# Improving compliance to addressing important aspects of patient care on consultant ward rounds

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#### Introduction

Escalation of treatment decisions are not documented properly on consultant ward rounds resulting in increase in out-of-hours workload and inappropriate intensive treatment unit referrals. Moreover, antibiotics duration is not defined satisfactorily resulting in over- or under-treatment.

#### Methodology

This piece of work was undertaken as a quality improvement project (QIP) with retrospective data collected from using the RCP audit tool.<sup>1</sup>

## **Results**

Prior to starting the project, 11 medical registrars and senior house officers were given a single-point questionnaire as part of this QIP and all of them unanimously agreed that escalation plans were not given satisfactorily on consultant/post-take ward rounds.

In the first cycle, 51 patient medical notes of consultant ward rounds from four different medical wards were audited over a period of 3 weeks randomly, 63% of patients had no escalation plan defined while, out of those patients on antibiotics, only 49% of patients had planned duration of treatment defined. In contrast, 88% of the patients had venous thromboembolism assessment completed in those patients.

In the 2nd stage, a small pilot project was conducted on a gastroenterology ward using stamps for consultant ward round where we managed to obtain escalation of treatment plans for all of the 15 patients involved.

## Conclusion and recommendations

Escalation of treatment plans are often not documented in consultant ward rounds. We recommend using some sort of prompts focused on antibiotics duration and escalation plan. Our pilot project using customised stamps has shown improved results but other types of prompts (based on personal preference) can also be used. Also, adding a mandatory box for post-take ward round for escalation plan decision can potentially increase compliance as well.

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# **Conflicts of interest**

None declared.

#### Reference

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