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Combined Ward Round in Early Postoperative Period for Patients Undergoing Major Colorectal Surgery

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Introduction

Ward rounds in early postoperative period are the cornerstone of patient care to evaluate the patients' progress and formulate management plan. Traditionally the process is carried out by the patients' parent team. As part of the Enhanced Recovery After Surgery (ERAS) program we introduced a Combined Ward Round (CWR) involving surgeons, anaesthetists, nurses, physiotherapists and dietitians.

Objectives

(1) To provide multidisciplinary care to patients in the early postoperative period; (2) To foster interdisciplinary communication and collaboration; (3) To facilitate information / knowledge exchange among health professionals.

Methodology

CWR on post-operative day 1 or 2 was arranged for patients undergoing elective major colorectal surgery under the ERAS program. Patients' progress and management plan were discussed. All team members were encouraged to contribute to the discussion. Evaluation of CWR was done in the form of an anonymous questionnaire distributed to the team members. Pre-CWR and post-CWR scores on patient care, interdisciplinary communication / collaboration and information / knowledge exchange were compared on a 5-point Likert scale using Wilcoxon signed rank test (1=strongly disagree, 5=strongly agree). Results were considered significant when $p < 0.05$.

Result

A total of 9 questionnaires were returned (response rate 100%). The median score for questions on (1) improvement of patient care, (2) interdisciplinary communication / collaboration, (3) information / knowledge sharing before and after CWR was 3 and 5 respectively. All the differences were statistically significant ($p < 0.05$). Conclusions: CWR provided a platform which facilitated multidisciplinary care of patients,

interdisciplinary communication and knowledge sharing among health professionals. All of these promoted staff engagement / empowerment and team building, which result in enhanced patient care.