

Developing a Rapid Ward Walkthrough Checklist to Improve Routine Hospital Supervision

A Case Study from Colombo South Teaching Hospital

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Abstract—Routine supervisory ward rounds are essential for maintaining cleanliness, staff discipline, environmental safety, and service readiness in hospitals. However, rapid ward walkthroughs can become inconsistent when they rely primarily on individual memory, experience, and available time. This case study describes the development and piloting of rapid, role-specific ward walkthrough checklists for the Director, Matron, and Administrative Officer at Colombo South Teaching Hospital, Sri Lanka. A descriptive and analytical case study approach was used. Information was gathered through stakeholder discussions, direct observation during the pilot, review of draft tools and feedback, and problem prioritization using a modified nominal group technique. The main problem identified was the lack of a concise, standardized, and user-friendly checklist for rapid supervisory rounds. Problem tree analysis showed that this contributed to inconsistent supervision, missed issues, reduced efficiency, and weak follow-up. The proposed solution was the formal introduction of separate but aligned rapid checklists for the main supervisory categories, supported by a brief orientation and a simple follow-up record. The intervention is low-cost, feasible within existing resources, and relevant to routine hospital management. The case demonstrates how a practical checklist can strengthen process reliability and improve the usefulness of rapid hospital supervision.

Keywords—ward walkthrough checklist; hospital supervision; quality improvement; administrative rounds; service readiness; Sri Lanka

I. INTRODUCTION

Colombo South Teaching Hospital, Kalubowila, is a major tertiary care institution in Sri Lanka that provides a wide range of curative and supportive health services. Effective ward functioning in such an institution depends not only on clinical care, but also on administrative supervision, environmental safety, staff discipline, cleanliness, and timely identification of operational problems. Routine ward walkthroughs by senior officers are therefore an important component of hospital managerial oversight.

The quality of healthcare depends on the structures and processes that support service delivery as well as on outcomes [1]. In this context, routine ward supervision can be considered a service process that helps detect visible operational gaps and initiate corrective action. At Colombo South Teaching Hospital, the Director, Matron, and Administrative Officer are all involved in supervisory ward rounds. However, each

observes ward functioning from a different professional perspective. The Matron is more likely to focus on nursing-related matters, ward orderliness, staff presentation, and bedside standards. The Administrative Officer is more concerned with sanitation, utilities, maintenance, support staff deployment, and the physical environment. The Director requires a broader institutional view of general functioning and issues requiring higher-level administrative attention.

Although these rounds are important, they are not always carried out in a structured manner. In busy hospital settings, long inspection tools are often impractical for rapid supervisory visits. At the same time, the absence of a brief structured tool can lead to variation in focus, overdependence on personal memory, and missed observations. Checklists are widely used in healthcare because they can improve consistency, reduce omissions, and support reliable performance when they are matched to real work settings [2]. This case study, therefore, examines the development and piloting of rapid walkthrough checklists as a practical hospital administration improvement initiative.

II. PROBLEM STATEMENT AND JUSTIFICATION

The practical problem addressed in this case study was the absence of a concise, standardized, and user-friendly tool for rapid supervisory ward walkthroughs. Existing supervision practices were affected by time constraints, variation in supervisory focus, and a lack of a simple mechanism to guide observations within a short ward visit.

This problem is important because routine walkthroughs are expected to support accountability, cleanliness, discipline, safety, and service readiness. When they are not guided by a structured tool, their effectiveness depends heavily on the memory, experience, and priorities of individual officers. Furthermore, the Director, Matron, and Administrative Officer do not assess identical aspects of ward functioning. Their roles are different but complementary. A coordinated checklist system can therefore improve both standardization and role-specific relevance while remaining feasible within the existing hospital setting.

The initiative is also justified by its low resource requirement. The intervention can be implemented using existing staff, internal expertise, printed checklists, and a

simple follow-up record. It does not require additional infrastructure, software, or major financial investment. For this reason, it represents a realistic quality improvement approach for hospital administration.

III. OBJECTIVE

The objective of this case study was to analyze the development and pilot of rapid ward walkthrough checklists for the Director, Matron, and Administrative Officer at Colombo South Teaching Hospital, to improve the efficiency, consistency, and usefulness of routine supervisory ward rounds.

IV. METHODOLOGY

A descriptive and analytical case study approach was used to examine a practical service improvement initiative conducted within Colombo South Teaching Hospital. Information was gathered through four main methods.

First, stakeholder discussions were held with the Director, Deputy Directors, Chief Nursing Officer, matrons, administrative officers, Senior Registrar, and Co-registrar. These discussions helped identify the practical limitations of existing walkthroughs and the priorities of different supervisory categories.

Second, direct observation was used during the piloting stage to assess whether draft checklist items were clear, observable, and feasible within a rapid ward visit. Third, draft tools were reviewed and revised based on comments related to wording, sequence, clarity, and practical observability. Fourth, a modified nominal group technique was used with the Director, Deputy Directors, Senior Registrar, and Co-registrar to prioritize the identified problems and select the major issue requiring intervention. The nominal group technique is useful when multiple issues must be ranked in a structured and participatory manner [3].

The identified issues were grouped, prioritized, and analyzed using a problem tree. The analysis was guided mainly by Donabedian's quality-of-care framework, particularly the importance of strengthening service processes to improve reliability and performance in healthcare delivery [1].

V. RESULTS

Stakeholder brainstorming and direct observation identified several operational difficulties affecting routine ward walkthroughs. These included the absence of a concise, standardized checklist, variation in focus across supervisory categories, difficulty balancing comprehensiveness with practicality, excessive length of existing supervision tools, and a lack of a proper, quick-round checklist within the existing system.

During the modified nominal group process, the participants ranked the absence of a concise, standardized, and user-friendly rapid walkthrough checklist as the central problem. This problem was considered to have a high impact on supervision, to occur frequently in routine practice, to be feasible to address within the hospital setting, and to require urgent improvement.

TABLE I. PROBLEM PRIORITIZATION OF ISSUES IN ROUTINE WARD WALKTHROUGHS.

Rank	Problem	Justification
1	Absence of a concise, standardized, and user-friendly rapid ward walkthrough checklist	High impact on consistency and efficiency; frequent in routine practice; highly feasible to address; high urgency
2	Existing checklists were too lengthy for quick rounds	High impact on practicality; frequent; feasible to address; moderate to high urgency
3	Variation in focus between supervisory categories	Moderate to high impact; frequent; feasible to address; moderate urgency
4	Difficulty balancing comprehensiveness with practicality	Moderate impact; frequent; moderate feasibility; moderate urgency
5	Lack of a proper quick round checklist in the existing system	Moderate impact; frequent; feasible to address; moderate urgency

Problem tree analysis further showed that the central problem originated from the lack of a brief structured tool, excessive length of existing tools, variation in supervisory focus, and dependence on individual practice. The immediate effects were inconsistent supervision, missed issues, reduced efficiency, and weak follow-up. Longer-term effects included reduced standardization, delayed identification of ward-level problems, and missed opportunities for productivity improvement.

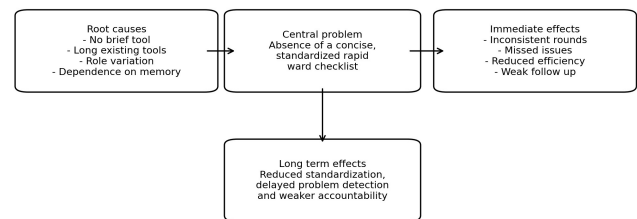


Fig. 1. Problem tree analysis of the absence of a rapid ward walkthrough checklist.

VI. PROPOSED INTERVENTION

The recommended intervention was the development and formal introduction of separate rapid role-specific checklists for the Director, Matron, and Administrative Officer. This approach was selected because the three supervisory categories share the same broad goal of improving ward functioning but observe different operational domains. Separate checklists can preserve role relevance while maintaining a common structured approach to supervision.

The checklists should be limited to essential items that can be observed within a short ward visit. This is important because the tool is intended for rapid supervision rather than detailed inspection. A brief orientation should be provided to relevant supervisory staff to ensure consistent use. In addition, a simple follow-up record should be maintained for important issues identified during rounds so that the process becomes action-oriented rather than only a recording exercise.

VII. DISCUSSION

This case study shows that a small process change can address an important administrative gap in hospital supervision. The main weakness of the existing walkthrough process was not the absence of supervision itself, but the absence of a concise structure to guide rapid observations. This distinction is important because the intervention does not replace managerial judgment. Instead, it supports decision-making by providing a practical reminder of essential areas to observe.

The use of separate checklists for the Director, Matron, and Administrative Officer is also important. A single common checklist may improve standardization, but it may not adequately reflect the different supervisory responsibilities of each category. In contrast, role-specific checklists can improve relevance while remaining aligned to the same institutional aim. This balance between standardization and practical usability is a key strength of the proposed intervention.

The proposed checklist system is consistent with the broader principle that quality improvement should strengthen the processes through which healthcare services are delivered [1], [4]. It also reflects the value of simple checklist-based approaches in reducing omissions and improving reliability [2]. However, the effectiveness of the checklist will depend on regular use, feedback, managerial commitment, and follow-up of identified issues. Without a follow-up mechanism, the checklist could become a documentation activity rather than a tool for service improvement.

The case has some limitations. The initiative was developed within a single tertiary care hospital and was based on stakeholder discussion, observation, and practical piloting rather than quantitative outcome measurement. The checklist has therefore demonstrated feasibility and relevance, but further evaluation would be needed to measure its effect on supervision quality, issue resolution, staff accountability, and productivity-related indicators. Future implementation could include periodic audits, user feedback, and revision of checklist items based on routine practice.

VIII. RECOMMENDATIONS

The rapid role-specific checklists should be formally introduced for routine ward walkthroughs at Colombo South Teaching Hospital. The tools should remain brief, practical, and limited to essential observable items. A simple follow-up record should be linked to the checklist system to monitor unresolved issues and strengthen accountability. Supervisory staff should receive a brief orientation before routine implementation. After institutional use and further refinement, the checklist model may be shared for feasible adaptation by other hospitals.

TABLE II. ACTION PLAN FOR IMPLEMENTATION AT COLOMBO SOUTH TEACHING HOSPITAL.

Activity	Responsibility	Timeline
Finalize rapid checklists for the Director, Matron, and Administrative Officer	Deputy Directors, Senior Registrar, Co-registrar, Matron, and Administrative Officer	2 weeks

Review and approve finalized checklists for use at CSTH	Director, Deputy Directors, Chief Nursing Officer, and Administrative Officer	1 week
Print and distribute checklists to supervisory staff	Administrative division	1 week
Conduct a brief orientation for supervisory staff	Quality team, Senior Registrar, and registrars	2 weeks
Introducing routine checklist-based ward rounds	Director, matrons, and administrative officers	After orientation
Maintain a simple follow-up record for issues identified during rounds	Quality team	Ongoing
Share the checklist for possible adaptation by other hospitals	Director	6 to 12 months

The financial cost of implementation is expected to be low because the main requirements are printing checklists, basic stationery for follow-up recording, and staff time for orientation. No major infrastructure, software, or additional staffing is required.

IX. CONCLUSION

This case study examined the development and piloting of rapid ward walkthrough checklists for routine hospital supervision at Colombo South Teaching Hospital. The major problem identified was the lack of a concise, standardized, and user-friendly tool to support rapid supervisory rounds. Through stakeholder discussion, modified nominal group prioritization, and problem tree analysis, separate role-specific checklists were identified as the most suitable solution for the Director, Matron, and Administrative Officer.

The proposed intervention is practical, low-cost, and achievable within existing hospital resources. It has the potential to improve consistency, efficiency, accountability, and follow-up in routine ward supervision. The case demonstrates that meaningful hospital management improvements can be achieved through simple tools when they are developed to meet real work needs and tested in the actual service setting.

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