

305 Using Urology Specific Ward Round Sheets to Improve Clinical Documentation

D. Evans

Gloucestershire Hospitals NHS Trust, Gloucester/Cheltenham, United Kingdom

Aim: To improve the documentation of vital clinical information on the urology ward round. To prompt clinical staff to review antibiotics, venous thromboprophylaxis, patient observations, and formulate a plan in a structured format.

Method: A retrospective, cross-sectional analysis was performed on the urology ward to assess whether the following parameters were documented/accounted for during ward-round: date, time, NEWS score, antibiotics, venous thromboprophylaxis, and whether the entry was easily found in the medical notes. Following this, a urology-specific

ward-round sheet was synthesised between the medical and nursing staff. This standardised sheet was easily identifiable in the notes and ensured all the above parameters were accounted for by prompting the note-taker to record them. Two months following introduction of this standardised ward-round sheet the same parameters were analysed on all the urology inpatients in the same retrospective, cross-sectional manner.

Results: Documentation of the NEWS score improved from 30% to 93% with the introduction of the ward-round sheet. Similarly, documentation of whether antibiotics were reviewed improved from 30% to 60%, and documentation of venous thromboprophylaxis improved from 20% to 53%. It was also noted that the ward-round entry was easier to find with the ward-round sheet.

Conclusions: Documentation of key clinical information is vital to ensure optimal patient care. Surgical ward-rounds can be quick paced and important considerations such as antibiotics and venous thromboprophylaxis may be missed. This simple intervention improved the documentation of the intended parameters. The next step is to alter and improve the ward-round sheet before re-auditing.