

Evaluation of a ward round pro forma as a handover tool for ward transfers from an admissions unit

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Aims

To evaluate the use of a structured coloured ward round pro forma on an emergency assessment unit (EAU) as a tool for improving handover to the receiving ward.

Methods

The Royal College of Physicians' guidelines for handover recommend that there is formal medical handover when inpatients transfer between wards. However, ward transfers frequently occur out of hours or at weekends, when the receiving team is not around.

In May 2014, we implemented the use of a blue-coloured structured ward round form for daily reviews on EAU, which was filed in the patient records and also served as a written clinical handover for the receiving ward. After 4 weeks, a survey questionnaire was distributed to doctors and nurses working in EAU and the receiving medical wards to find out how useful this form was as a handover tool and to collect suggestions for further improvement. The survey was conducted from 15 June to 7 July 2014.

Results

17 doctors (59% of whom were junior doctors) and 28 nurses completed the questionnaire. Both doctors and nurses responded positively to the new form, with 100% scoring it as either useful or very useful.

When asked how it had affected their clinical practice, doctors on EAU reported that the blue form was easy to fill in and identify, and felt that ward rounds were more effective as a result of the structured form. The form provided daily clarity on escalation and CPR status, and problems and plans were clearly identified and summarised, with jobs that needed completing easily identified. Receiving ward doctors commented that handovers were effective and the form helped with continuity of care. Several doctors requested a larger space for recording active medical problems and structuring this space to reflect both active and resolved problems separately.

Interestingly, nurses found the new medical form especially useful, as it was easy to locate and aided in cross-checking the patient's medical plan with the nursing handover and

establishing the ceiling of care. However, many nurses complained about doctors' handwriting and that the form was not always filled in fully. One agency nurse, however, described it as the best summary form she had worked with.

Conclusions

Introduction of an easily identifiable and structured ward round pro forma was well received and improved handover of patients to receiving wards. The pro forma also improved handover for patients transferred out of hours.

Conflict of interest statement

The authors certify that they have no affiliations with or involvement in any organisation or entity with any financial or non-financial interest in the subject matter or materials discussed in this abstract. ■

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