So What is a Ward Round?

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So Ordinary We Don’t Notice
The Work of a Hospital

• **Rumack**: You'd better tell the Captain we've got to land as soon as we can. This woman has to be gotten to a hospital.

• **Elaine Dickinson**: A hospital? What is it?

• **Rumack**: It's a big building with patients, but that's not important right now.
The Work of a Hospital

- For cohorts of patients
- Restore health so can resume living outside hospital
- For a small proportion provide a calm end of life
- Continuous improvement in all aspects of care
Right First Time

• Right Diagnoses and Co-morbidities
• Right Treatments at the
• Right Time and in the
• Right Place and at the
• Right Pace with the
• Right to no Avoidable Harm and
• Better Next Time
It is all about the patients
Clinical Care Cycle

- Diagnoses
- Treatment Plans
- Monitoring
- Treatments
- Review of Progress
Review Against Anticipated Trajectory
At Least as Complicated as Rocket Science

- Phase 1 (low speed): $\alpha < \alpha_{\text{max}}$
- Phase 2 (airbreathing): $q < q_{\text{max}}$
- Phase 3 (rocket): $E_2$ and $E_3$ are free to move
- Terminal Conditions: $h_n > h_n^{\text{desired}}$, $h_n > h_n^{\text{desired}}$

State discontinuities can exist at $E_2$ & $E_3$
Doing it All for Patients

- Review of certainty of diagnoses and co-morbidities
- Review of tests and monitoring of progress
- Any unexpected events
- Introductions
- Interview and examination
- Medications Review
- Charts review e.g. Vital signs, fluid balance
- Discharge planning
- Ceiling of Care
- Active Safety Measures
- New plans for tests, treatments, daily goals
- Shared Mental Models
Active Safety Measures

- Pain and Discomfort
- Food and drink
- Bladder, catheter
- Bowel function
- Intravenous lines
- Pressure area care
- VTE prophylaxis
Checklist as aide memoire

- Defining purpose and process precedes a Checklist
- Don’t slow the necessary pace of clinical care
It is Teamwork

• Preparation
• Introductions – sign in
• Assign roles
• Anticipation
• Process
• Bebrief and Learning
How Long to Do Properly?

- 322 PTWRs
- 3046 patients
- 15.2 mins/case

- 408 Review Rounds
- 6605 patient reviews
- 11.5 mins/case
Important Constraints

• Too many patients
• Too many wards
• No quiet areas for thinking and preparation
• Poor data supply and display – mixed paper and PC
• Absent team members especially nurses
• Time writing notes, requests etc
• Interruptions
Structured Interdisciplinary Bedside Rounds (SIBR) Shared Mental Model for Teamwork

**Intern / Resident Format**

1. Introduce
   a. Lead team into room and greet patient-family
   b. Say roles of team members & name of nurse
   ≤ 15 seconds

2a. Update status
   a. Active problem list & response to treatment
   b. Interval test results & consultant inputs
   c. Input from patient-family & nurse...
   ≤ 45 seconds

2b. Update status
   a. Overnight events & patient's goal-for-the-day
   b. Vital signs & pain control
   c. Fluid & food intake
   d. Urine & bowel output
   e. Mental status & ADLs
   ≤ 45 seconds

3. Checklist for Quality-Safety
   - Foley catheter
   - Central line
   - VTE prophylaxis
   - Pressure ulcer & stage
   - Hypo / Hyperglycemia
   ≤ 45 seconds

4. Promote teamwork & shared decision making
   a. Synthesize inputs into a Plan-for-the-Day
   b. Checklist for Discharge Planning
      - Anticipated DC needs + next steps of care
      - Discharge date + time of day
      - Follow-up appointment date + time
   ≤ 30 seconds

5. Re-direct to stay on time & teach as we go
   a. Patient education
   b. Physical findings / pathophysiology
   ≤ 30 seconds

Enter orders in real-time
   a. Management decisions
   b. Quality-Safety Checklist items

Ensure High Level SIBR Performance
   a. Coach team members as needed
   b. Step into intern or resident role as needed

Manage SIBR Rounds
   a. Ensure next bedside nurse ready for SIBR team
   b. Orient float nurses

Rounds Manager
So What is a Ward Round?

- Clinical Review in the Clinical Care Cycle
- Crucial to safe effective timely harm free care of our patients
- Complex team event
- High risk activity
- Needs preparation, process and real time completeness checking including active safety measures
- Drives learning and improvement
- The most important part of a Physician’s work?
- The Ordinary must be Excellent