



Modern ward rounds

Executive summary and recommendations



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There are many examples of good, exemplary and innovative practice related to ward rounds in the UK. These show what is possible helping to achieve the best outcomes for patients.

The delivery of high quality and effective ward rounds are challenged by a number of factors including completing clinical priorities of staff, workforce gaps, inadequate planning, unwarranted variation in practice and an absence of training in the skills required to deliver complex multidisciplinary team care.

This can lead to frustration for staff and patients, and can lead to errors in care, longer stays in hospital and readmissions.

This report:

This guidance has been developed by UK healthcare professional leaders, along with patients, and has the potential to revitalise care to improve outcomes. It describes best practice for multidisciplinary patient review in hospital wards which teams should work towards. Adaptation of the recommendations to specific patient groups and care settings would be expected.

Preparation

The purpose of ward rounds is to monitor the patient's progress, clarify diagnoses and relevant problems, and for the clinical team to work with the patient to coordinate, document and communicate a management plan. This should include goals and discharge plans. Ward rounds should also incorporate clinical safety checks and education.

Effective ward rounds can only be delivered in a well-organised ward by a team that is likely to include new and extended roles of healthcare professionals and other staff. Ward teams must agree roles and responsibilities, and necessary equipment must be available and maintained. The scheduling of ward activities, including ward rounds, is key to ensuring that staff and patients are available to participate in a calm environment.

Patients and families must be prepared for ward rounds and need to understand when they will happen, who will be involved and how they can maximise the opportunities presented by ward rounds. This will include written and verbal information for patients. Mechanisms for patients,

The shift handover should gather information on the patient's condition, which then feeds into multidisciplinary team planning by all members of the team prior to the ward round in a board round or huddle. This will provide an overview of all patients on the ward, prioritises those who require early review, and identifies actions for team members to take.

Ward round fundamentals

Key principles

Well led

Structured

Effective teams

Patient involvement

Summary recommendations

Best practice: the process

Schedule ward rounds, board round and associated activities to prevent conflicts.

Include before, during and after ward round activities in the schedule.

Scheduling should maximise patient flow. Shift times may need to be adjusted to accommodate this.

The ward round lead should ensure the round adheres to the agreed schedule.

Ward rounds should not last more than 120–150 minutes, or have agreed breaks, to prevent cognitive fatigue.

Dialogue scripts can help to correctly pace ward rounds.

Best practice: the principles

Multidisciplinary teams

- ▶ Agree principles, standards, functions and structure for local ward teamworking.
- ▶ Clarify each team member's role.
- ▶ Include each tier of decision-makers as per the RCP's *Safe medical staffing*³.
- ▶ Agree methods and times of communication.
- ▶ Keep membership of the ward's multidisciplinary team consistent wherever possible.
- ▶ Ensure opportunities for team education and development.
- ▶ Regularly review team performance.

Education, training and learning

- ▶ Education and learning should take place across professions on the ward round.
- ▶ Simulation of ward rounds should be used to train staff in important skills.
- ▶ Learning points should be summarised at the end of ward rounds with opportunities for further learning.
- ▶ Patients should be informed that teaching and learning are part of ward rounds and consent requested when appropriate.

Physical environment

- ▶ The area around the ward round should be quiet to ensure clear, undisturbed thinking and communication.
- ▶ Key equipment must be available and maintained.
- ▶ Confidentiality must be considered in all communications.
- ▶ Privacy and dignity must be maintained.
- ▶ Space for confidential phone calls and uninterrupted record keeping is necessary.
- ▶ A private room for sensitive communication must be available.
- ▶ Planned physical changes to the ward must consider the effect on ward rounds.

Other settings

- ▶ Admission unit ward rounds include more detailed assessment of new patients on the round.
- ▶ 'Rolling ward rounds' are appropriate on admission units.
- ▶ Friday ward rounds should be led by the senior staff, take longer, and include clear, documented plans for the weekend.
- ▶ Weekend ward rounds target those who most need review, informed by board rounds.
- ▶ 'Outliers' should be minimised but should not be disadvantaged. Continuity of team and timing will help.
- ▶ Senior handover should occur if consultant responsibility rotates.
- ▶ Specialty rounds should involve the ward-based team.

Best practice: the principles

Using technology

The basics

- ▶ Adequate hardware must be available on the ward for all tasks requiring computer records, particularly at peak times.
- ▶ Staff must be trained in the use of hardware and software – using single sign on if there are multiple systems.
- ▶ Accessible secure WiFi for mobile devices.

Maximise the benefits

- ▶ Computerised records and information systems should be used to maximise availability of information for decision-making, and remote communication.
- ▶ Connectivity of individual systems with agreed methods of use will increase efficiency.
- ▶ Computers on wheels, mobile or bedside devices should be used when possible to increase visibility and decision making with patients.

Minimise the risk

- ▶ Vigilance is required around the accuracy of electronic records.
- ▶ Methods of electronic recording should be agreed and tested that reduce recording times.
- ▶ Bedside computer etiquette should be used so that the use of technology does not detract from human interactions.

Quality management, research and innovation

- ▶ It is essential to plan how ward rounds are delivered and supported.
- ▶ Quality measures should routinely be collected that relate to ward rounds, including staff and patient experience.
- ▶ Ward rounds should be included in ward accreditation schemes.
- ▶ Improvement programmes for ward rounds are required for units, as well as on a hospital-wide basis.
- ▶ Research and innovation should include new roles and maximising the benefits of new technology.

