



# STOP team-based approach; START dedicated rounding team; CONTINUE improving inpatient care. A doctor's viewpoint. A qualitative analysis

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## TEAM BASED APPROACH

Our Obstetrics and Gynaecology department is within a tertiary-level hospital in Sydney. 4,500 births occur annually and there are 20 antenatal and 24 postnatal beds.

Traditionally, four divided teams would round on inpatients and then disperse to assigned clinical duties for the day. This led to delays in patient flow and lack of accountability during the day for inpatients. Timely attendance to daily assigned activities was also impaired due to attending to ward round jobs.

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## DEDICATED ROUNDING TEAM

In order to address these concerns we aimed to implement and evaluate the introduction of a dedicated ward team on to the Obstetrics and Gynaecology ward and share the perceptions of medical officers following its introduction.

We created a ward team consisting of a registrar, resident, and midwife in charge to perform daily rounding of all inpatients and discharge planning. This team rotated on a weekly basis.

Feedback was collected on a daily basis over a six-week period and minor adjustments were made in a *plan, do, study, act* (PDSA) fashion.

Formal feedback at the end of the trial period was obtained from the doctors through a structured online questionnaire comparing the team-based approach with the new approach.

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## CONTINUE IMPROVING PATIENT CARE

- 63.6% improved communication between the midwifery and doctor staff.
- 81% were able to attend to assigned daily activities in a timely manner
- 50% preferred the dedicated rounding team, 40.5% preferred the team-based approach.

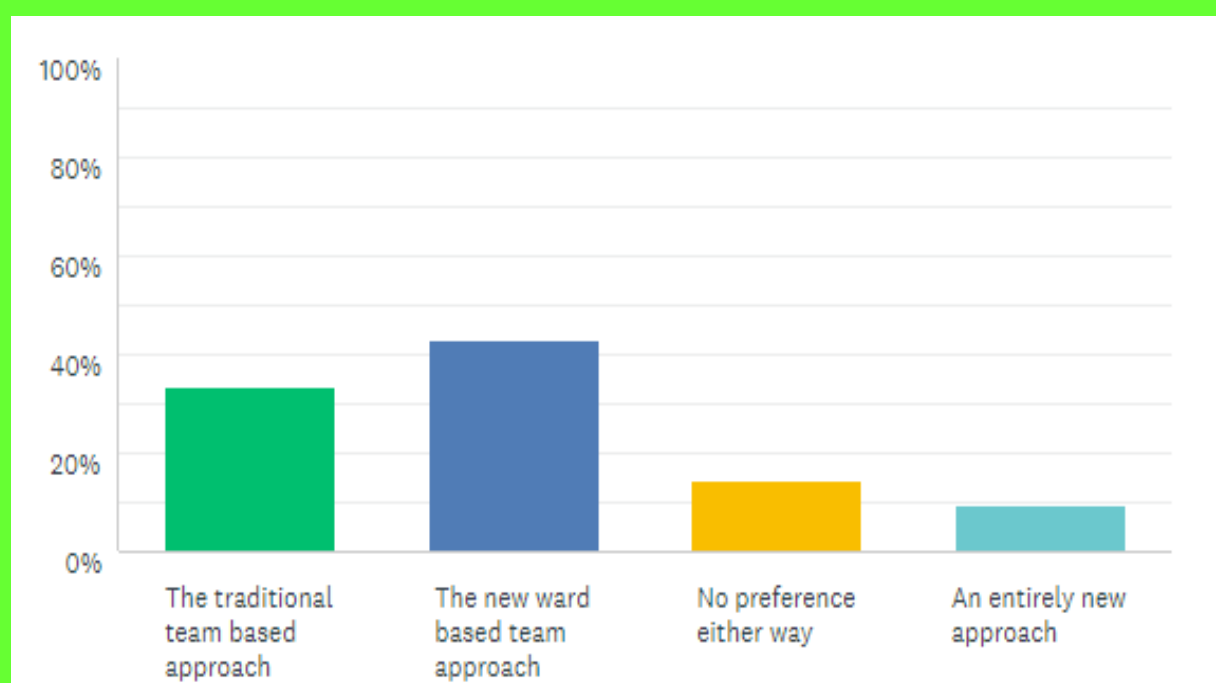


Figure 1. Which system would you prefer?

Of the 9.5% who preferred a new approach the suggestions were additions to the new approach including the addition of a consultant on rounds and a further division of roles on busy days.

The introduction of the dedicated ward round team allowed for a direct line of communication and accountability for inpatients. Overall the new dedicated ward round team approach was favoured over the traditional divided team approach. It allowed for prioritisation of the sickest patients on the ward and timely review of patients.

This project reveals a novel approach to improve inpatient care and is an ongoing endeavour.