

Project Title

Ward Round of the Future (WRoF) — A collaborative effort of culture change for bedside rounds in a tertiary hospital setting

Project Lead and Members

- Yong Keng Kwang (Chief Nurse, Nursing Service)
- Wong Mui Peng (Deputy Director of Nursing, Nursing Service)
- Sui Huangbo (Nurse Manager, Nursing Service)
- Jackie Tan Yu-ling (Consultant, General Medicine)
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- Tay Guan Sze (Consultant, Colorectal Surgery)
- Glenn Tan (Consultant, Vascular Surgery)

Organisation(s) Involved

Tan Tock Seng Hospital

Project Period

Start date: Jan 2015

Project Category

Process Improvement, Quality Improvement, Care Redesign, Productivity

Keywords

Tan Tock Seng Hospital, Nursing, Process Improvement, Quality Improvement, Care Redesign, Ward Round of the Future, Inpatient Wards, Structured Ward Rounds, Effective Communication, Collaborative Decision-making, Joint Nursing-medical Engagement, Time Saving, Productivity, Reduce Miscommunication, Reduce Medication Errors, Reduce Fall Incidents, Joint Teaching Sessions, Staff Satisfaction, Plan-Do-Study-Act, Shared Ownership, Care Coordination, Patient Satisfaction Survey, Patient Safety, Nursing Capability Enhancement

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Asian Hospital Management Awards

NURSING EXCELLENCE (New!)

Nurses are at center of how the physicians and other hospital departments cooperate and coordinate services to serve the patient better. Nurses interpret, disperse and collect results of what the doctor ordered. They are the front line, and see the patient more often than any other service. The award is for a project or program that improves the patient experience because of improvements and innovations in how nursing care is delivered. Does the project help communication within departments of the hospital? Does it improve the patient experience? Does it reduce nursing or other error from any department? Does it lead to better patient well-being and comfort? Does it lead to better care, rendered faster?

Complete All Information Below:

Project Title (Maximum 256 Characters):

Ward Round of the Future (WRoF) — A collaborative effort of culture change for bedside rounds in a tertiary hospital setting

Date Project Started (Maximum 128 Characters) (i.e. May 24, 2015):

January 19, 2015

Department Name (Maximum 256 Characters):

Nursing Service department
General Medicine department
General Surgery department

Names of Key Staff Involved in this Project (Maximum 512 Characters) (Separate names with comma):

Yong Keng Kwang (Chief Nurse, Nursing Service), Wong Mui Peng (Deputy Director of Nursing, Nursing Service), Sui Huangbo (Nurse Manager, Nursing Service), Jackie Tan Yu-ling (Consultant, General Medicine), Ung Peck Houy (Consultant, General Medicine), Tay Guan Sze (Consultant, Colorectal Surgery), Glenn Tan (Consultant, Vascular Surgery)

1. Please give a background of the project or program, including WHY it was implemented. Give details of specific measurement, goals and targets for the project. **Maximum Number of WORDS – 300**

The bedside ward round provides the best opportunity to discuss and plan treatment between patients, medical and nursing teams.¹ As care providers who spend the most time with patients, the role of nurses in communicating patient's progress during bedside ward round is paramount.

However, a problem reported globally by nurses is that they have insufficient time to attend the ward round while in the midst of other aspects of patient care, leading to the inability to participate,² which can contribute to miscommunication between the patient, nurse and medical team. This was a common finding in a local study of junior doctors and nurses which found that both were keen to establish closer levels of communication and collaborative decision-making at the ward rounds but were hindered by the nurses' absence due to juggling of their demands.³

With an increasing bed occupancy rate and high patient care acuity in an acute hospital setting, the Ward Round of the Future (WRoF) structure was developed. This is a structured ward round conducted by both medical and nursing team to reach a collective decision.

The project was evaluated with 4 strategic themes in 12 months, all of which demonstrated significant improvements (Annex-1, Table-1).

References:

¹Cohn A (2014) "The ward round: what it is and what it can be" *British Journal of Hospital Medicine* 75(6) C82-C85

²Tingle J (2013) "The safe and effective delivery of ward rounds" *British Journal of Nursing* 21(21) 1282-1283

³Tang CI, Zhou W, Chan SW, Barr N and Liaw SY (2015) *Exploring the Collaboration Experiences of Junior Doctors and in the General Wards Settings in Singapore: A Qualitative Study Presented at Singapore Health and Biomedical Congress 2015*

2. Please describe IF and how the improvements were also beneficial from the patient's perspective and experience, and how it improved patient care, patient safety or service from a nursing perspective. Preferably please present quantifiable information such as "before and after" measurements if any. Maximum Number of WORDS – 200

Nurses' participation in the ward round increased to 90%, achieving its aim of joint nursing-medical engagement. A breakdown is shown in Table-2 (Annex-1).

The improved coordination of care reduced the need for multiple huddles or telephone follow-up between nurses and medical team. The enhanced level of communication between medical and nursing team ensured the delivery of information is kept consistent between healthcare team and patients/NOKs. Hence, the time saved from multiple huddles was utilised by nurses to better engage in the education of patients and NOKs, which increased their confidence in management of self-care post discharge.

With improved knowledge proliferation through case discussion, nurses and doctors were more satisfied with the joint model of decision-making achieved.

The time saved contributed to nurses having more time to focus on direct patient care. This, combined with a reduced risk of miscommunication from a reduced number of rounds, can contribute to a lower risk of medication errors and fall incidents which enhanced patient safety.

3. Please explain what other benefits were derived? Is it simple yet effective, something other nursing departments can also adopt or adapt? Were appropriate analysis tools used or was it only a matter of throwing money at the problem? Maximum Number of WORDS – 200

Other non-tangible benefits were obtained from this approach. To further enhance the knowledge proliferation in doctors and nurses, the colorectal surgery team volunteered to host a series of joint teaching sessions between the medical and nursing teams, which also led to greater appreciation of the various professions' skills and capabilities.

In addition, many junior doctors and nurses reported a greater sense of satisfaction with the capability to contribute to the joint-decision-making, allowing them to have a greater say and contribution towards the well-being of the patient.

Given its success, this model of ward round is being rolled out in all inpatient departments in the hospital. A major benefit to this model is that no further capital or infrastructure development is needed to achieve the restructuring of the ward round model required.

While only cross-sectional data at 2 time points was used to achieve pre- and post-data comparison and analysis, it is hoped that data is continually analysed as the model matures and spreads to evaluate its efficacy and sustainability once it is fully adopted throughout the hospital.

4. Please give some background to the project team that originated, studied and developed the project or program. Maximum Number of WORDS – 200

The WRoF was developed as part of the hospital's "Ward of the Future" initiative, to remodel the delivery of care for inpatients. Hence, a closer model of care coordination would be required to deliver a greater level for seamless care for the patients and NOKs.

The first iteration of WRoF originated from Structured Interdisciplinary Bedside Round (SIBR) model, introduced in TTSH in 2012. Using several "Plan-Do-Study-Act" (PDSA) cycles to further refine it, the medical and nursing teams reviewed and revamped the ward round model to its current model — the WRoF. In particular, "huddles" and the rounds' objectives were reviewed, refocusing on the key priorities of care to reduce the time needed. This ensured that the nurses would have time to participate in the rounds without compromising on care delivery.

Starting with 8 wards, the concept was studied and adapted by the wards' nurses and the respective disciplines, the General Medicine and General Surgical teams. This allowed a model of shared ownership over the WRoF, enhancing the teams' adoption of a model which they took ownership of and pride in.

Further details are in the attached file "Annex-2 WRoF Overview" and "Annex-3 QP- Ward Round of the Future".

5. Please explain how significant were the results or outcomes? Are these measurable? Are there testimonials, awards or other support to show impact on improvement of the department or unit's service? Maximum Number of WORDS – 150

Care coordination

The time saved from the removal of multiple handovers alone was 50 minutes per ward per day, accruing to FTE (Full-time Equivalent) value of 2.45.

Staff satisfaction

Feedback from nursing and medical staff indicated a 74%- and 46%-increase in satisfaction with the level of communication and coordination achieved respectively (Annex-1, Figure-3).

Patient satisfaction

Patient feedback was gained through the Ministry of Health's Patient Satisfaction Survey, covering areas such as patients' and NOKs' satisfaction with care coordination, and clear explanation on treatment plan through update.

Patient satisfaction in care coordination increased from 71% to 88.8%. Satisfaction with clear explanations being given by health professionals increased from 74.8% to 85.6%.

Patient safety

The proportion of time spent on direct patient care increased from 10% to 34.8%. This is likely to have contributed to 22% reduction in medication errors and reduction of 0.33 in fall rate following establishment of the model.

6. Please give any other information, including third party testimonial regarding your project which you think would help convince the judges that this project (or program) should win this category. Maximum Number of WORDS – 300

The patient feedback as shown above was captured from the Ministry of Health (MOH) Patient Satisfaction Survey, an unbiased survey of patients' and NOKs' perceptions on the quality of care delivery, coordination and standards. The impressive improvement in these areas correlating with the success of the WRoF is a considerable marker of success for the WRoF team.

The WRoF and its success has been shared at multiple avenues, with many agencies expressing interest in adopting or adapting this model of collaborative joint decision-making in their environments.

The approach for collaborative decision-making has been commended by the National Chief Nursing Officer and other Heads of Nursing across Singapore, with nursing heads from other general hospitals enquiring on how the approach could be adopted in their own hospitals.

The Ministry of Health's Workgroup on Intermediate and Long-Term Care Facilities, (ILTCs) covering areas such as community hospitals and nursing homes, have also expressed interest in the WRoF model. This is part of their drive to enhance the capability of the nursing workforce in these environments and their coordination of care.

In addition, hospital and nursing leaders from Thailand's Sriraj Hospital have expressed interest in learning more about the WRoF's capability to better synergise the medical and nursing professions.

Due to the positive benefits to patient care delivery and safety, the team responsible for the WRoF have also been invited to present at the upcoming International Forum on Quality and Safety in Healthcare in September 2016.