An Evaluation of the Efficacy of the “Intra-take” Ward Round on the Acute Medical Unit
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Background

• Early consultant review benefits patient care1.
• Previously the afternoon post-take ward round (PTWR) takes place between 16:00 and 20:00.
• In March 2018, we implemented a continuous “intra-take”, between 12:00 and 20:00 (Monday to Thursday).
• The "intra-take" is a rolling acute medical consultant-led PTWR parallel to the take.
• This practice has been observed in several acute medical units2,3 but there is limited reported data regarding its efficacy.

Aim

• Ascertain if intra-take reduces time between patient being referred to the medical team and senior decision.
• Evaluate the impact of intra-take on patient discharges and the medical take team’s perception of the new practice.

Method

• Records of patients admitted under medicine between Monday and Thursday the week before, immediately after, and 6 weeks after implementation were reviewed. Analyses were performed on those with a decision to admit (DTA) time between 08:00 and 20:00.
• We examined the following: time between DTA and PTWR; time between patient clerked and PTWR.
• We also examined the number of same-day discharges in the 6-week period, prior and after, introduction of intra-take (Monday to Thursday only).
• A likert scale-based survey was sent to the medical registrars, running the take, to collate feedbacks on the new practice.
• Statistical analyses including one-way ANOVA (Kruskal-Wallis), unpaired student t-test and Fisher’s exact test were performed where appropriate and graphs were generated using statistical software GraphPad Prism®.

Results

• Data comparing the week before and immediately after introduction showed a change in both median time from DTA to PTWR (427 to 301.5 minutes, n=39 and 26, p=0.59; Figure 1), and median time from medical clerkling to PTWR (370 to 230 minutes, n=39 and 25, p=0.55; Figure 1).
• At 6-weeks following introduction, median time from DTA to PTWR was significantly reduced to 189 minutes (n=21, p<0.01) and median medical clerkling to PTWR of 157 minutes (n=25, p<0.01).
• Total number of patients that were accepted on the medical take in the 6-week period prior and after introduction of intra-take were 564 and 567, respectively (n=23 and 24/day; p=0.51). Additionally, total number of same-day discharges were 81 and 108 (p=0.13).
• Proportion of discharge decisions made by consultants increased from 38% to 63%, whilst registrars’ decreased from 62% to 37%.
• 75% of registrars agreed or strongly agreed with the premise that the intra-take ‘facilitated my management of the take and improved timely review of patients’.

Figure 1.

Discussion

• Our results suggest that “intra-take” reduces time to senior review and alleviates pressure on the medical take during peak hours.
• Absolute number same-day discharge, whilst not statistically significant meant an additional 27 patients were discharged on the day over the six week period and decisions to discharge were taken by a senior decision maker.
• Excellent feedback from the medical team highlighting increased senior support and timeliness of the ward round, freeing juniors at busy times.
• These findings indicate that intra-take has a positive influence in patient care and is well received by the on-call medical team.

References