



# Assessing the Compliance of Senior House Officers in Documentation of the New Trauma and Orthopaedic Post-Take Ward Round Proforma and Measuring Allied Health Professionals Opinion of Documentation – A Full Audit Cycle

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## Introduction

Recently, prosthetic replacement has been commonly applied as a standard procedure for the elbow joint destruction by arthritis or trauma, and elbow arthrodesis has been used only for patients who are unsuitable for other conventional treatment methods. In most cases, ulnohumeral arthrodesis is performed, considering the geometry and the amount of surface area of the distal humerus and proximal ulna. In this report, we present a successful case of the radio humeral arthrodesis using unilateral external fixation without bone grafting for a patient who sustained severe open comminuted fracture with Trans articular massive bone loss. We decided to fuse the elbow at 70 degrees of flexion, and the forearm was fixed at 80 degrees of pronation. At 13-month after the operation, radiographic evidence of solid enlarged right elbow fusion was gained. At more than three years after operation, we evaluated patient-oriented quantitative functional disability using Disabilities of the Arm, Shoulder and Hand (DASH) to confirm that radio humeral arthrodesis fixed at this angle could be accepted. This technique can be recommended as a salvage procedure in the face of significant bone loss of the proximal ulna.

## Description

Good Surgical Practice Guidelines 2014 (Royal College of Surgeons)

state that 'surgeons must ensure that accurate, comprehensive legible and contemporaneous records are maintained of all their interactions with patients'. In June 2019, a retrospective study was performed at Broomfield Hospital (United Kingdom), assessing the quality of Post-Take Ward Round documentation in Trauma and Orthopedic patients in a two week period. We aimed to evaluate the impact of a new Post-Take Ward Round (PTWR) proforma on Trauma and Orthopedic documentation and the opinions of Allied Health Professionals (AHPs).

Recently, reconstructive surgery for the arthritic elbow, such as rheumatoid arthritis, has been performed by prosthetic replacement; however, we also encountered patients who require surgery but are unsuitable for this arthroplasty occasionally. For these patients, elbow arthrodesis can be used as a salvage procedure. Elbow arthrodesis, as one of the reconstructive surgeries of the upper extremity, have been reported by several authors previously and most of these articles described successful ulnohumeral arthrodesis using bone grafting. As far as we know, there has been no report describing radio humeral arthrodesis without bone grafting. In the case of radio humeral arthrodesis, it is of importance to know what position of the forearm would be more functional for the patient, since supination and pronation should be abandoned by this procedure. However, there is no report discussing what position of the forearm would be acceptable. By assessing notes of emergency patients and their adherence to the national Good Surgical Practice Guidelines 2014 (Royal College of Surgeons), areas for improvement were identified and a proforma created and implemented. Audit variables included documentation of the following: patient identifiers, date and time, consultant on-take, presenting complaint, discussion with patient/relatives, management plan and documenting clinician. After three months, this was re-audited with data collected from all admissions within a two week period alongside spot questionnaires completed by AHPs.

## Conclusion

There was an improvement in recording the responsible clinician (48% to 100%) and documenting clinician (49% to 63%), history and examination (58% to 73%), initial diagnosis (68% to 92%) and management plan (35% to 98%). However, documentation of patient identifiers dropped (60% to 30%) alongside date and time (73% to 30%). 42% of AHPs agreed that documentation had improved since introduction of the proforma, whilst none of the respondents said that documentation had worsened. Our proforma has led to improvements in both adherence to national guidelines and satisfaction amongst the AHPs thereby providing swift communication between the multidisciplinary team.

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