

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

- ▶ 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.

Communicating with patients, relatives, and carers

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.

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.

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.

**Best
practice:
the process**



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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.

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.

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.

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