21st Century Ward Rounds: Leading into the Future

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Cultural Change
Cultural Barriers

Do you know who I am?
We see too many

- Failures in basic patient care

- Serious incidents with ‘simple’ origins

- Patient complaints stemming from basic communication failures

- Examples of waste because of simple failure in process

- Too many frustrations, barriers and delays for staff
Change has to have a starting point
Sometimes staff believe

- That these failures are inevitable
- That the problems are too complex to fix
- That they cannot speak up about the problems
- They have no power or authority to change things
- That it is someone else’s job
- That there is no point speaking out
The Ward Safety Checklist

Carry out a pre-round briefing to discuss issues and expectations of the round. Similarly, carry out a post-round debrief to explore issues arising and potential improvements to the effectiveness of future rounds.

**Introduction**
- Preparation
  - Coats removed, ties tucked, arms bare below elbows, hands washed
- Introduction
  - An introduction of team to patient, including names and roles as appropriate
- Confirm patient identity
  - Name, DOB, Hospital number
- Continue your ward round as appropriate to your specialty

**Time Out**
- Pause
  - Check for agreed team understanding of patient status
  - Observation chart, concerns/triggers
  - Fluid balance, urine output, fluid in take, speech/swallow assessment, nutritional intake
  - MRSA status and treatment plan
  - Infection control (temp, markers, source) MRSA, Antibiotics (duration and compliance with policy)
  - Results/scans checked
  - Allergies
  - Drugs, review of chart for accuracy, clarity and necessity
  - VTE risk and treatment plan
  - Drips/Catheters, IV sites review: is there still a need?
  - Falls, skin care, pain, mobility
  - Area specific issues (e.g. oncology, AAU, etc)
- Confirm patient understanding
  - Discuss plan for care and management with the patient, answer any questions

**Actions**
- Document and Action
  - Check documentation completed, signed and dated accurately
  - Confirm ownership of tasks, with timescales
- Confirm Discharge Objectives
  - Measures and timescale
  - TTA completed
- Communicate
  - Communicate actions and timescales to absent members of the team. Share information with other teams and services as appropriate.
- Affix patient label here or enter
  - Name:
  - DOB:
  - Hosp No:
Ours focus is ward rounds

• Patient centred

• Complex, ubiquitous

• Good opportunity to ‘trap’ errors

• Communication Critical

• Lots of variation in practice

• Discontent and frustration over rounds
21st Century Ward Round

Checklist for consistency
Technology where appropriate

But

Regular
Expected
Multidisciplinary
Collaborative
With the patient
Leading is about joining in

Learning from the Shirtless Dancing Guy
Thank You

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