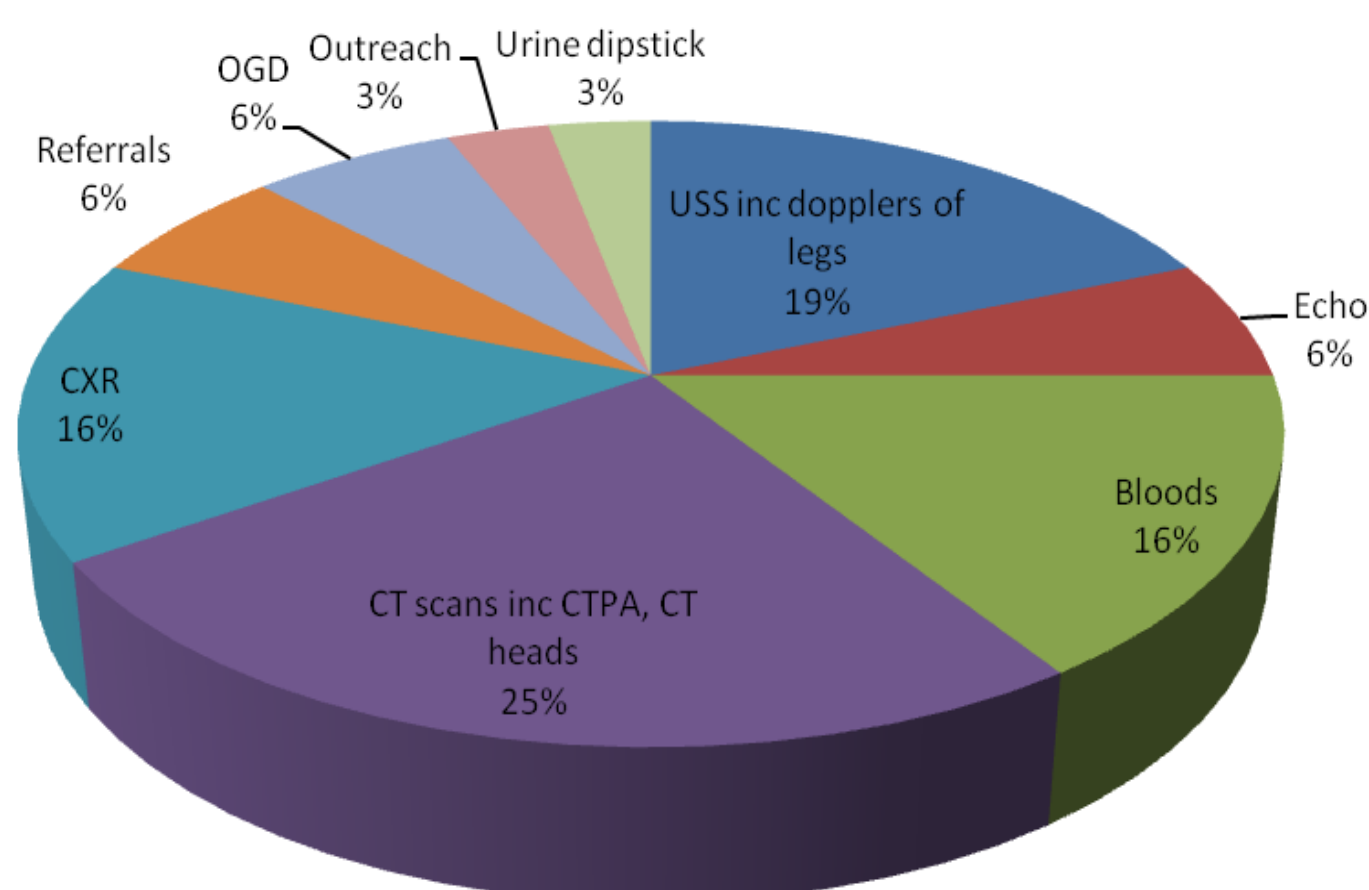
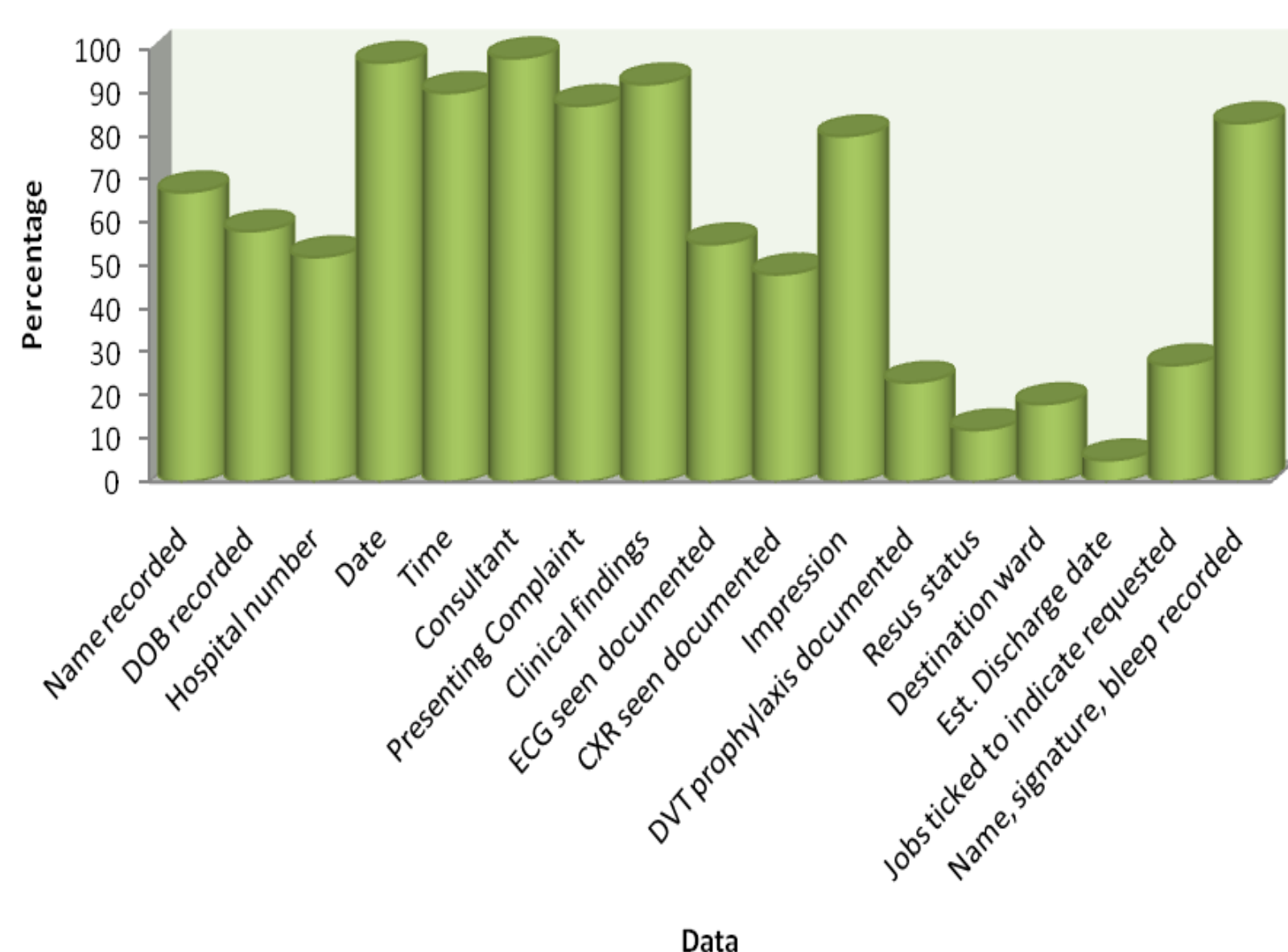


Chart showing the percentage of data successfully recorded on the post take proforma



Results

Out of 166 jobs requested on the post take sheets for our audit, **28 (17%)** of jobs had not been done or even requested. The majority of these were referrals to other medical teams.

We found **33 jobs (nearly 20%)** (which had been requested by junior staff on the post take ward round and carried out) that no one appeared to have chased, documented or acted upon before the end of the day.

Aims and objectives

The aim of this audit was to ascertain the performance, and hopefully improve, the following two components of handover associated with the post take ward round:

- Efficiency of the handover, by measuring the number of tasks requested and completed by junior medical staff.
- Documentation on the post take ward round

Method

A random selection of 60 post take medical proformas, which included over 160 post take tasks, were audited between February and May 2010 at Trafford District General Hospital. The data collected not only included the information recorded on the post take ward round but also when and which tasks had been requested and completed after approximately 12 hours; comparisons were made between the data and associative standards.

Standards

The Royal College of Physicians have clear guidance on generic medical record keeping standards; the standard for medical record keeping was 100% i.e. 100% of all post take ward round proformas should have the details of the patient, the date and time, the consultant, clinical findings, investigations reviewed, impressions and management plans recorded. It is good medical practice, as dictated by the GMC, for all jobs from the post take ward round, i.e. 100%, to be handed over and carried out.

Conclusions and Recommendations

At many hospitals, including Trafford District General, the change over from the night to the day team occurs at the same time as the post take ward round. Unfortunately this is one of the busiest times of the day and this often results in miscommunication and frustration. It is for this reason that effective handover and documentation on the ward round is imperative in delivering safe and effective patient care.

Both incomplete tasks and poor quality documentation easily lead to adverse patient outcomes and unnecessarily delayed discharges, causing many problems, one of which is unnecessary hospital expense. This audit not only displays that a large percentage of tasks are either not being requested or chased after a post take round, but also identifies which tasks are more likely to be unaccomplished. This information can be used to specifically improve quality and patient safety and further develop the handover system at both Trafford and other hospitals.

This audit's findings were discussed at the half quality day at Trafford Hospital; as a result **the post take proforma is being changed** to include the consultants signature and **a project has been set up to change and develop a team on the MAU**. Hopefully this will improve documentation and the handover. Once all the changes have been implemented, the audit should be repeated to assess improvement.