

REASON WHY?

On the Surgical Assessment Unit (SAU), nurses do not routinely accompany doctors on daily ward rounds. However, the "Modern Ward Rounds" guidance (RCP & RCN 2021) emphasises that input from the patient's primary nurse is essential. The absence of nursing support during ward rounds on SAU leads to inefficiencies. Doctors often spend additional time seeking key information from colleagues causing interruptions to the ward round.

PLAN

Following feedback from colleagues on SAU, it was identified that nursing staff often do not attend ward rounds. This led to delays, as doctors spent unnecessary time searching for information that would be known by the nurses looking after their patients. To address this a plan was introduced for a nurse to accompany the resident doctors during ward rounds, allowing immediate access to nursing insights and documentation, ensuring round ran more efficiently.

To support this change, a poster was displayed in SAU, drawing on key messages from the "Modern Ward Rounds" guidance. It served as a reminder of the importance of nursing presence during ward rounds to enhance multidisciplinary collaboration and patient care.

DO

The new process was tested for one month.

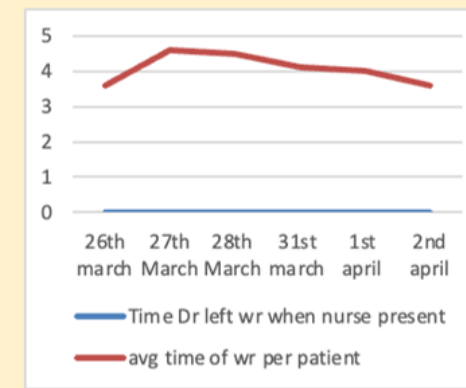
Feedback during the test of change was overwhelmingly positive. Nursing colleagues reported that they appreciated being present, as it reduced the need to chase plans, or prescriptions after the ward round. It also gave them the opportunity to contribute their specific knowledge of the patient's overall wellbeing in flow and raise any concerns directly during the ward round. This resulted in improved communication and overall ward efficiency.



To improve efficiency of ward rounds on the Surgical Assessment Unit by decreasing the time spent in rounds per patient by 1st April 2025

STUDY

Although average ward round timings per patient did not show a statistically significant difference, probably due to uncontrollable variables, such as variation in registrars, overlapping of ward rounds, and patient complexity. However, it was consistently observed that when a nursing colleague was present, doctors did not need to leave the ward round to gather additional information. Previously, this disruption had contributed to delays in completing the ward round and occasionally led to unnecessary stress between resident doctors and the registrar. Overall, the feedback from both resident doctors and nursing staff was positive, with noticeable improvements in communication and team collaboration noted.



ACT

Due to the overwhelming positive feedback and engagement from doctors and nursing colleagues, the new process of nurses accompanying resident doctors on ward rounds will be adopted.

Posters have been placed to raise awareness of best practice among staff and encourage ongoing adherence to the RCP & RCN recommendations.

There would be benefit in repeating this QIP with revised parameters – such as tracking pharmacy orders and unnecessary bleeps for additional information – would provide further insight into the impact of multidisciplinary involvement.