Declarations of interest

Liam Chadwick is a co-founder and CTO of 1Unit LLC, an Atlanta (US) based consultancy firm that works with hospitals worldwide to implement programs supporting nursing change of shift processes and Structured Interdisciplinary Bedside Rounds.

Emergency Care Improvement Support Team
Safer, faster, better care for patients

Royal College of Nursing

Royal College of Physicians

Modern Ward Rounds Collaborative

SUPPORTING TEAMS TO IMPROVE WARD ROUNDS

Breakthrough series collaborative utilising the IHI model - An opportunity for 16 organisations to be part of a cohort focusing on improving ward rounds in the acute care setting by equipping ward-based teams with the knowledge and confidence to facilitate change with dedicated access to expert clinical QI facilitators to coach them throughout the collaborative.

1UNiT™

SiBR®

www.1unit.com/sibr

team-based person-centered
ward round

https://wardround.net/

Royal College of Physicians | Royal College of Nursing

Modern ward rounds
Good practice for multidisciplinary inpatient review

NHS · Endorsed by CHARTERED SOCIETY OF PHYSIOTHERAPY · Endorsed by ROYAL PHARMACEUTICAL SOCIETY · Endorsed by GIRFT GETTING IT RIGHT FIRST TIME

Royal College of Physicians | Royal College of Nursing

Ward rounds in medicine
Principles for best practice

A joint publication of the Royal College of Physicians and Royal College of Nursing
October 2012

Royal College of Physicians | Royal College of Nursing

Case Studies
Modern ward rounds
Good practice for multidisciplinary inpatient review

NHS · Endorsed by CHARTERED SOCIETY OF PHYSIOTHERAPY · Endorsed by ROYAL PHARMACEUTICAL SOCIETY · Endorsed by GIRFT

https://www.rcplondon.ac.uk/projects/outputs/modern-ward-rounds

Workshop outline

Introduction- Modern Ward Rounds

Team- Based Person Centred Ward Round

Break out groups

- Patient Centred Ward Rounds – in room

- Multiprofessional Ward Rounds – in room

- Virtual

Sharing our learning

Developing a community of practice

Slido Question 1 – Who are you?

☐ Physician

☐ Nurse

☐ Physiotherapist

☐ Occupational Therapist

☐ Pharmacist

☐ Speech and Language Therapist

☐ Dietician

☐ Patient advocate

☐ Service manager

☐ Improvement specialist

☐ Senior leader

An effective ward round

Shift handover

Board round

| Patient symptoms | Patient and | Uniprofessional | Physiological | Investigation | Prioritisation from |

Briefing

Ward round

Team
Lead
Note keeper
Patient advocate
Communicator
MDT members
(as appropriate and available)

Actions
Confirm diagnosis and problems
Address patient's questions
Review progress against plan
Check safety measures
Teach and learn
Revise plan with patient
Complete structured documentation
Assign actions

Debrief

MDT handover

Agreed next reviews

Liaise with external teams

Implement management plan

Feedback progress to patient

Royal College of Physicians | Royal College of Nursing

Emergency Care Improvement Support Team
Safer, faster, better care for patients

Royal College of Nursing | Royal College of Physicians

Modern Ward Rounds Collaborative

SUPPORTING TEAMS TO IMPROVE WARD ROUNDS

"Have we articulated the clear benefits of efficiency, patient involvement, better clinical decisions, improved flow and professional reward?

Modern ward rounds
Good practice for multidisciplinary inpatient review

NHS

Endorsed by
CHARTERED SOCIETY OF PHYSIOTHERAPY

Endorsed by
ROYAL PHARMACEUTICAL SOCIETY

Endorsed by
GIRFT
GETTING IT RIGHT FIRST TIME

Central to multidisciplinary patient centred care

Medicine administration rounds

New patient review

Medicines reconciliation

Referrals

Discussions on advance care planning, escalation and DNACPR/ReSPECT

Ordering and reviewing investigations

Ward Round

Discharge planning meetings

Meetings with families

Completion of discharge summaries

Best interest meetings
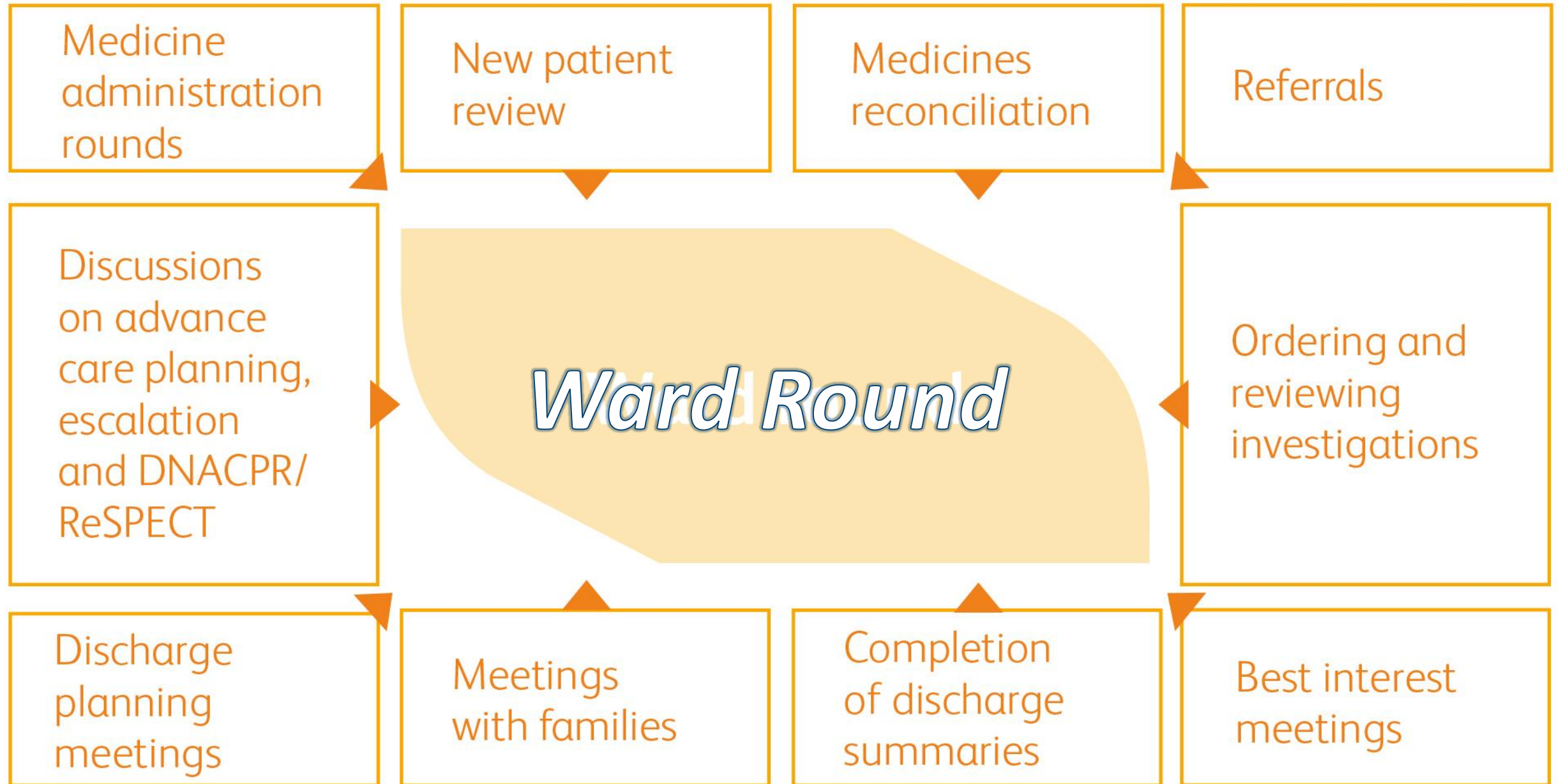
Ward round fundamentals

Key principles		Summary recommendations
Well led		Protect and dedicate time for consultant* led delivery. Create an environment for active participation of all team members in care planning. Agree roles for multidisciplinary team members and their input to ward rounds.
Structured		Schedule a pre-ward round board round, to be attended by the multidisciplinary team. Review patients in priority order on ward rounds. Use standardised documentation including safety checklists.
Effective teams		Schedule ward rounds to prevent conflicts with other ward activities. Structure and plan shift handovers to inform board and ward rounds. Debrief and handover multidisciplinary plans after the ward round.
Patient involvement		Actively involve patients in ward rounds, with family and carers as required or requested. Agree communication with the patient on progress of their plan following the ward round. Plan complex and difficult conversations or assessments outside of the ward round.
Education, learning and improvement		Use each ward round as an opportunity for learning. Continue to develop the skills required for all staff to actively participate in ward rounds. Assess ward round quality against best practice.

The continual presence on the ward round by all the multidisciplinary team members is not necessary, but input and involvement from the staff who know the patient best – usually the nurse directly caring for the patient is essential

PATIENTS SAID
- 'I want to be involved in discussions and decisions.'

- 'Give me confidence that you are an effective and efficient team.'

- 'Explain and agree the plan for my care – and let me know how it's going.'

- *It's important to see the clinical team focus on me, (or my family's)care and progress.'*

Communication and involvement
before, during and after the ward round

Introductions – "hello, my name is and I'm a….."

Be at the patient's level

Listen actively and involve – invite questions

Use simple and clear language, clarify and check understanding

Provide updates on progress

If possible provide a written note of agreed care plan

Figure 3. Individual patient review during ward round

Introduction

Preparation of information

Confirm patient identity

Introductions to patient

Explanation of process

Checking patient questions, concerns and symptoms

Document

Reviews completed

Clinical reasoning

Working diagnosis and problems

Assigned actions, including discharge preparations

Planned next review and escalation plan and triggers

Discharge plans and objectives

Communication with patient

Discussion and decisions

Confirm team understanding of*:

▸ Current working diagnosis and problems

▸ Progress on plans since last review

▸ Changes in patient status or events since last review

▸ Emotional, psychological and cognitive status

▸ Observation chart / triggers / NEWS2

▸ Fluid balance, nutrition and bowel function

▸ Speech and swallow assessment

▸ Infection control status

▸ Investigation schedule, results and trends

▸ VTE risk assessment and plan

▸ Medicines chart review, including allergies and antibiotics

▸ IV cannulas, lines, infusions, drains and catheters

▸ Falls risk, skin care, pain, mobility

▸ Social care status and effect on discharge planning

Pause

▸ Agree diagnosis, and problems, progress, daily goal and

Agree

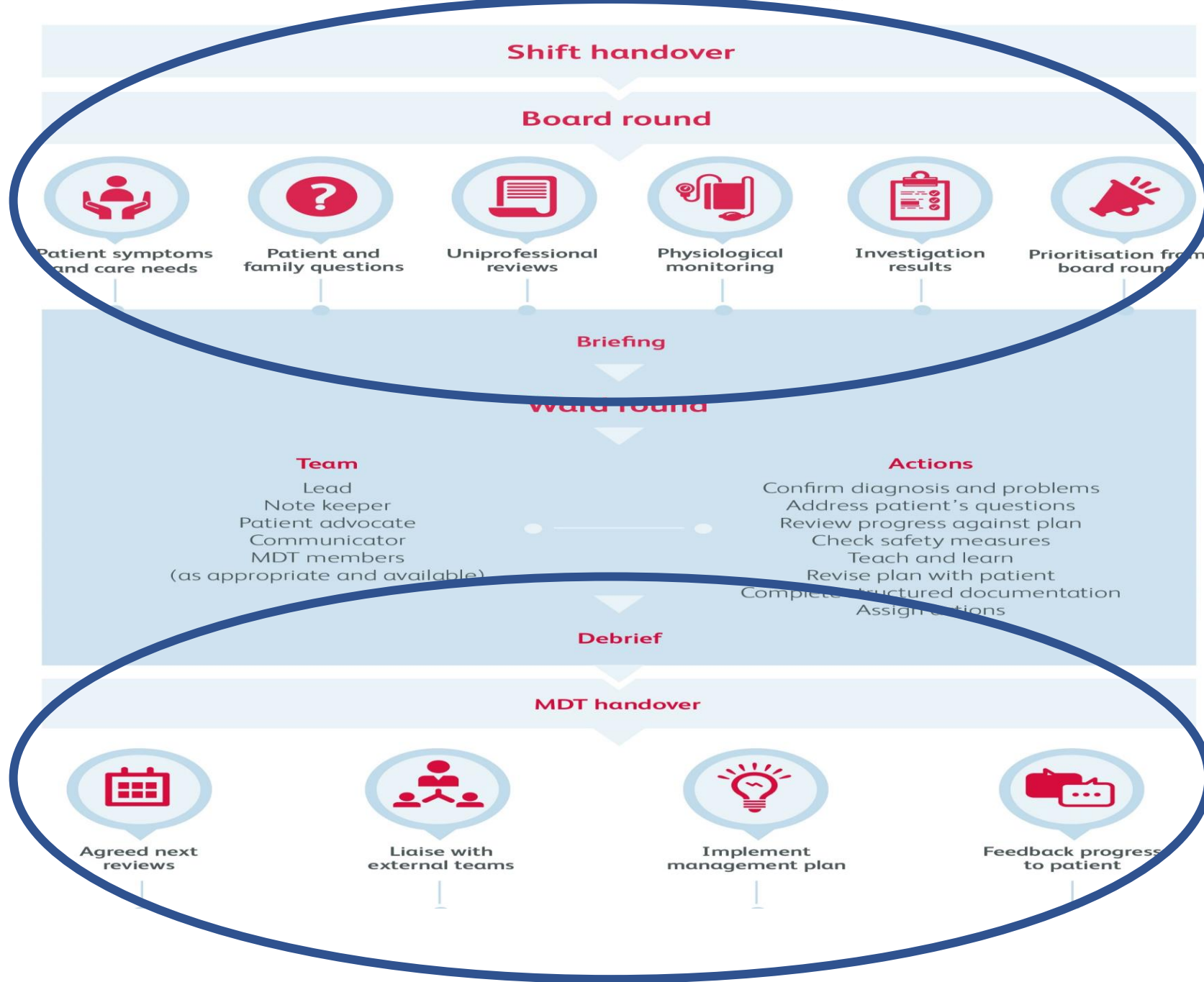▸ Communications of actions and timescales

▸ Next time of review

* Many of these items should have been reviewed by team members before the ward round and as part of ongoing care so only that those that require attention can be highlighted in the round.

Team

Lead
Note keeper
Patient advocate
Communicator
MDT members
(as appropriate and available)

Person who knows the patient best

An effective ward round

Shift handover

Board round

Patient symptoms and care needs

Patient and family questions

Uniprofessional reviews

Physiological monitoring

Investigation results

Prioritisation from board round

Briefing

Ward round

Team
Lead
Note keeper
Patient advocate
Communicator
MDT members
(as appropriate and available)

Actions
Confirm diagnosis and problems
Address patient's questions
Review progress against plan
Check safety measures
Teach and learn
Revise plan with patient
Complete structured documentation
Assign actions

Debrief

MDT handover

Agreed next reviews

Liaise with external teams

Implement management plan

Feedback progress to patient

What else do we need to consider ?

Appendix 2: Self-assessment template

Rate your current performance of ward rounds below, using a 0–4 scoring system.

0 – not in place, **1** – in development, **2** – in place but incomplete, **3** – in place but not consistently followed, **4** – in place and reliably followed

Plot scores on radar chart to identify priorities for improvement.

Preparation	Assessment	Score
Ward team members roles and functions agreed, documented and understood		
Ward rounds and other activities are scheduled to prevent conflicts		
Shift handover is structured to feed information into ward round		
Pre ward round board round is scheduled, structured, attended by all MDT staff and well led		
IT equipment is maintained and adequately available for ward rounds		

Ward round process	Assessment	Score
Patients are reviewed in priority order on ward rounds		
Structured documentation including safety checklists are used		
Medication and monitoring charts are reviewed		
The staff who directly care for the patient input to the ward round		
The ward round leader creates an environment for active participation and involvement in care planning		
Interprofessional education occurs during the ward round		
Learning points are summarised and planned at the end of the ward round		
Debriefing and multidisciplinary agreement and handover of plans occurs after the ward round		

Patient-centred	Assessment	Score
Patients, families and carers are actively involved in ward round decisions		
Communication with patients during the ward round is at eye level		
Follow up communication with the patient on progress of plans is agreed		
Complex conversations and assessments with patients and families are planned outside the ward round		

QI	Assessment	Score
Staff are trained in how to conduct ward rounds and use relevant hardware and software		
Ward leadership team has regular meetings to review quality		
Quality improvement projects are in place for ward rounds.		

'Most significant change' I experienced ….

32 wards from
16 organisations

…..as reported by some participants

Structured huddle / huddle boards showing key information at a glance

"re-enthused my interest in ward rounds"

Focus on patients

Improved patient communication

Kindness to carers and families

Improved discharge processes and focus on patients who have been in hospital for 7 days

Reduction in complaints

"the autonomy the teams have in the MWR collaborative is very respectful and the 'real life QI' approach has enabled the teams to run with ideas rather than get bogged down with documentation and the like… with teams being given autonomy but support when needed".
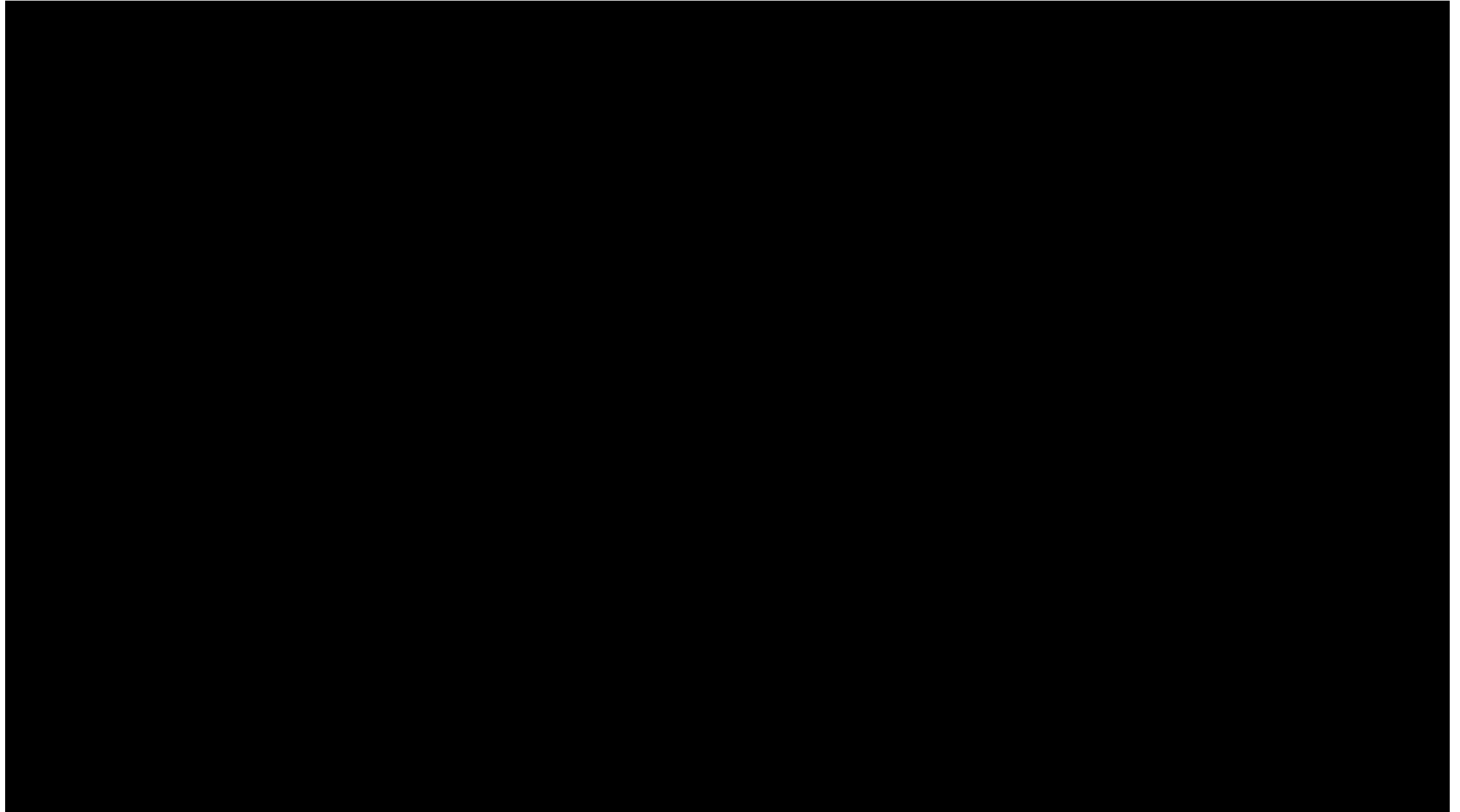
Slido Question 2

What are the best parts of your current ward rounds?

Slido Question 3

What are the worst or most frustrating parts of your current ward rounds?

Team-Based Person-Centred Ward Round

Breakout

Patient Centred Ward Rounds – in room
Multiprofessional Ward Rounds – in room
Virtual

What does patient / staff involvement mean?

How do we effect patient / staff involvement?

The when, where and how

How do we monitor and measure success?

Jamboard

https://jamboard.google.com/d/1-fYHg53FtJK8sCBGwBVtz0Tv91bl0U8oGOi71o9MKX8/viewer?f=0

Sharing our learning

Developing a community of practice

medicalcare@rcp.ac.uk

Modern ward rounds

liam@1unit.com