Ward Round of the Future (WRoF)

A Team-based Collaborative Practice in Tan Tock Seng Hospital (TTSH)
Agenda

- Background: collaborative practice for ward round in TTSH
- Infrastructure and process redesign in TTSH: WoF and WRoF
- Ward Round of the Future: Objectives, structure and early results
- Reflections by using NHS sustainability model
Working Definition

Collaborative practice –

...happens when multiple health workers from different professional backgrounds work together with patients, families, carers and communities to deliver the highest quality of care. It allows health workers to engage any individual whose skills can help achieve local health goals.

Misplaced Assumptions...

Health workers like doctors and nurses know how to work well with each other...they just need to be ‘placed’ together at the right place and time.

Ward Round: already an collaborative practice?
Docs and nurses ‘talk less face to face’

NHG study finds they communicate more via the computer instead

By POON CHIAN HUI

DOCTORS and nurses are key members of a health-care team but a study has found that they communicate more via the computer, rather than face to face.

This finding comes from studying the communication patterns of health-care workers at Tan Tock Seng Hospital (TTSH).

Doctors and nurses, for example, talked to each other less than 10 per cent of the time.

In comparison, patients received more attention from doctors and nurses, who devoted 18 per cent to 27 per cent of their time to them.

The study, conducted by the National Healthcare Group (NHG), aims to find out the extent of collaboration between doctors and nurses, in view of the ageing population.

Older patients tend to have multiple chronic diseases that require interdisciplinary care.

Three settings were examined - the intensive care unit (ICU), general internal medicine and general surgery wards. Some 112 hours of interaction were examined, on top of 42 interviews with doctors and nurses.

Doctors and nurses working in the ICU spend some 40 per cent of their interaction time in front of the computer.

NHG’s Mr Isaac Lim, who led the study, said this phenomenon is not unique to the hospital:

“Some kinds of communication are definitely better done face to face while others are better mediated by the computer.”

For example, doctors can use the computer to check if a patient had any previous bad reactions to certain drugs so they can avoid prescribing the same ones.

But gaps in communication between health-care staff can pose dangers to patient safety – for example, when key information is

…”there must be a way to design the workflow such that it facilitates communication…”

“Some kinds of communication are definitely better done face to face while others by computer”
Doctors’ view:

For us, when we start rounds in the morning, we only see a snapshot of the patient, and it may not be a true reflection of how the patient is throughout the day...it’s particularly helpful when some nurses, on their own initiative, come and tell us what’s been going on and...highlight to us what is abnormal, what the progress is so far [D002].

Nurses’ view:

“Difficult to follow ward rounds”

...we want to follow the doctors’ rounds, we want to know what’s happening but at the same time, we also have our patients’ demands. If we are serving medications and the doctors come just on time, we have no choice but to miss the rounds. It affects a lot...that mind of you who wants to come here and needs to go there, it’s very hard [N006].

When we are busy and can’t follow the ward rounds, usually the doctors will just talk among themselves and write their orders in the notes. But, if none of them are willing to actively inform us about the child’s treatment plan for that day, we will not know...[N003]
Infrastructure Redesign: Ward of the Future (WoF) in TTSH

Decentralized Supplies Cabinet
To increase nurse presence at cubicle and reduce trips and time searching in store rooms

Keeps current and old notes outside each cubicle under lock – Reduce time to search for case notes and enhance confidentiality

Cubicle Casenotes Trolley

Decentralised Nurse Station
Allow Nurses to work within line of sight of patients.
Care Process Redesign: Ward Round of the Future

Goal: To optimize patient care by improving communication and collaboration through effective delivery of ward round
Ward Round of the Future (WRoF)

Improve nurses’ availability: WoF features eg, cubicle based nursing station

Inter professional collaboration: Improve doctor nurse face to face communication process

Optimize patient care: Nurse led update Increased direct patient care
Early adoption of ward round model(Y2013): SIBR (Structured interdisciplinary bedside round)

Source: Jason Stein, Emory University of Medicine
### Ward Round of the Future (WRoF)

<table>
<thead>
<tr>
<th>Strategic themes</th>
<th>Objectives</th>
<th>Measurement (KPIs)</th>
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</thead>
<tbody>
<tr>
<td>Care coordination</td>
<td>• <strong>Consistent messages</strong> will be discussed across the care team&lt;br&gt;• Minimize <strong>multiple handover</strong>&lt;br&gt;• <strong>Collective decisions</strong> will be facilitated</td>
<td>• <strong>Patient satisfaction</strong>&lt;br&gt;• <strong>Care coordination</strong>&lt;br&gt;• 11am discharge&lt;br&gt;• <strong>Re-admission rate</strong>/↓<strong>ALOS</strong></td>
</tr>
<tr>
<td>Knowledge proliferation</td>
<td>• <strong>Elevate</strong> knowledge and skills&lt;br&gt;• Improve decision making process</td>
<td>• <strong>Staff satisfaction</strong>&lt;br&gt;✓ Less re work: reduce repetitive information collected by Drs and nurses&lt;br&gt;• <strong>Patient satisfaction</strong>&lt;br&gt;✓ Knowledge and skills</td>
</tr>
<tr>
<td>Communication to patients/NOKs</td>
<td>• <strong>Timely update</strong> to patients and NOKs</td>
<td>• <strong>Update done by nurses</strong>&lt;br&gt;✓ 80% update done by nurses&lt;br&gt;• <strong>Patient satisfaction</strong>&lt;br&gt;✓ Communication</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>• <strong>Plan and evaluate</strong> the patient’s treatment and transfer of care&lt;br&gt;• Decisions are made promptly and collectively</td>
<td>• ↓<strong>Clinical incidents</strong>&lt;br&gt;✓ Review tubes/lines timely</td>
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What is the WRoF structure?
Ward Round of the Future (WRoF)

**Pre Huddle**
- Nurses huddle HOs/MOs for new cases/overnight events/ill cases before the ward round

**Ward Round**
- Conversation and dialogue
- Decision making round
- Patients’ care plan is clearly communicated

**Post Huddle**
- Communication on summary of patients’ treatment plan if nurses encounter concurrent ward round
Ward Round of the Future (WRoF)

Ground rules

1. Joint decision making round (Consultant/Registrar round)
2. Round starts at regular timing: eg, 9AM in GM ward round
3. Essential update (Standard tool) by nurses and equal participation within care team
4. Respect each others’ time and presence
5. Clear communication of the patient’s care plan

Flexibilities

Ground Rules
Ward Round Flow

**New cases**

**Step 1**
Upon team Drs’ arrival: Staff nurse IC to be available for ward round

**Step 2**
Dr presents the admission history

**Step 3**
Nurse presents the brief introduction & monitoring of the condition

**Step 4**
Drs: case discussion

**Step 5**
Team Drs sum up and provide the summary of care plan

**Existing cases**

**Step 1**
Upon team Drs’ arrival: Staff nurse IC to be available for ward round

**Step 2**
Staff nurse IC presents the case by using I.D.R.Tr tool

**Step 3**
Drs: case discussion

**Step 4**
Team Drs sum up and provide the summary of care plan
<table>
<thead>
<tr>
<th>Content</th>
<th>Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>I: Identifier</td>
<td>Address the patient</td>
</tr>
<tr>
<td>D: Diagnosis</td>
<td>Latest clinical diagnosis</td>
</tr>
</tbody>
</table>
| R: Risk          | • **Overview of patients’ condition:** Summary of the 24 hours’ condition & overnight event  
|                  | • Vital signs                                                              |
|                  | • Overnight events                                                          |
|                  | • Intake and output                                                         |
| Tr: Treatment & Response | • **Subspecialty (P. R. S)**                                                |
|                  | • **Patients’ problem list (Nursing Kardax)**                               |
|                  | • ID patients:                                                              |
|                  | • E.g. Pain, fever                                                          |
|                  | • Derm patients:                                                            |
|                  | • E.g. Skin condition                                                       |
|                  | • **Recommendation/review**                                                 |
|                  | • Recommendation: refer PT, OT, Dietician                                  |
|                  | • Review: tubes, medication, HC, para                                       |
|                  | • **Social issues**                                                         |
|                  | Treatment & response according to each problem identified                   |
Focus Areas of Different Discipline

<table>
<thead>
<tr>
<th>Ward based round</th>
<th>Team based round</th>
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</thead>
<tbody>
<tr>
<td>• Ward based</td>
<td>• Team based</td>
</tr>
<tr>
<td>• Starts at regular timing</td>
<td>• Starts early, irregular</td>
</tr>
<tr>
<td>• Time consuming</td>
<td>• Concurrent ward round</td>
</tr>
<tr>
<td>• Respect each others’ time</td>
<td>• Fast paced, time pressured</td>
</tr>
<tr>
<td>• Rotation of medical team</td>
<td>• Clear communication of the treatment plan</td>
</tr>
<tr>
<td>• Orientation</td>
<td>• Same group of surgeons</td>
</tr>
<tr>
<td></td>
<td>• Team work and collaboration</td>
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What are the feedbacks and early result?
WRoF Journey

SIBR (Year 2012-2014)

- Multidisciplinary conversation (GM/GS)

Dec 2014

19/1/15

- WRoF in GM
  - Level 5 wards

6/2/15

- Clinical board presentation

9/3/15

- WRoF in GM
  - Level 9 wards

16/6/15

- WRoF in NL/NS
  - Level 10 wards

8/9/15

- WRoF in GRM
  - Level 12 wards

1/12/15

- WRoF in CVM/RM
  - Level 8 wards

June 2016

- WRoF in Ortho surgery
  - Level 12 wards

- WRoF in Subacute & CDC wards

- WRoF in GM
  - Level 5 wards

- WRoF in Oct 2015
  - 7 GS teams

- WRoF in Level 11 wards

- WRoF in Level 9 wards

- WRoF in Level 10 wards

- WRoF in Level 7 wards

- WRoF in Level 12 wards

- WRoF in Level 8 wards

- WRoF in Level 7 wards
Communication to Patients/NOKs

Measurable goal:

80% of the update on patients’ treatment plan to be done by nurses

Random audit result in Jan 2016:

- WD5A: 100%
- WD5B: 100%
- WD5C: 100%
- WD5D: 70%
Care & Coordination

Number of calls to doctors to clarify for treatment plan or request for update family in GS wards:

- Post-WRoF: 5 calls/day
- Pre-WRoF: 20 calls/day
Positive Examples

Patients’ safety:
• Overnight event
• Discharge planning

Interprofessional collaboration:
• “Surgeons are not so fierce”
• “Nurses can provide valuable information as they perform 24 hrs monitoring for patients”
• Educational program by Colorectal GS surgeons (level11)
• Allied health input: Face to face communication upon team’s request
Reflections

- Further communication and collaboration
- What has Nursing led on?
- Close the gaps: sustainability
Further Communication and Collaboration

**Senior leadership:**
- Set vision, clear ground rules and support

**End users:**
- Joint communication and collaboration in clinical area

**Co-partners:**
- Allied health team: Involvement

**Nursing administrators:**
- Nurse educators: simulation ward round training

Co-partners:
- Allied health: Involvement

End users:
- Des and nurses in the ward

Engagement
What has Nursing Led on?

- Further nursing activity redesign:
  - e.g. bed sponging to be done after ward round
- Main role: back bone of the ward round
- Nurse led updates to patients/NOKs
- Standardized communication tool: I.D.R.Tr tool

<table>
<thead>
<tr>
<th>TIME</th>
<th>AM SN ROLE</th>
<th>PM SN ROLE</th>
<th>AM EN ROLE</th>
<th>PM EN ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 NOON</td>
<td>Update Report, Do Charges, Discharge, IV meds (Update Family-New)</td>
<td>Turning, Feeding Lunch, NGT, Updating chart (Update family-New)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1300 hrs</td>
<td>Pass Report</td>
<td>Received Report/Roll Call</td>
<td>Drip/Nebl/Outing (Update family-New)</td>
<td>Roll Call, Received report</td>
</tr>
<tr>
<td>1400 hrs</td>
<td>Cont. Report</td>
<td>Cont. Report</td>
<td></td>
<td>Cont. received report</td>
</tr>
<tr>
<td>1430 hrs</td>
<td>Sponging (no follow up) (no e-wound) (no update family) (no discharge)</td>
<td>Serve 2pm meds &amp; IV (NIC PM to give), Follow Up (Discharge, call Dr, scan, take over new cases) (if pt comes at 4pm, do report &amp; charges), Do charges, Late Discharge</td>
<td>Do sponging with NN</td>
<td>Take over any para, not finish by AM EN, Serve tea break, Top up, NGT feeding</td>
</tr>
<tr>
<td>1500 hrs</td>
<td>Roll Call/Inservice</td>
<td></td>
<td>Roll Call/Inservice</td>
<td></td>
</tr>
<tr>
<td>1530 hrs</td>
<td>Home</td>
<td></td>
<td>Home</td>
<td></td>
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Closing the gaps:
By using NHS sustainability model

Process Factors:
Benefits beyond helping patients
• Knowledge proliferation
Monitoring of the progress
• Patient satisfaction survey
• Ward round participation

Staff Factors:
Leadership involvement and staff engagement:
• Visible leadership
• Huddle sessions within health care teams

Organization Factors:
• TTSH: “Kampung” spirit, “can do!” culture
• Infrastructure support: Policies and support documents
Ward Round of the Future (WRoF):

Team-Based Collaborative Inter-Professional Care
Teams’ effort... Patients’ benefit!
THANK YOU