

## REASON WHY?

Currently, **ward round documentation** does not fully comply with **RCP and RCN standards**

## PLAN

### Background:

Following an initial review of notes on the **Acute Medical Floor in March 25**, we identified gaps in **ward round documentation**, which did not fully comply with **RCP and RCN Standards**.

### Objectives:

- We aim to improve performance in terms of :
- Improve the accuracy and completeness of ward round documentation.
  - Enhance compliance with RCP documentation standards and guidelines.
  - Ensure effective communication of key patient information, including assessments, treatment plans, and clinical decisions.
  - Standardize ward round documentation practices across the trust to improve consistency, patient safety, and continuity of care.

### Key Questions:

- How well does current documentation align with RCP/RCN standards?
- Will a structured checklist improve the quality and consistency of documentation?
- Do resident doctors perceive the checklist as a helpful and feasible tool?

### Predictions:

A structured ward round checklist will improve documentation quality by addressing key gaps.

### Plan:

We planned to measure current performance against RCP standard and conducted a survey of resident doctor's views on whether a check list would be beneficial.

## DO

### Carry Out the Plan:

An audit was conducted on 35 medical progress notes from Wards 26, 28, and 22, including the Acute Medical Unit (AMU), to assess their compliance with Royal College of Physicians (RCP) and Royal College of Nursing (RCN) documentation standards. The audit focused on ward round entries made on the same day as the review.

### Document problems:

The aim was to assess the quality of documentation in terms of completeness, accuracy, timeliness, clarity, and alignment with legal and ethical requirements.

Specific areas reviewed included:

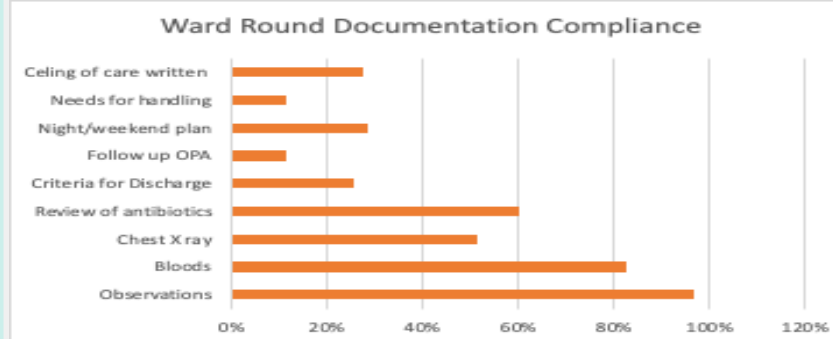
- Recording of observations
- Imaging and blood test results
- Treatment decisions and clinical assessments
- Escalation plans
- Antibiotic reviews
- Criteria for discharge
- Follow-up arrangements
- Needs for handling
- Night/Weekend plans

In parallel, a feedback survey was distributed to resident doctors to explore their views on whether introducing a ward round checklist would be beneficial.



Improve the quality and accuracy of documentation during rounds to enhance patient safety, reduce errors, and facilitate smooth handovers between shifts and teams.

## STUDY



We also conducted a **survey** to explore whether a **ward round checklist** would be helpful to target this issue. Mostly the resident doctors participated

### Conclusion

- 74% said they don't currently use a structured approach.
- 80% felt that a checklist would be helpful.

### Perceived Benefits of Checklist

- Most participants felt a checklist would improve communication, handovers, patient care, and save time.
- It would also serve as a helpful reminder to review antibiotic duration, check drug charts, and plan for the weekend.
- Reduces Risk of Missed Information

### Concerns raised:

- A few felt it might add to the workload.
- Some worried it could become just a tick-box exercise.
- Others noted that some consultants prefer to conduct ward rounds in their own way.
- Following strict guidelines and structures can feel exhausting and may limit independent thinking, which is important for feeling satisfied at work.

## ACT

- Incorporate the Ward Round Documentation Checklist Poster into Resident Doctor Induction sessions.
  - Training and Education through Simulation.
  - Standardized Ward Round Templates & Clear Guidelines
  - Regular Audits & Feedback
  - Multidisciplinary Collaboration & Communication
- Reference:** RCP and RCN (2012) Modern ward rounds: good practice for multidisciplinary documentation. London: RCP

### Doctor's Ward Round Checklist:



- ☐ Patient's Name
- ☐ Unit Number
- ☐ Date And Time
- ☐ Signed, GMC Number, Grade
- ☐ Observations
- ☐ Blood results and Imaging
- ☐ Medication review /antibiotics
- ☐ VTE
- ☐ Remove Cannula
- ☐ Remove Catheter
- ☐ Wounds/Ulcers Checked
- ☐ Write EDD In Notes
- ☐ TTOs with clear management plan and Follow up OPA
- ☐ Transport Arranged
- ☐ Family Aware Of Discharge
- ☐ Blood Form To Patient
- ☐ Night/Weekend Plan Written In Notes?
- ☐ Needs Handing Over To On-call Team?
- ☐ Ceiling Of Care and resuscitation Plan