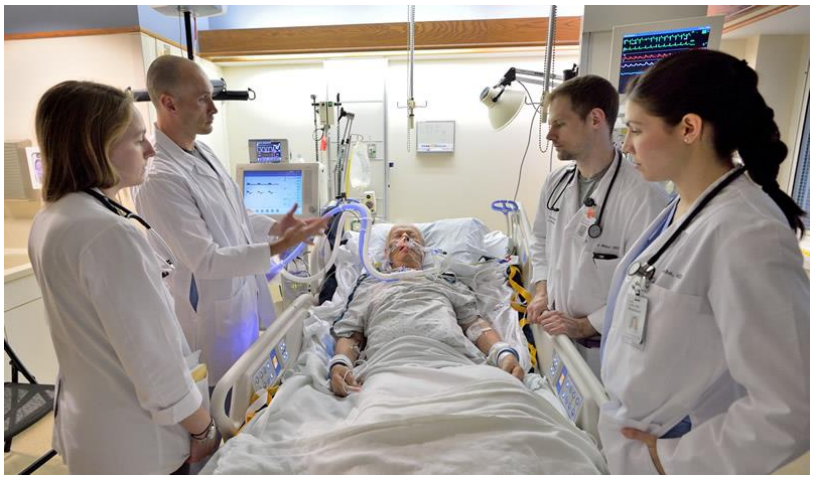
DEDER GENERAL HOSPITAL

WARD AND TEACHING ROUNDS PROTOCOL



PREPARED BY*: *HSQU

JULY 2016 E.C

DEDER, EASTERN ETHIOPIA

PROTOCOL APPROVEAL SHEET

NAME OF PROTOCOL: WARD AND TEACHING ROUNDS PROTOCOL

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THIS PROTOCOL IS EFFECTIVE FROM JULY 2016 E.C TO JUNE 2018 E.C

Table of Content

Abbreviations

- EMOPD: emergency OPD
- IPD: inpatient department
- MDT: multidisciplinary team
- OPD: outpatient department
- MEWS Modified Early Warning Score
- AHPs Allied Health Professionals
- HCAIs Health Care Associated infections
- DVT Deep vein Thrombosis
- LOS Length of stay

Background

Ward round is a complex clinical process during which the clinical care of hospital inpatients is reviewed. This process includes:

- Establishing, refining or changing the clinical diagnoses
- Reviewing the patient's progress against the anticipated trajectory on the basis of history, examination, MEWS (Modified Early Warning Score) and other observations, and results of investigations
- Making decisions about future investigations and options for treatment, including DNAR (do not attempt resuscitation) and any ceilings of care
- Formulating arrangements for discharge
- Communicating all of the above with the multidisciplinary team, patient, relatives and carers
- Active safety checking to mitigate against avoidable harm
- Training and development of healthcare professionals.

Introduction

This clinical round protocol should be known and adhered to by all healthcare professionals, supportive staff, students/interns/residents, patients, and families etc.

Communication among care providers is a major part of information flow in health care, and effectiveness of communication is the cornerstone of patient safety. Consensus on the critical role of communication in patient safety is evidenced by the fact that one of the 2006 national patient safety goals of the ***Joint Commission on Accreditation of Healthcare Organizations*** is "to improve the effectiveness of communication among care providers."

Communication failure among health care providers is one of the most frequently cited causes of preventable harm to patients. For example, a retrospective review of 16,000 in-hospital deaths found that communication errors contributed to adverse outcomes almost twice as frequently as inadequate clinical skill. Communication among care providers occurs in various forms, including multidisciplinary rounds (MDR).

Definition

Grand rounds:

It is methodology of medical education and patient care in the inpatient settings, consisting of presenting the medical problems and treatment of a particular patient to an audience consisting of doctors, residents, medical students, nurses, laboratory professionals, pharmacists, dieticians and others. It was first conceived by doctors as a way for junior colleagues to round on patients.

The patient was traditionally present for the round and would answer questions; grand rounds have evolved with most sessions rarely having a patient present and being more like lectures. An actor portrays the patient in some instances. Originally a patient-centered experience aimed at increasing clinicians' knowledge for treating unique cases.

Today, Grand Round is more commonly used to educate students, showcase faculty role models, and promote collegiality in clinical settings. Grand rounds help doctors and other healthcare professionals keep up to date in important evolving areas which may be outside of their core practice. Attending grand rounds is also an important supplement to medical school and on-the-job resident training.

Grand rounds tend to present the bigger picture, including experience with patients over many years, and the newest research and treatments in an area.

Daily Rounds:

It is daily visit by the attending physician and team to all patients on the ward. Rounding with an attending physician is an important part of medical on-the-job training and education, but its primary focus is immediate care for the patients on the ward.

Grand rounds tend to be open to the entire medical professional community, whereas daily rounds are specific to individual attending physicians and their teams.

Multidisciplinary Team (MDT) rounds (Patient rounds):

MDT rounds are mechanisms through which care providers from different specialties meet to communicate, coordinate patient care, make joint decisions, and manage responsibilities.

The MDT round includes

- Doctors
- Nurses
- Clinical pharmacy,
- Patients/family, and
- Others as needed

Nursing rounds:

Nursing rounds are chart rounds, walking rounds, teaching rounds, or grand rounds that are held specifically for nurses and that focus on nursing care.

Nursing round is a procedure in nursing education and in nursing care practice in which one or more visits to a hospital patient are scheduled by two or more nurses to coordinate care, troubleshoot, respond to patient needs, and share insights.

Nursing/ midwife staffs should conduct all types of rounds:

1. **Shift round:** when one shift goes out and another shift comes in, there should be a shift round to hand over patients and their treatment status.
2. **Individual round/1hr:** hourly nursing rounds conducted by each individual nurse to care for his/her patients.
3. **Group nursing rounds:** nursing/midwifery staff altogether makes group rounds daily in all IPD and Emergency department

Purpose of rounds

Ward rounds are critical to developing rapport and building trust with patients, while discharging a duty of care. Ward rounds also enable all individuals involved to express a shared aspiration to make the patient the centre of attention, empowered in his or her own care.

Patient rounds involve various disciplines coming together to discuss the patient's condition and coordinate care. The attending physician usually leads or facilitates rounds. A resident, nurse, laboratory technologist, pharmacist, and a team of allied healthcare professionals are also often in attendance, such as a respiratory therapist, nutritionist, and social worker. Nursing, physician assistant and medical students may also take part in rounds.

Usually the patient's case is presented to the group by either the resident or the nurse. The results of medical procedures, such as x-rays, CT scans and electrocardiograms may be discussed. Lab work, such as blood and urine tests, will also be reviewed. The plan of care including prioritizing treatment and establishing goals will be evaluated by the round team.

In some facilities, a patient's family members have the opportunity to attend rounds related to the care of their loved one. This is especially true in pediatric and psychiatric wards. The purpose is to have families involved in decision making and give them a chance to ask questions regarding care.

Team Roles

The multidisciplinary team (MDT) includes doctors, nurses, allied health professionals (AHPs) and pharmacists. Other members may be co-opted into the ward round as appropriate to the patient group. All members of the team should have the opportunity to actively interact. **Figure 1** outlines the possible roles for each team member.

Multidisciplinary rounds are given different names based on their purpose (e.g., discharge rounds, daily rounds), based on the clinical unit in which they take place (e.g. medical rounds, surgical rounds), based on location (sit-down rounds versus bedside rounds), and based on their time frame (e.g., morning rounds, afternoon rounds, post-admission rounds).

Multidisciplinary rounds are more critical to the safety and efficiency of care, where it was shown to reduce mortality rates.

Therefore, daily MDT rounds should be conducted departmentally at least on critical patients.

There are four outcome measures of multidisciplinary rounds. These are:

- **Clinical outcomes:** include LOS, mortality rate, ventilator days, incidence of HCAIs, readmissions, resuscitation status, status of patient education and prevention of DVT.
- **Efficiency measures**: include patient volume, discharge rates, hospitalization rates, cost savings and change in prescribing costs.
- **Care provider satisfaction**: satisfaction with rounds and rounds being constructive use of time for care providers.
- **Patient and family satisfaction**: relationship between the policy of parents leaving the unit during rounds and breaches in patient confidentiality, ., patients' feelings during and after Multidisciplinary rounds, suggestions to improve Multidisciplinary rounds and Patients' perceptions of medical care received (e.g., having adequate explanation of problems, tests, and drugs, physician-patient relations)

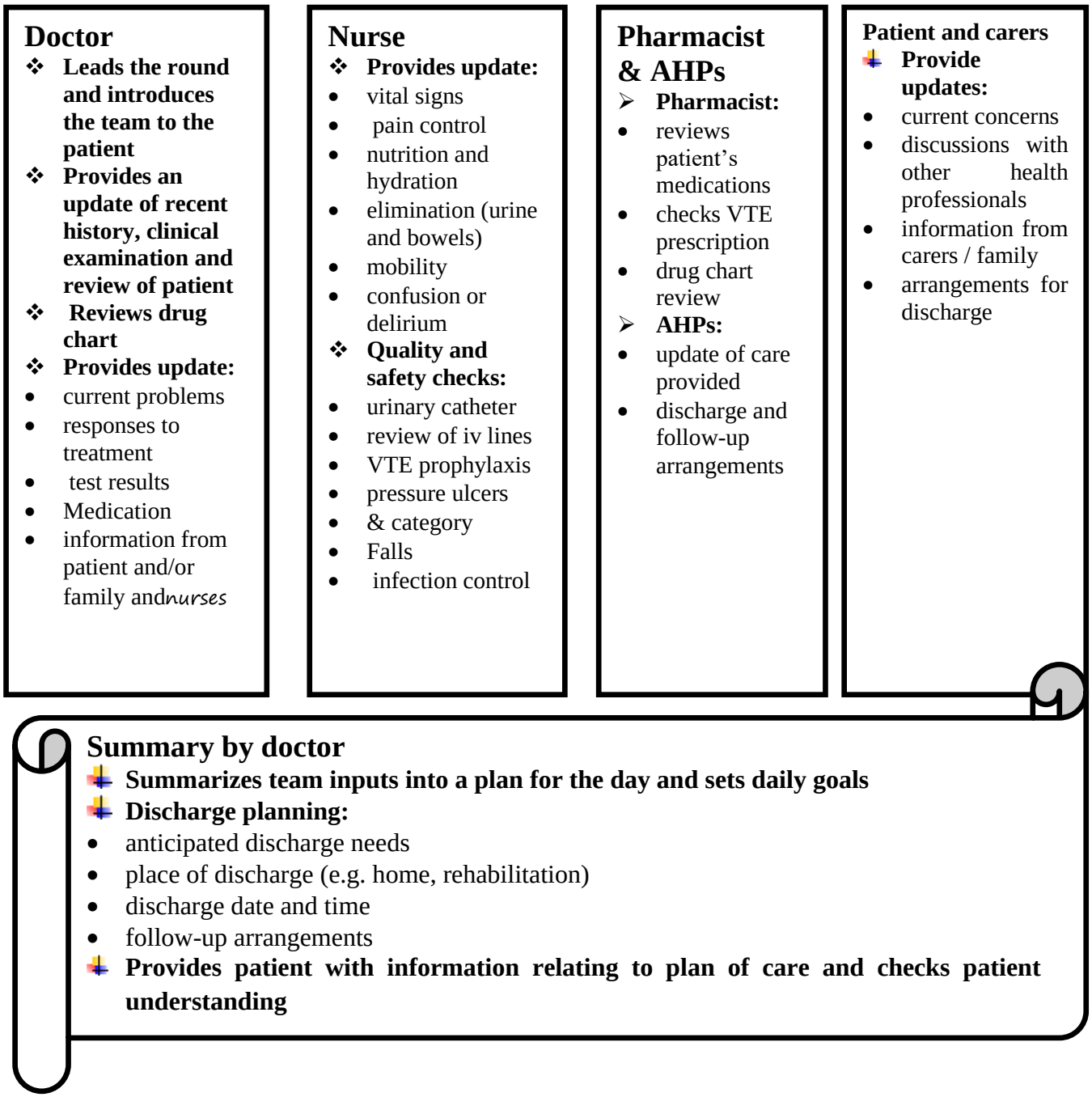

Fig 1: Example of team roles on a multidisciplinary ward round

Effective Teaching rounds/Bedside

Patient rounds are also used as an educational tool. They help keep everyone on the same page when it comes to the treatment plan. Whether you are a medical, nursing or physician assistant student, there are things you can do in order to get the most out of the experience.

Read about the patients you will be rounding on. If time permits, read patients' histories and review recent labs and other test results. Check patient monitoring sheets, such as the vital signs record. Be sure to do enough research in order to at least have a basic understanding of a patient's diagnosis and his or her current condition.

Arrive early to avoid interrupting rounds once they have started. Additionally, be prepared to answer questions related to your area of expertise. For instance, if you are a nursing student, you may be asked questions related to the patient's response to medication or the patient's level of consciousness.

Do's and don'ts during Teaching Rounds

Regardless of your position, there are a few do's and don'ts when it comes to attending patient rounds.

1. **Do pay attention:** Even if you think no one will ask you any questions and you are just observing, be attentive. You never know when you will be called on to answer a question.
2. **Do silence your cell phone:** Having your cell phone go off in the middle of rounds is a distraction and can get you noticed for the wrong things and disturbances.
3. **Call the patient by his/her name** and introduce yourself and your team, describe what you are going to do or talk about; give them opportunity to ask any concerns

4. **Always respect the patient** and ask for consents or permission before you discuss their condition with students/families, and before you touch their body, undress their body, examine them etc.
5. **Don't talk among yourselves:** Avoid unnecessary side talks. Talking to other students or staff when a case is being presented is distracting to others.
6. **Don't overstep your role:** While it is acceptable to ask a question, always chiming in and speaking up may be a little too much particularly if you are a student.
7. **Strictly practice WHO 5 moments of hand hygiene** [before touching a patient, before clean/aseptic procedure, after body fluid exposure risk, after touching a patient, after touching a patient surrounding] for your and patient safety.

Structuring the Ward/Teaching round

Preparation

Before the ward round, a period of preparation is required. Nurses should familiarize themselves with patients' cases and be aware of issues that need to be raised on the round.

Activities

- **Pre-rounds** activities: gathering and assembling information to prepare for rounds, including pre-discussion with the patient.
- **During rounds** activities: communicating and exchanging information, building shared situation awareness about patients and the state of the unit, and making decisions collaboratively.
- **Post-rounds** activities: coordinating and executing care plans based on the decisions made during rounds.

Documentation or recording

All findings and recommendations, including consultant's recommendation on teaching/ward rounds and bedside teaching should be recorded. Reviews and decisions need to be properly recorded, not only for medico-legal reasons, but also to ensure continuity of care and to promote effective communication.

Scheduling, Time spent and Student Distribution

Appropriate timing, time spent on bedside or ward round and defined number of students to patient ratio for ward rounds are crucial in ensuring that clashes do not occur with other scheduled activities such as drug rounds, mealtimes or visiting hours and teaching round/ bedsides with ward round and for maximum patient benefits. Therefore, at each ward **student to patient ratio should not exceed 1:2 – 4.** Time spent on a patient for bedside and teaching round should be around **1hour and 30 minutes** respectively. This is shown in table 1 below. **When the Hospital accepts students from different Universities, same group of round staff should not be assigned for teaching rounds at the same time.**

Table 1: Timing of ward round and teaching rounds in **Deder General Hospital**

Round & Timing	**Mon**	**Tues**	**Wed**	**Thu**	**Fri**	**Sat & Sun**
MDT Round	2:30DLT & 8:30DLT	2:30DLT & 8:30DLT	2:30DLT & 8:30DLT	2:30DLT & 8:30DLT	2:30DLT & 8:30DLT	2:30DLT, 8:30DLT & 12:30NLT
Teaching Round	2:30-6:30 DLT		2:30-6:30 DLT		2:30-6:30 DLT	
Bedside Teaching		2:30-3:30 DLT		2:30-3:30 DLT		

Information Tools

These represent a wide range of tools or formats to support information, communication, and decision needs. These include all patient notes, results, monitoring devices, request cards and order sheets should be made available to the team at a central point, e.g. a bedside trolley.

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