The aim of this project was to improve ward round processes and practice on Preston MAU (Medical Assessment Unit), in order to achieve a better patient experience and improve staff satisfaction. We adopted Lean Methodology and utilised a PDSA (plan-do-study-act) approach to implement the Productive Ward Round Module on our MAU.

We started the project in April 2012 and have held regular meetings attended by junior doctors, nurses, pharmacists, the ward housekeeper, patient flow co-ordinators, consultants and a Productive Ward facilitator. All staff were invited to make suggestions about how we could optimise ward round value and reduce the amount of time spent on non-value-adding activities. Following collection of baseline data, we implemented a number of changes, including:

- A “Patient Status at a Glance” board recording important information for each patient, including referrals to the multidisciplinary team, outstanding investigations and expected date of discharge.
- A multidisciplinary board round at 11:30 every day to aid communication between members of the MAU team.
- A ward safety checklist completed by the junior doctors on a standardised proforma, recording the jobs for each patient and checking that the VTE (venous thrombo-embolism) prophylaxis assessment had been completed.
- A weekly visit from the IT department to check that all mobile computers were working, and to make any necessary repairs.

We prospectively collected data before and after the changes were implemented, including the number of interruptions on the ward round, the number of times we had to search for missing charts and equipment, and the number of times the mobile computers malfunctioned. We recorded data for 126 doctor-patient interactions prior to the changes, and for 138 doctor-patient interactions after the changes were implemented. We also recorded the proportion of time on a ward round spent face to face with patients, timing the same consultant on a ward round before and after the changes.

In addition we used an experience-based design approach to interview patients about their experience of the ward round, before and after the implementation of Productive Ward Round.

<table>
<thead>
<tr>
<th></th>
<th>Before Changes</th>
<th>After Changes</th>
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</thead>
<tbody>
<tr>
<td>Time spent face to face with patients on ward round</td>
<td>32% of ward round time</td>
<td>49% of ward round time</td>
</tr>
<tr>
<td>Mean length of ward round</td>
<td>2 hours 52 minutes</td>
<td>2 hours 21 minutes</td>
</tr>
<tr>
<td>Total number of interruptions to ward rounds recorded in a five-day period</td>
<td>105 (one interruption every 23 minutes)</td>
<td>40 (one interruption every 49 minutes)</td>
</tr>
<tr>
<td>Missing notes on ward round</td>
<td>31%</td>
<td>11%</td>
</tr>
<tr>
<td>Missing observation chart or prescription chart on ward round</td>
<td>23%</td>
<td>7%</td>
</tr>
</tbody>
</table>

**Patient feedback before the changes**

- “It’s sometimes awkward with a big team – I feel sorry for the junior doctors”
- “My medications were increased but I don’t know why”
- “I’m not sure what Plan B is”
- “There was no explanation, I am just awaiting further review”
- “I’d like an invitation for my husband as I often forget what I’m told”
- “A nurse on the ward round would be good so I can ask questions later”
- “I would have preferred (somewhere more private) but I understand the pressures you are all working under”
- “I think a doctor and a nurse should be there”
- “There was no discharge discussion”

**Patient feedback after the changes**

- “The doctor explained changes to my medications”
- “I was asked if I had any questions”
- “I understood what was happening and why”
- “The doctor explained in detail what the procedure would entail and the benefits of this”
- “I expect the nurse in charge or nurse looking after me to be present”
- “Brilliant, very good, confident, right pace”
- “It would be nice to chat about my results in more detail although I appreciate the time constraints”
- “I did not get my regular medications although pain relief was offered”
- “One of the best doctors I have seen”

The Productive Ward Round Module can be implemented with minimal consumption of financial resources to achieve improved patient and staff satisfaction, and make efficiency savings. The reduction in interruptions is mainly due to improved communication between members of the MAU team, and staff report a calmer environment on the ward round. We plan to repeat the PDSA cycle on a rolling basis to maintain and improve on our success, and our aspiration is to have a nurse and a pharmacist present on the ward round, when staffing levels permit this.

**References:**
