AUDIT

Do post-take ward round proformas improve communication and influence quality of patient care?

A G Thompson, K Jacob, J Fulton, C R McGavin

The quality of patient care is reliant on the quality of information communicated between health care professionals. With new patterns of working (partial and full shift patterns) and ward based management systems, a patient’s admission to hospital may involve several doctors and geographic moves. Each phase shift may distort or lose information that is crucial for patient care and so the clinical risk escalates, in a proportion dependent on the number of changes. The management of this risk, and consequently the quality and safety of patient care, depends on clear documentation.

Guidelines suggest that a consultant must conduct a post-take ward round (PTWR) and review every patient within 24 hours of admission to hospital. The history and initial take ward round (PTWR) and review every patient within clear documentation. Consequently the quality and safety of patient care, depends on clinical risk escalates, in a proportion dependent on the number of changes. However documentation of this ward round is often inadequate, so the benefits of decision making are lost. The documentation of 95 ward rounds was assessed for key items of information before and after the introduction of a proforma sheet. The introduction of the proforma led to a significant improvement in the documentation of a diagnosis, management plan, prophylaxis for deep vein thrombosis, and resuscitation status (p<0.05), which will have a significant impact on patient care.

RESULTS

One hundred clinical records were examined, of which 95 had a documented PTWR. After the proforma sheet was introduced 95 clinical records were reviewed. The results are shown in table 1.

DISCUSSION

A significant improvement in documentation was seen. Specific improvements included the consultant’s diagnosis (p<0.01), the management plan (p=0.01), and the admitting doctor’s name (p<0.01). The clear identification of a diagnosis and a management plan means that subsequent doctors can initiate treatment as soon as they take over the care, rather than repeating the initial examination and discussion of the PTWR. They also have the opportunity to identify and communicate with the admitting doctor to obtain clarification of the notes. No difference was observed in the documentation of results such as bloods, chest radiography or electrocardiography, some of which may not be available at the time of the PTWR and therefore would not be influenced by the proforma introduction. A significant improvement was noted in documentation of deep vein thrombosis prophylaxis and resuscitation status, although the actual numbers completing this section on the proforma remains disappointing.

Most doctors, when questioned about the proforma, found it straightforward and user-friendly. It was regarded as useful to clinical practice and completion compliance was enhanced by its inclusion in the patient admission pack. Other health
professionals, especially nurses, found it a useful reference document when they received a new patient to the ward.

Although simple in principle, maintaining good standards of clinical documentation remains a problem, despite the importance stressed by professional bodies and defence organisations. The General Medical Council guidelines for good clinical care includes the following statement “keep clear, accurate, legible and contemporaneous patient records”.

Table 1 Documentation of key items of information before and after introduction of proforma

<table>
<thead>
<tr>
<th></th>
<th>No proforma (n = 95; %)</th>
<th>Proforma used (n = 95; %)</th>
<th>p Value for $\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient’s name</td>
<td>99</td>
<td>100</td>
<td>1.00</td>
</tr>
<tr>
<td>Hospital number</td>
<td>92</td>
<td>81</td>
<td>0.06</td>
</tr>
<tr>
<td>Consultant’s name</td>
<td>98</td>
<td>98</td>
<td>0.61</td>
</tr>
<tr>
<td>SHO’s name</td>
<td>47</td>
<td>81</td>
<td>&lt;0.01*</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>56</td>
<td>96</td>
<td>&lt;0.01*</td>
</tr>
<tr>
<td>Management plan</td>
<td>89</td>
<td>99</td>
<td>0.01*</td>
</tr>
<tr>
<td>Chest x ray</td>
<td>45</td>
<td>47</td>
<td>0.88</td>
</tr>
<tr>
<td>Bloods</td>
<td>79</td>
<td>85</td>
<td>0.34</td>
</tr>
<tr>
<td>ECG</td>
<td>49</td>
<td>57</td>
<td>0.38</td>
</tr>
<tr>
<td>DVT prophylaxis</td>
<td>5</td>
<td>24</td>
<td>&lt;0.01*</td>
</tr>
<tr>
<td>Resuscitation status</td>
<td>3</td>
<td>35</td>
<td>&lt;0.01*</td>
</tr>
</tbody>
</table>

DVT, deep vein thrombosis; ECG, electrocardiogram; SHO, senior house officer.

Commandments of record keeping are (1) write legibly, (2) include the date and time, (3) sign thy name. In order to improve documentation, structured documents or pro formas have successfully been introduced in acute asthma management in accident and emergency and pathology reporting.

This study confirms the benefits of a pro forma for the PTWR and demonstrates the improvement in documentation of key items when included on such charts.

Authors’ affiliations
A G Thompson, K Jacob, J Fulton, C R McGavin, Derriford Hospital, Plymouth, UK

REFERENCES
3. A joint statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing. Decisions relating to cardiopulmonary resuscitation. London: BMA, 2002.
Do post-take ward round proformas improve communication and influence quality of patient care?

A G Thompson, K Jacob, J Fulton and C R McGavin

Postgrad Med J 2004 80: 675-676
doi: 10.1136/pgmj.2003.016097

Updated information and services can be found at:
http://pmj.bmj.com/content/80/949/675

These include:

References
This article cites 3 articles, 1 of which you can access for free at:
http://pmj.bmj.com/content/80/949/675#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections

Patients (102)
Venous thromboembolism (51)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/