Ward rounds –
a generic concept

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Outline

• About Odense University Hospital – Svendborg Hospital
• Short about the South Danish Improvement Model
• About generic concept in general
• The process of developing the concept for ward rounds (inpatient consultations)
• Results and experience
• Next steps
Ward round in hospital in Copenhagen 1900

Today

117 years!
Odense University Hospital

– a part of
The Region of Southern Denmark
A Main Centre in Danish Health Care

• OUH covers 10% of the Danish health care system

• OUH is a highly specialized hospital whose functions cover all medical specialist areas.

• A new University Hospital will be built in 2022

Budget per year (million Euro): 835
Employees: 8,850
Beds: 1,010
Operations per year: 40,113
Discharged patients per year: 112,000
Outpatient visits per year: 1,069,000
The South Danish Improvement model

- Virginia Mason Hospital, Seattle
- A journey - inspired by lean thinking
- 80% leadership – 20% lean tools

In South Denmark:
- All hospitals
- Leader education – and practice
- Improvements track with focus on patient pathway e.g. prostate cancer (leadership, data driven, employee involvement)
Generic concept
Introduction: generic concept

Concept:
"Collection of the ideas behind the design of a product, project or similar".

Generic:
"As applicable to, or relating to an entire group or category and not the individual or the individual things"

Generic concepts:
E.g.: blodsampling, patientway for planned surgery
A generic concept on OUH

Is strategically selected and “worked through” and:

• Is transparent and requires systematic approach
• Applies across departments and land registers at OUH
• Can be 80% generic and 20% department specifically
Generic concept

Areas:
• Patient safe flow
• Ward rounds
• Treatment goal (outpatient clinic)
• “Ready for surgery”

Focus on:
• Patient involvement
• Patient safety
• Patient flow
Concept group

• 1 concept owner - Head of Department (onco

• 1 Senior Physician and 1 Nursing Head of Unit each from:
  • Oncology
  • Neurology
  • Gynecology and Obstetrics
  • Ear, nose and throat

• 2 consultants
Proces

• 7 workshops over a year from August 2015 – September 2016.
• From an earlier process: FRAM-analysis (Functional Resonance Analysis Method).
• Data collection: interview with patients and relatives and data from clinical practice.
• Taking inspiration from outpatient clinic consultations.
• Creating the concept.
• Testing.
FRAM two wards i 2014

**Time**
- Forstyrrelser og afbrydelser (personale, akutte patienter)
- Leder efter hinanden
- Venter på hinanden
- Sygeplejerske servicerer for meget
- Sygeplejerske klargør for meget inden stuegang
- Dobbelt løsning – både læger og sygeplejerske
- Sygeplejerske løser om for mange patienter
- På kirurgisk afdeling: læge bliver forstyrret af sygeplejerske fra sengeafsnit vedr. indlagt patient
- På kirurgisk afdeling: når lægen hartid, har sygeplejersken ikke

**Input**
- På kirurgisk afdelinger kommer lægen når det passer ift. operationprogrammet og andre opgaver – svært for sygeplejersken og patienten og pårørende. Ikke forberedte personaler og patient.

**Prerequisites**
- Manglende planlægning af rækkefølgen af patientens tilkaldelse (læge/sygeplejerske)
- Manglende planlægning af pårørendes deltagelse
- Larm og forstyrrelser
- Manglende svar på blodprøver, røntgen og undersøgelser
- Manglende fælles overblik over patienterne

**Control**
- Manglende systematik
- Manglende overblik
- Nogle steder: mange kulturer og rutiner, som skal blive til én
- Ingen retningslinjer
- Ingen beskrivelser af påkrevende/faglige kompetencer
- Værder: gensidig respekt?
- Manglende disciplin
- Manglende ledelsesmæssig efterspørgsel

**Output**
- Gentagelser efter aftenstuegang
- Manglende afrunding/sammenfattning af patienten
- For sen beslutning pga. manglende svar
- For sen beslutning pga. yngre læger
- Patienten kommer for sent hjem
- Patienten bliver nødt til at forblive indlagt til næste dag
- Sygeplejersken mangler tilbagemeldinger

**Resources**
- Bruger ikke IT hjælpemidler
- Manglende inddragelse af patienter og pårørende
- Yngre læger på stuegang
- På kirurgisk afdeling er der ikke sat tid til at gå stuegang
- Ikke ligelig fordeling af patienter mellem lægem
- For- og bagvagt har mange stuegangsrelaterede opgaver
Exploring how it works today

Patient and relatives – 30 interviews in all 4 departments – e.g.:
• None of the patients and relatives knew the time for the ward round.
• None of the patients were encouraged to prepare questions.

Practice – data from 264 consultations in all 4 departments – e.g.:
• In 21% of the consultations the doctor or the nurse had “in high” or “in some” degree been waiting for each other.
• In 27% of the consultations the staff experienced interference “in high” or “in some” degree.
<table>
<thead>
<tr>
<th>characteristics of the consultation in outpatient clinic</th>
<th>characteristics of the consultation in hospital</th>
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<tbody>
<tr>
<td>Forventningsafstemning</td>
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<td>Determining the time and duration</td>
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<td>Kompetencematch</td>
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<td>Prøvesvar</td>
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<td>Prioritering</td>
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<td>Rollefordeling</td>
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<td>Kultur</td>
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</table>

**Kendetegn for konsultation under indlæggelse**

- Determining the time and duration
- Kompetencematch
- Prøvesvar
- Prioritering
- Overblik
- Forberedelse
- Rollefordeling
- Kultur

**Characteristics of the consultation**

- Determining the time and duration
- Kompetencematch
- Prøvesvar
- Prioritering
- Overblik
- Forberedelse
- Rollefordeling
- Kultur
Concept creation
From ward rounds to in hospital consultations

• The purpose of the concept is to make sure, the consultation is a **prioritized and structured function** for the benefit of patients, relatives, staff and the organization.
Consultations

BACK STAGE
- Overview
- Culture (disciplin)
- Match of competences
- Education
- Roles

FRONT STAGE
- Patient/relatives
- Core service
  - Treatment plan
  - Matching expectations
  - Health professionel

- Confidentiality
- Continuity
- Preparation
- Determining the time and duration
- Results of tests

Prioritization
Results of blood tests

7 AM - blood sampling
8 AM - blood sampling
10 AM - consultation
11 AM - result of blood test
13 AM - doctor evaluate
Results and experience – so far

Medical department
• Structure
• Timeslots
• Overview
• Reduction in disturbances and waste
• Teamwork
• Lunch at 12 o´clock 😊

Department of Surgery
• Prioritization
• Structure
• Reduction in disturbances and waste
• Still very short time for consultation

Hard work – leadership
First the ward – afterwards operation or outpatient clinic
"Phasing in"

• "Implementation" – no – "we are never going back to the old way".
• "Phasing in" – take the most relevant element of the concept and work with these in the complex clinical practice.
• Adjust and stick to it!
• Monitor and evaluate (after 30, 60, 90 og 360 days) – we are working on relevant ways of doing this.
• Report to the sponsor.
Meetings between the sponsor and heads of departments.
Every 3. month meetings to share experiences.

New departments:
- Nephrology
- Geriatrics
- Hematology

Sponsor meeting the rest of the surgical departments and medical departments in Marts and April 2017.

Every department has to have the concept "phased in" before march 2018.
### Electronic systems

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
<th>Code</th>
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<tr>
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<td>CAS FESS</td>
<td>MOHC PD SI</td>
</tr>
<tr>
<td>10:15</td>
<td>Ecranoscopy</td>
<td>MOHC PD SI</td>
</tr>
<tr>
<td>10:30</td>
<td>Ir-laser + cranioplasty + et al</td>
<td>MOHC AR &amp; SI</td>
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<td>Sept. Perf.</td>
<td>PD</td>
</tr>
<tr>
<td>11:30</td>
<td>Ir-laser + laser</td>
<td>BP</td>
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<td>11:40</td>
<td>Actinomycin</td>
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<td>11:50</td>
<td>Embolisation (amb. 10:20)</td>
<td>KBF</td>
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<td>Obs. Alloet ved Epileptics</td>
<td>CSH</td>
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<td>13:00</td>
<td>Ethanol/lysebritt</td>
<td>AK</td>
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<td>16:00</td>
<td>FESS m. sheer ext. laser</td>
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</tr>
<tr>
<td>17:00</td>
<td>Winoplast + conchotomi dist</td>
<td>AK</td>
</tr>
<tr>
<td>17:30</td>
<td>Abnormal till sinus front out</td>
<td>AK</td>
</tr>
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**Region of Southern Denmark**

**OUH Odense University Hospital**

**Svendborg Hospital**

**Patient First**
Treatment plan – to the patient

A print from the patient journal.

• How can the patient get a comprehensive plan (with contribution from all relevant parties)?

• How can the plan be send electronical to the patient?
Consultation – sound file
Summery

• OUH is working with generic concepts.
• A concept group develops and tests a concept that afterwards is spread to the rest of the hospital.
• A generic concept for ward round - now called : consultation, has shown to create value for patients as well as for the organization and is now and in the next few years to be spread to the rest of the hospital.
• There is at lot to be done - continuously 😊