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Modern ward rounds

Executive summary and recommendations



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Executive summary

Ward rounds are the focal point for a hospital's multidisciplinary teams to undertake assessments and care planning with their patients. Coordination of assessments, plans and communication is essential for effective and efficient care.

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 competing 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:

- ▶ brings together the good practice currently being delivered in the NHS.
- ▶ enables clinical teams to self-assess against good practice and identify priorities for improvement.
- ▶ offers organisational leaders a template for a standardised approach to multidisciplinary team inpatient assessment, which can be delivered through hospital-wide improvement programmes.
- ▶ describes how care can be delivered in hospital in partnership with patients, families and carers.
- ▶ reiterates and updates the guidance published in *Ward rounds in medicine: principles for best practice* (2012). While that guidance was welcomed, it has not been widely implemented.

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, families and carers to develop questions and communicate their priorities and needs should be in place.

Ward rounds should happen daily in acute hospitals, led by senior clinicians, though not all patients will require review every day.



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.

The board round should particularly highlight delays in care that can be addressed, as well as discharge planning. Patients requiring specific infection prevention and control measures should be highlighted. Information that will affect decision-making should be collated before the round's bedside review. This may affect the planned timing of ward activities, including the rounds.

The ward round process and team

The ward round should review the most unwell patients first, followed by those who could be discharged that day, before completing reviews of the remaining patients. The ward round lead should clarify team members' roles and set the tone for participation and learning for each round. It is particularly important to begin the round at the agreed time, in order to ensure efficiency and maximise teamworking. There should be mechanisms in place that allow all professional staff to input into ward round discussions and decisions. The continual presence on the ward round by all 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. For patients receiving rehabilitation, this may be a therapist. Without this involvement, it is unlikely that the best clinical decisions will be made. Pharmacy input is also essential for most patients and, where resources allow, there are demonstrable benefits to the ward pharmacist being part of the ward round.

Ward round team members should be introduced to patients individually. Communication with the patient should take place at eye level, in as private an environment as possible, and this is particularly important at the start and end of the assessment.

The ward round's review and decision-making processes collate all relevant information for discussion on the patient's condition and progress. Providing and assimilating this information should be delegated to clearly defined team members. Dialogue scripts for the leader and professional members provide structure and have demonstrated benefit. Clinical reasoning and decision-making should be documented.

The team should use structured documentation that incorporates safety checklists and key elements of plans, such as escalation plans and details of what has been communicated with patients. This must incorporate medication and monitoring chart review. Written summaries for patients are helpful.

More detailed discussions with patients, families and carers around difficult decisions should take place outside the ward round to allow adequate time and an appropriate environment. Other more complex assessments should also take place outside the ward round.

Interruptions during the ward rounds are frequent, but can be minimised by careful scheduling of activities and staff roles. Ward coordination is a key role, and the individual responsible for this should not have other competing responsibilities, particularly when many ward activities are happening, but the coordinator does not have to attend the whole round, and they are likely to be interrupted. The coordinator provides vital input to pre- and post-ward round board rounds/huddles, as well as receiving regular updates during the round so that care can be progressed.



Ward rounds should not last longer than 120–150 minutes, in order to prevent cognitive fatigue. If a longer round is necessary, then adequate breaks should be planned. Team roles should be divided to ensure that tasks, such as ordering investigations or completing transfer documents, can be done during the ward round, and are not delayed until the end. This should be planned whenever possible.

The ward round team lead should update the multidisciplinary team after the ward round to ensure that plans are agreed and actioned within agreed time frames. It is also important to agree who will update patients on the progress of the plans during the day. A further check on progress of plans should occur in the late afternoon. Friday rounds must plan for the weekend and may need to be extended.

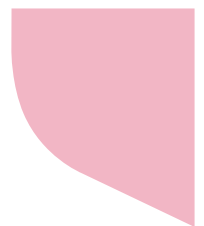
Education is an important part of ward rounds and should be considered for all participating professionals. Key learning points, and actions for further learning, should be summarised at the end of the round. The training of staff in ward round practice and functions should be part of professional training, including simulation.

Electronic patient records (EPRs) bring together patient information and help with structured documentation and decision support. However, they can distract the team's focus from people to screens. Ensuring direct communication at eye level with patients, and eye contact amongst team members, reduces this. A nominated scribe will also help. Mobile devices can help share information between staff and patients. Training in their use, and hardware availability and maintenance, must be planned.

Improving ward rounds

Most ward rounds in UK hospitals require considerable improvement, and research and quality improvement is necessary to inform effective practice. Some elements of best practice may be more difficult to implement until current persistent staffing deficiencies have been addressed. However this should not prevent teams and hospitals developing improvement plans for ward rounds using the best practice guidance in this report. Ward leads should meet regularly to review quality measures related to ward rounds, and adapt approaches where needed, using both this guidance and emergent new evidence.

The continual presence on the ward round by all 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.



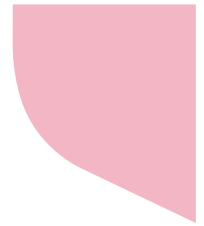


An effective ward round










Ward round fundamentals



Key principles

Summary recommendations

<p>Well led</p> 	<ul style="list-style-type: none"> 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.
<p>Structured</p> 	<ul style="list-style-type: none"> 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.
<p>Effective teams</p> 	<ul style="list-style-type: none"> 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.
<p>Patient involvement</p> 	<ul style="list-style-type: none"> 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.
<p>Education, learning and improvement</p> 	<ul style="list-style-type: none"> 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.

* In some settings this may be senior nurses or therapists (see report case studies)

Best practice: the process

Scheduling

- ▶ 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.
- ▶ Agree mechanisms to prevent unnecessary interruptions.
- ▶ Include the review of possible outliers or boarders in the schedule.

Before the ward round

- ▶ Structured information from shift handovers should be available.
- ▶ Results of investigations should be available and prepared.
- ▶ Ensure patient questions and concerns are gathered.
- ▶ Board round or huddle to prioritise patients and highlight issues from the whole team.
- ▶ Undertake individual professional reviews to inform multidisciplinary bedside review.
- ▶ Put in place arrangements for patients with translation needs or other communication difficulties.

Communicating with patients, relatives, and carers

In advance of the ward round

- ▶ Healthcare professionals should ensure that patients have a clear understanding of the purpose of the ward round, when it is likely to take place and what is likely to happen.
- ▶ Anyone identified by the patient as being important to them who is present at the time of the ward round should also be included in the conversation and communication.
- ▶ Wards should have an explanatory leaflet to give to patients and those identified as being important to them that includes details of ward rounds.
- ▶ Arrangements should be made for patients with translation needs of or other communication difficulties.

During the ward round

- ▶ At least one healthcare professional, preferably the person leading the round, should be at eye level with the patient.
- ▶ While healthcare professionals may be sharing more complex information between the team, they should ensure that the patient and any relatives or carers present have understood the situation and have been able to ask questions before moving on to the next patient.
- ▶ The patient should be left with a short note explaining the outcome of the ward round, providing the information most important to patients.
- ▶ The information should be available to people identified by the patient as important to them and with whom they want to share information.

Best practice: the process

During the ward round

- ▶ Begin by assigning roles and setting expectation of learning.
- ▶ Confirm diagnosis and problems.
- ▶ Address patients' questions and concerns.
- ▶ Review patients' progress against plan.
- ▶ Confirm or revise escalation plans.
- ▶ Check safety measures, including medication review.
- ▶ Summarise a revised plan, goals and actions with the team.
- ▶ Progress actions during ward round when possible.
- ▶ Teach and learn.
- ▶ Revise plan with patient.
- ▶ Communicate and document the review and plan, assigning key actions.

After the ward round

- ▶ Debrief the team to discuss the ward round and for learning points.
- ▶ Multidisciplinary team board round should confirm plans, actions and prioritisation.
- ▶ Continue to update the patient on progress.
- ▶ White boards should be updated with progress and goals.
- ▶ Afternoon huddle to check progress and people who can be discharged before that day and the next day. Includes weekend handover plans on a Friday.

Documentation and clinical records

- ▶ Clear documentation of diagnosis, problems, assessments, goals, progress and plans is essential.
- ▶ Structured records help to organise documentation to act as prompts to ensure that no important component is missed.
- ▶ Checklists are helpful when incorporated into structured records and should be used for key safety risks.
- ▶ Information recorded at the ward round should make clear the thinking around the clinical decisions, and include clinical criteria for discharge.
- ▶ Records form the basis for clinical coding, clinical audit and for the production of the discharge summaries, and should be structured to aid this.
- ▶ Clearly documenting discussion with patients, families and colleagues is a high priority.
- ▶ A written summary for patients and relatives is encouraged.

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.



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