

# Creating a High Quality Consultant-Led Psychiatric Intensive Care MDT Ward Round

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## Overview

- Ward Round:
  - What is the purpose of WR
  - Are there any standards for WR
- How to improve quality: Quality Improvement tools:
  - Lean
  - Process mapping
  - PDSA
- What I did: Method
- Results and conclusion
- Practical: Doing a process map

## Ward Round

What is ward round/review, what is its purpose??

- Integral platform for MDT to communicate, assess & plan treatment for a patient.
- Key process, vital effectiveness is maximised & effective flow of information.
- Productive Wards (Institute for Innovation and Improvement) = framework: incorporates Lean Processes.
- PICU WR differ from those in general adult psychiatry  
fewer patients, greater complexity & acute challenging behavior:

## Are There Any Standards For WR ?

AIMS and AIMS-PICU<sup>1</sup>

- At least once a week full MDT clinical review; actions fed back to patient with documentation.
- Care plans reviewed & created in WR should be based on a comprehensive physical, psychological and socio-cultural assessment, which includes a comprehensive risk and strengths assessment (AIMS-PICU 2010).
- On review of the literature; no other clear standards of WR content & no indicators of quality & safety. The only statement in AIMS: managers & practitioners should have agreed standards for WR.

<sup>1</sup>Accreditation for Inpatient Mental Health Services (Royal College of Psychiatrists 2010).

## HOW TO IMPROVE QUALITY:

- **Incorporate elements of LEAN philosophy:**  
Maximise service user satisfaction & value by
  1. Elimination of waste:
  2. Continuous improvement:
  3. Involvement of everyone:
- **In most organizations there are at least nine times more non-value added activity than there is work that actually meets patient needs (Jones & Mitchell, 2006).**

## How To Create Lean System

Elimination of waste: Create a **Value Stream Map:**

- Similar to Process Map:

*1. Determine & document sequence of activities to convert a specific input in to a required output.*

Additional steps

*2. Identify challenges and highlight important areas:*

*a) Identify activities that create value & satisfaction (for patient)*

*b) Identify activities that do not add value:*

*3. Suggest changes to make an improvement:*

*4. Create Future Map*

Start process over:

## Quality Improvement Tools

- **Continuous Improvement: PDSA cycle**
  - Plan
  - Do
  - Study
  - Act
- **Involvement of everyone: STAKE-HOLDER ANALYSIS**  
anyone with stake in the change.
  - Internal & external to organisation e.g. consultant & patients.
  - Level of power & influence & interest.
  - Extent to engage certain people to successfully implement improvements.
- **Cost Benefit Analysis:** Solutions or areas for improvement rated by consensus by a team into four quadrants on a chart:

## What I did

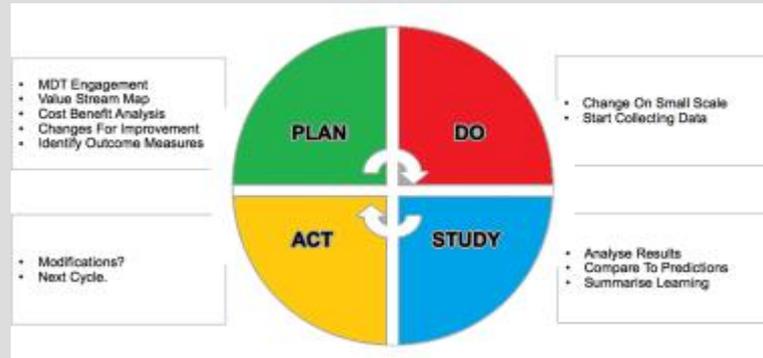
### AIMS:

- Improve quality of WR
- Improve patient experience

## METHOD

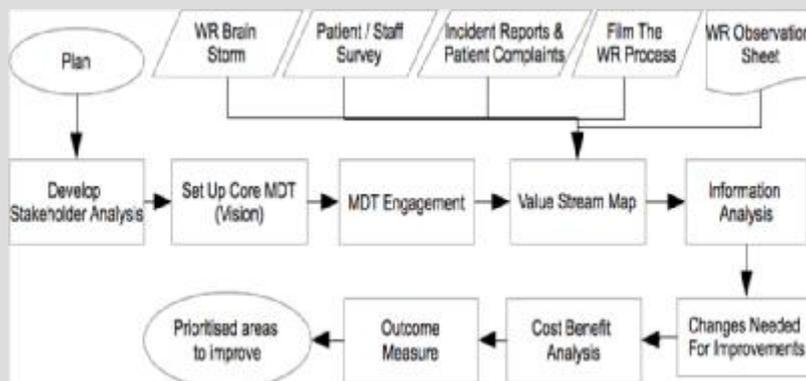
- The project was set up on an all female 10-bed PICU at SLAM.
- (PDSA) cycle was used and is adapted from Langley et al (2009) as highlighted in figure 1 below:

**Figure 1.**  
PDSA Cycle



The development of the plan is highlighted in figure 2 below.

**Figure 2.** Initial Plan Phase Of PDSA



## Steps To Creating Improvement In Ward Round Using Lean Processes.

### STEP ONE: GATHERING OF INFORMATION

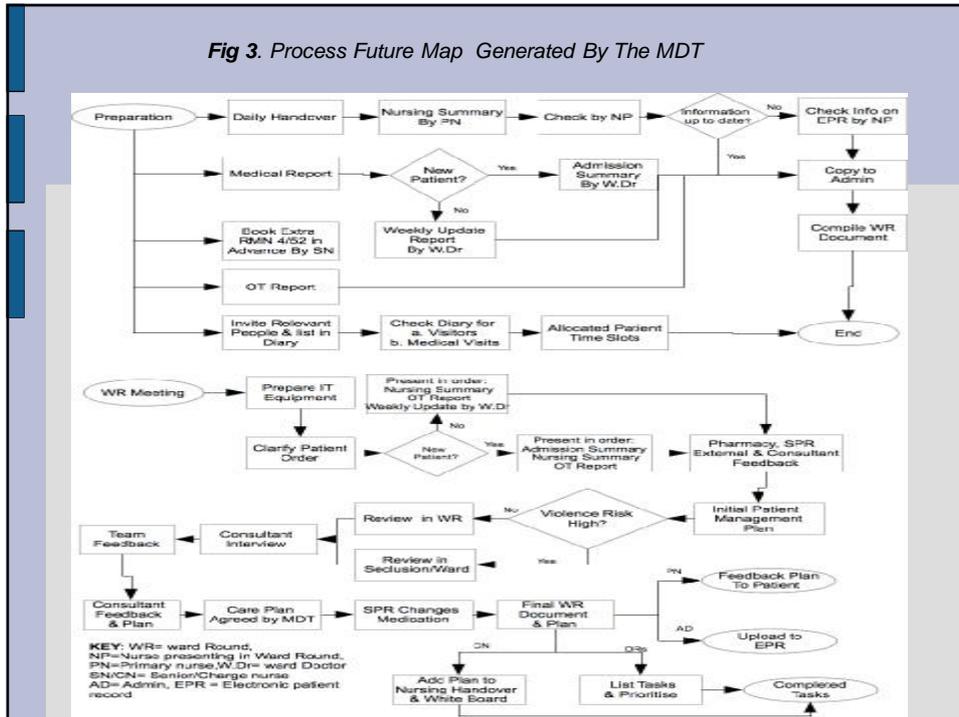
- Patient And Staff Surveys were conducted to:
  1. Try to ensure; all staff involved to input into process map.
  2. Measure staff & patient opinion before & after general changes to WR.
- Staff; formal feedback online anonymous survey tool asking series of questions.
- Five point Likert scale used for the answers:
- Patient feedback questionnaire was developed with 6 questions (both quantitative and qualitative in nature) in relation to satisfaction with ward round:

### STEP TWO:

#### Analysis of Information to Create a Process Map

- Information gathered about the WR is presented and reviewed by the team including all of the inputs to the value stream map:
- Then each sequence of steps of the process in WR was written down from the information gathered, documenting a current map, challenges, solutions & future map:

Fig 3. Process Future Map Generated By The MDT



### STEP THREE:

### Identification of Key Areas for Improvement

The process map and a cost benefit analysis highlighted the following key areas to improve and the implementation of changes for each area:

Table 1. What Changes Can We Make That Will Result In Improvement?

Areas to improve	Change
Goals, responsibilities, and roles.	Operational procedure
Reliability and standardisation so all key tasks are carried out in ward round and accurately documented.	Checklist
	Ward Round Template
	Nursing Template
	Ward Round Plan Template
Patient Satisfaction	Giving WR Plan to patient by Primary Nurse/ Ward Dr

## STEP FOUR: Decide On The Specific Outcome Measures

1. An objective improvement in patient experience measured by staff & patient questionnaire.
2. Improvement in reliability of WR measured by staff questionnaire with staff having clarity on:
  - roles & responsibilities
  - goals for discharge
  - information going in to & out of WR
3. Improved quality measured by more reliable information being brought to WR with 100% of key tasks carried out as per checklist to make informed patient management plans.
4. 100% of patients have comprehensive plans as measured by checklist

## STEP FIVE: Implementing Improvements Identified by the Process Map

**Box 1: Checklist key Tasks**

<b>Nursing checklist</b> Mental state and behaviours Medication compliance and side effects Psychiatric observation level and rational UDS/Pregnancy Test Social Issues	Sleep/diet/toilet Risk incidents Legal and criminal issues Patient & family views Physical observations (vitals)
<b>Medical Checklist</b> Part 1 summary (for new patient) Mental state Physical investigations Physical health and side effects	Assessment of capacity and consent Drug chart updated Diagnosis
<b>Other</b> Pharmacy feedback (medication review) OT feedback	
<b>Ward Round Plans</b> Medication Physical health Risk: observation level and targets Transfer (goals) or discharge	Legal (MHA) & Criminal Social Occupational Therapy Psychology

## STEP SIX: Measuring Improvement

- TIME SERIES GRAPHS

- Measure significant change in key WR tasks being performed:

- PATIENT AND STAFF SURVEY

- Measure improvement process before and after changes:

- Staff survey the same population of 20 staff used before and after with a total of 15 respondents in each group.

- High turn over on PICU it was not possible to get the same patient population for the patient survey. 13 respondents before & 12 after the WR changes.

## RESULTS

### Reliability of ward round

The graph below represents reliability of ward round. This includes measures of staff perception of the domains highlighted in the graph.

*Figure 5: Staff perception of quality*

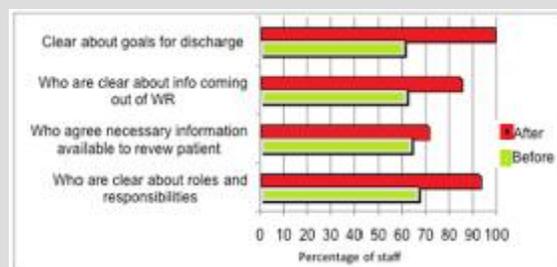
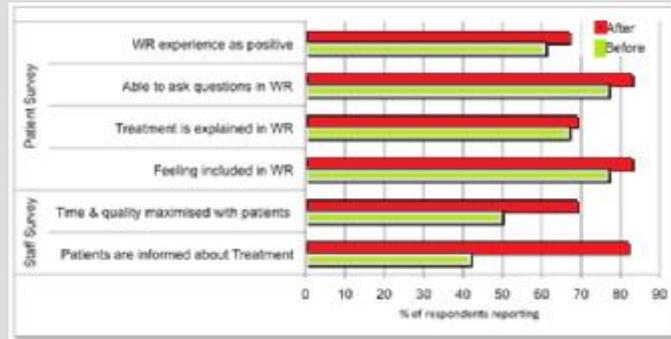


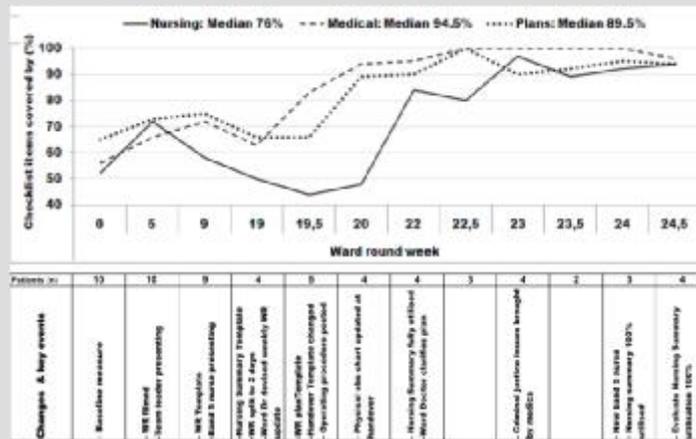
Fig 4. Patient experience Chart



### Reliability of ward round measured by the checklist

The graph below highlights the percentage of items that are carried out during the ward round measured by the checklist (highlighted in Box 1).

Fig 6: Time series graph of key checklist items covered in ward round



There are 6 data points above the median from week 22 for all nursing, medical and plan key tasks representing a significant shift.

## DISCUSSION AND CONCLUSIONS

### Limitations:

- Limited sample size, for both staff and patient surveys. It would be useful to replicate the study across all four PICUs in the trust to gain more significant results.
- Average short length of stay meant that the population being surveyed before and after changes would be different.
- 2 possible confounding factors: new consultant appointed & ward round split into 2 half days.

## CONCLUSIONS

- § Nursing weekly summary template & ward doctor summary improved the reliability of information coming into WR & the number of key tasks carried out.
- § WR plan template containing key tasks ensured patients have fully comprehensive plans.
- § Templates mirror key tasks identified by the checklists making it sustainable.
- § Fits with prior research showing:
- § This has enabled more consistent delivery of high quality care.
- § After changes there has been an improvement in patient experience of WR from patient & staff surveys:

- Clear increase in key task completion for WR,  
Reducing errors human factors produce using templates as sustainable checklists:
- Series of streamlined processes ensured the flow of information in a timely manner including use of handover as a checking mechanism & a source of summarized information to use for the weekly nursing summary.
- To sustain these gains & continue improving the process: need for permanent staff

## Future Direction

- § Process mapping identified additional challenges including; the daily documentation process:
- § Seamless link with handovers and weekly summaries.
- § Future potential to capitalise on electronic patient records:
- § Measure additional outcome & balance measures:
- § Improvements in reliability of WR have laid down foundations for building blocks for next step to guarantee the validity of the information.

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