What are the components of a ‘good’ ward round in a large adult critical care unit and how can we make them happen more often? An appreciative inquiry Study

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Reliable WRs are key to swift, timely, safe and effective clinical care

WR equate to 1200,000 minutes of work a day

WR cost £10,000 in staff costs per day

Absent IPC impacts on WR efficiency and patient safety

WRs have changed little in the 25yrs

Active involvement of BSN linked to high quality patient care

WRs are underappreciated, undervalued & underdeveloped

Medical profession exert hierarchical control

Methodology

- Study aimed to understand and improve WR practices within a adult intensive care setting
- Located within the field of collaborative healthcare service improvement
- Sat within the interpretivist paradigm and adopted the philosophical position of social constructionism
- Adopted an appreciative inquiry (Cooperrider & Srivastva, 1987) methodology to guide the study design and data collection
- Used activity theory framework (Engeström 1987) to guide data analysis

Methods

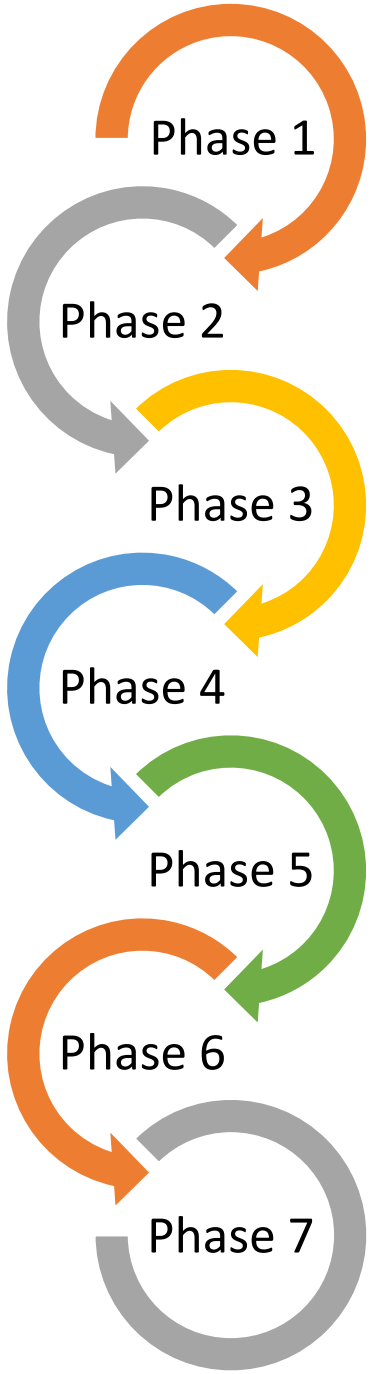
- Mixed methods adopted:
  - Ethnographic observations of WR practices, two approaches:
    1. narrative field notes, but also collected a limited amount of numerical and categorical data
    2. Communication patterns guided by Bales IPA (Bales, 1976)
  - Semi structured interviews
  - Attending Nurse team days
  - Completed TPS questionnaires
- Data collection and analysis occurred cyclically during 7 phases, preliminary data analyses informed subsequent data collection

Cyclical Phases of Data Collection and Analysis

Guided by AT framework data collected during Phase 2 was scrutinized using thematic analysis. This informed the semi-structured interview and nursing team day agendas.

Guided by AT framework data collected during Phase 4 and previous Phases was scrutinized using thematic analysis and supported the development of service improvement aspect of the study-the WR SOP and it implementation strategy

Guided by AT framework data collected in previous Phases was scrutinized using thematic analysis. This informed the semi-structured interview, nursing team day agendas and ad hoc conversations with unit staff



Supported the development of observation data collection field notes framework. Guided the recording of quantitative information about the conduct of the WR to provide a baseline to measure any improvements and shape subsequent work

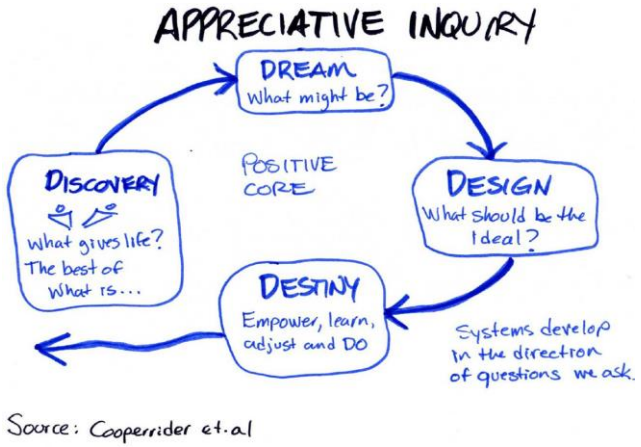
Guided by AT framework data collected during Phases 2 & 3 was scrutinized using thematic analysis. This informed feedback given to the steering group to highlight what the components of a Good WR are and the contradictions for components are.

Guided by AT framework data collected during Phase 5 and previous Phases & was scrutinized using thematic analysis. Supported the development of observation data collection field notes framework and guided the recording of quantitative information about the conduct of the WR to provide evaluation of implementation of the SOP

Guided by AT framework data collected in previous Phases was scrutinized using thematic analysis. This generated the concepts of a Good WR, what 'it' needs to look 'like' to have an impact on patient safety and efficiencies of staff time. Provided evaluated data on how the WR SOP had been adopted by the unit

Key Findings

- 3 key interlinked activity systems contributed to the components of a Good Ward Round emerged from the cycles of analysis and interpretation.
- These activity systems were influenced by a number of behaviours, and actions displayed by the participants.
- By unpacking the complexities of the WR provided new ways of ‘looking’ and reflecting upon the WR practices generating new understandings of what the WR ‘is’ and what it needed to look ‘like’ to have an impact on patient safety and efficiencies of staff time.
- This new understanding enabled us to target those components amenable to change in order to make more WRs go really well more of the time with the development and implementation of the WR standard operating procedure.



Source: Cooperrider et.al

Root Cause of Success and Contradictions

- AI generated motivation for change by initiating positive dialogue and analysis among unit staff who were stakeholders in the WR process, supported by the researcher. The 'root causes' of success, were examined by focusing on appreciative questions:
    - What does the WR look like when the WR is going really well?
    - What is happening that enables the WR to go really well?
- In the context of AT and AI contradictions are the structural tensions within and between activity systems
- Contradictions manifested themselves as problems, ruptures, breakdowns, clashes or as disturbances, which interrupted the efficiency and safety of the WR.
- AT see contradictions as sources of development and improvements.

Agreed Start Time
Sufficiently Early Start Time
Minimal Interruptions

Good Use of Time

Length of WR-2.5-3hrs
Being Prepared
Structure

Interprofessional
Across Hierarchies

Good Communication

Task Focused
Social Emotional Focused

Ward Round Team: Consultant, NIC, Reviewing DR., Pharmacist, BSN, Patient, Physio

Good Use of Expertise

Leadership
Teaching
Specialist Teams

COMPONENTS OF A GOOD WARD ROUND

Contradictions

Good Use of Time

- Inconsistent start time
- WR taking longer than 3hours
- Frequent interruptions
- Trainee not able or willing to review patients prior to the WR
- WR not reviewing patients in chronological order
- Hierarchical power of the consultant

Good Communication

- Unequal IP communication
- WR not being introduced to BSN and Patient
- Family discussions not taking place
- BSN not willing or able to communicate
- WR team members not feeling safe to communicat

Good Use of Expertise

- Not able to lead an interprofessional team
- WR team members not able or willing to participate in the WR
- WR team members not able to be present for the WR
- WR team members not able to fulfil their role due to lack of clinical knowledge and/or confidence
- WR team members not given equal status

Service Improvement Initiative

Once a deep and holistic understanding of what a ‘good’ WR looked like and the contradictions emerged from data collected the following appreciative questions were addressed in order to develop and implement the service improvement initiative:

- How can we make more WRs go really well, more of the time?
- What do we want the WR to look like?
- How can we move towards that?

Service Improvement-Contradictions Addressed

Inconsistent Start Time
Length of WR

Good Use of Time

Interruptions

Unequal IP Communication
BSN Contribution

Good Communication

Lack of Family Discussions
Lack of Introductions to BSN and Patient

Defining Roles and Responsibilities of WR Team

Good Use of Expertise

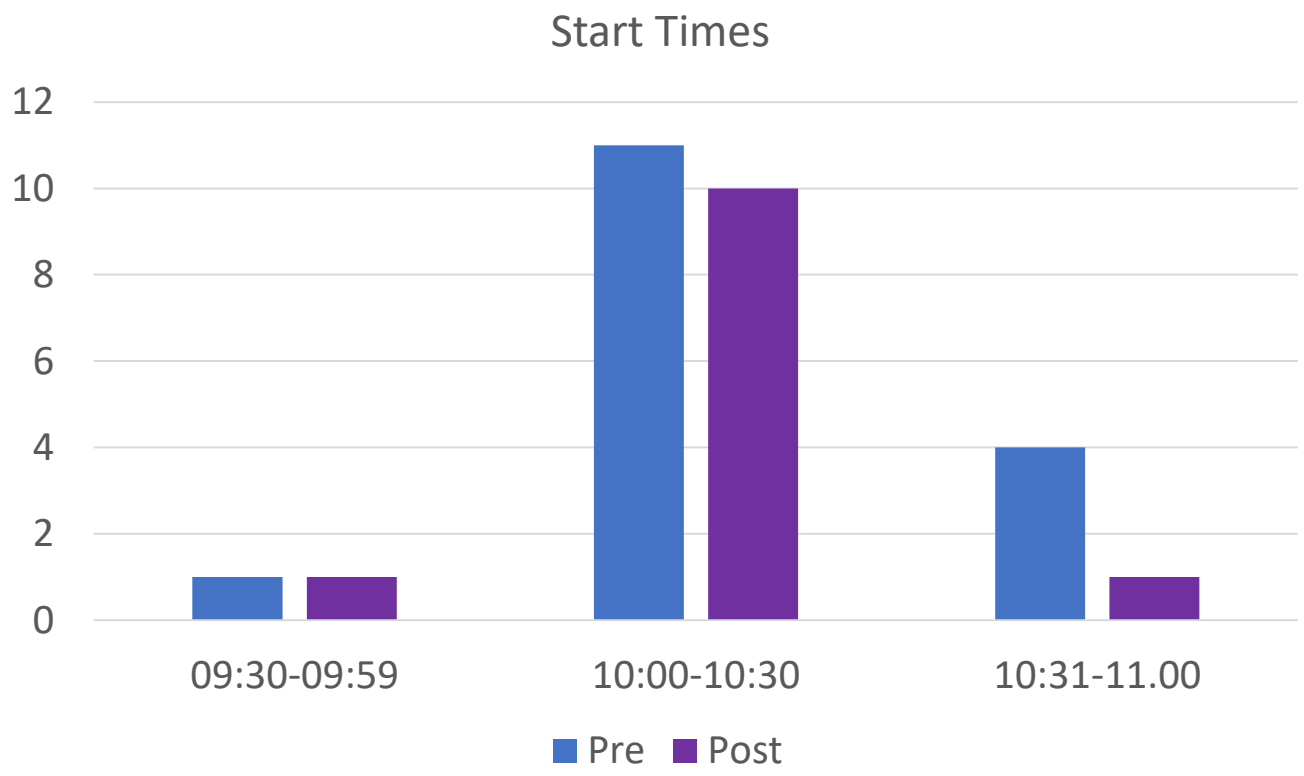
BSN Presence
Physiotherapist Input

DEVELOPMENT OF A WARD ROUND STANDARD OPERATING PROCEDURE

Good use of Time-Inconsistent Start Time

	N	Min	Max	Mean	SD	±95% CI
Pre	16	09:55	11:00	10:25	00:19	+/-00:10
Post	12	09:50	10:45	10:13	00:14	+/-00:09

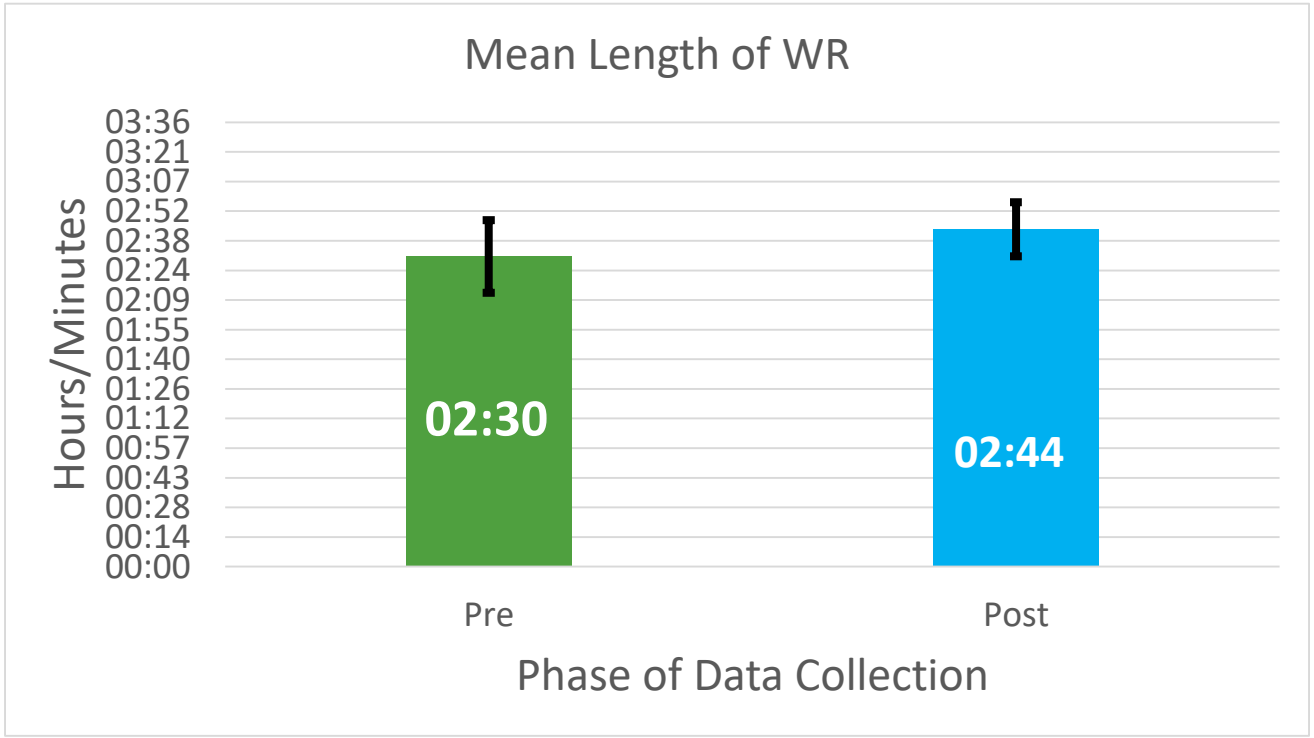
I don't think they (consultants) realise that we plan our breaks and activities around the WR, if they are late starting we may be on our break when they arrive or we have to ring them to ask advice as we never know when they are going to get to us (NTD-phase 3)



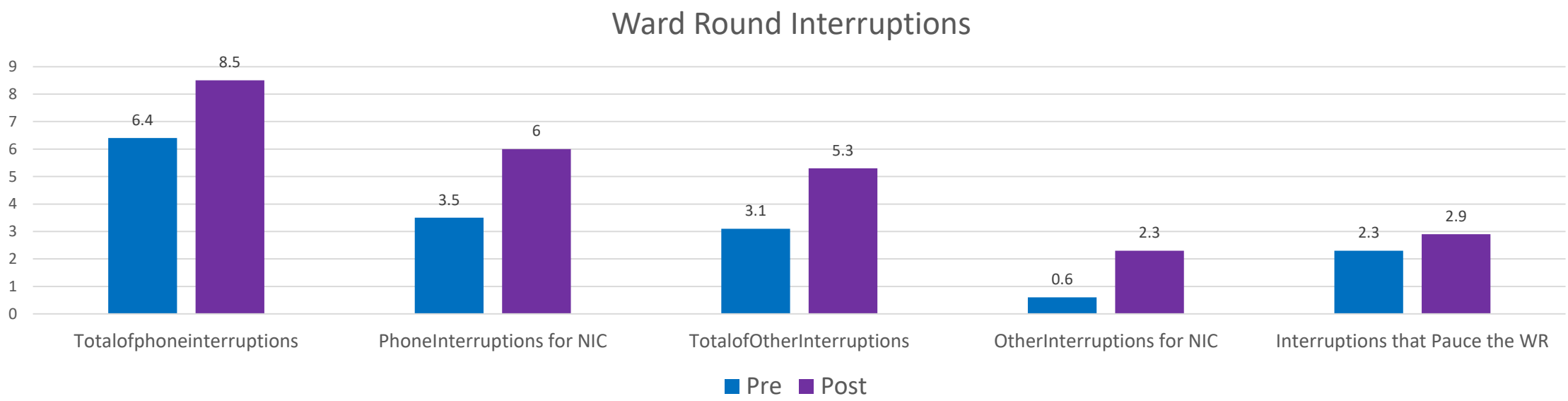
Good Use of Time-Length of Ward Round

	N	Min	Max	Mean	SD	ध्ड़% CI
Pre	16	01:35	03:30	02:30	00:33	+/-00:17
Post	12	01:54	04:10	02:44	00:44	+/-00:28

When the WR is late starting or very long we (pharmacists) struggle to stay for all of it as we have other roles we have to fulfil in the afternoons (SSI-phase 3)



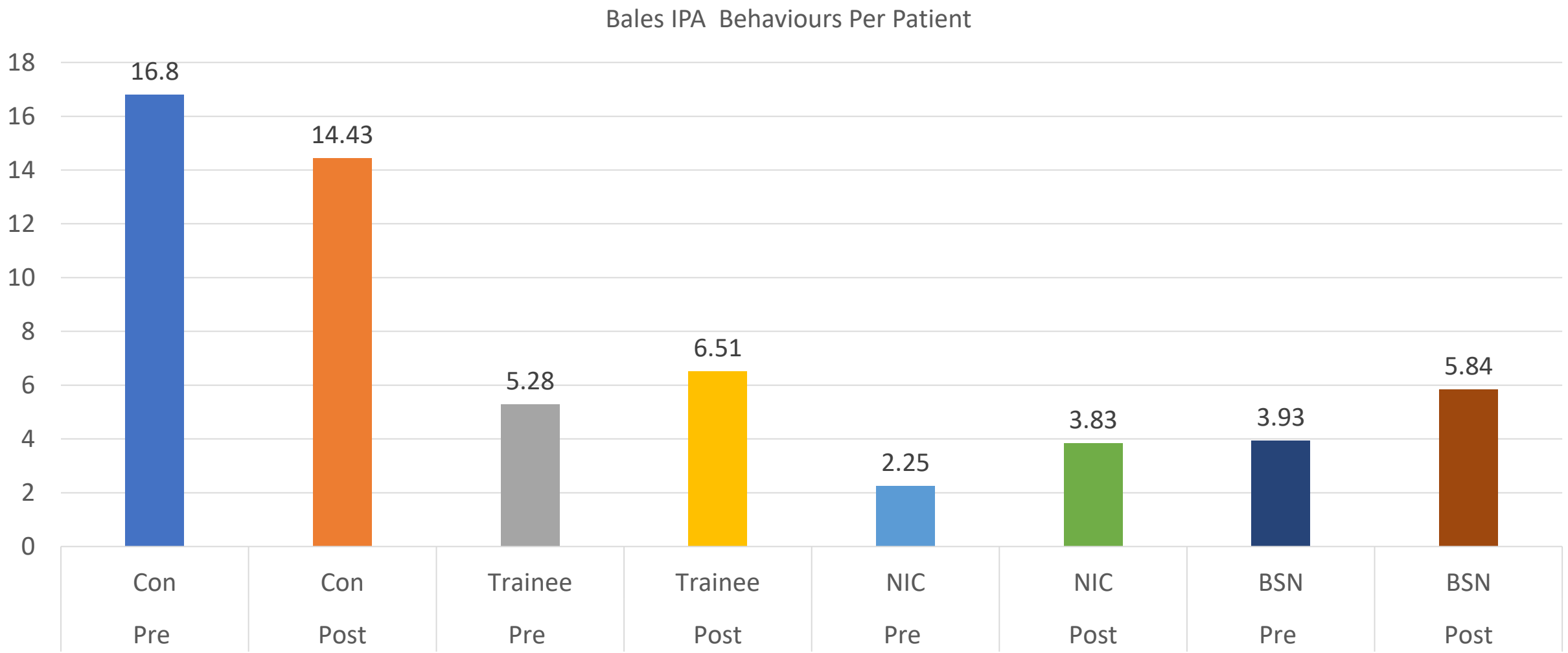
Good Use of Time-Ward Round Interruptions



Consultant phone rings, he answers it and the WR pauses for 2minutes why he is on the phone (EOFN-phase 2)

Someone comes in and speaks to the NIC and pharmacist, the WR is continuing whilst they are having this discussion. The consultant, trainee and BSN are currently making management decisions about this patient (EOFN-phase 2)

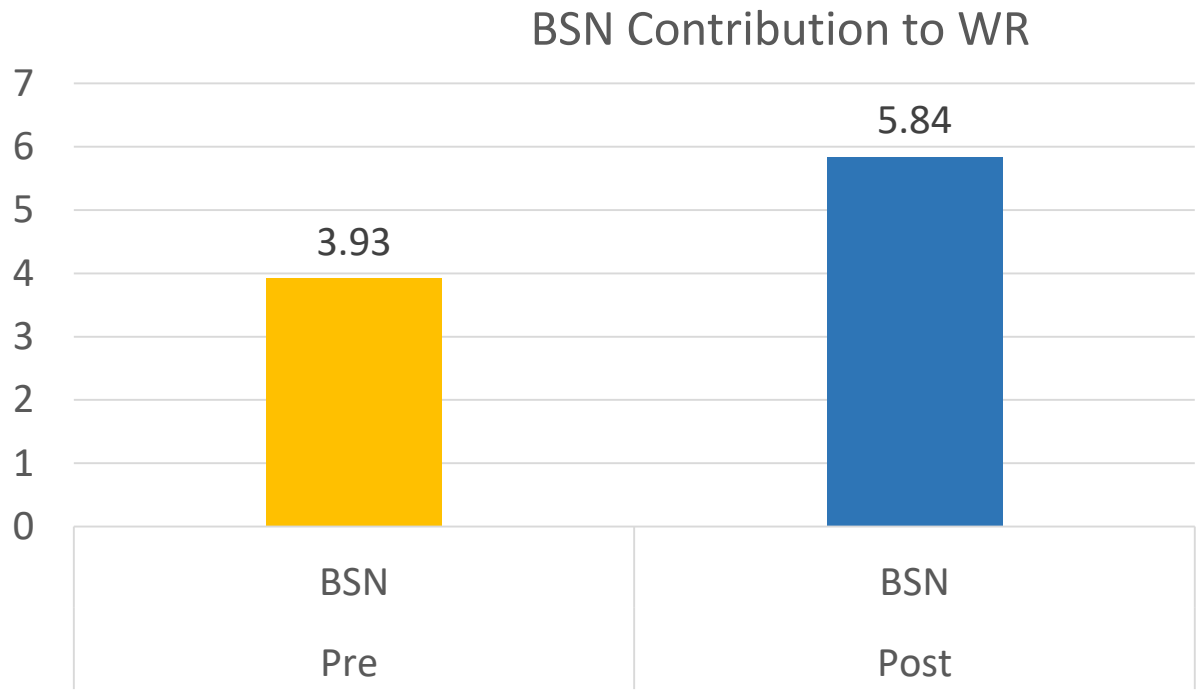
Good Communication-Unequal IP Communication



Good Communication – BSN Contribution

SIN BARRSS

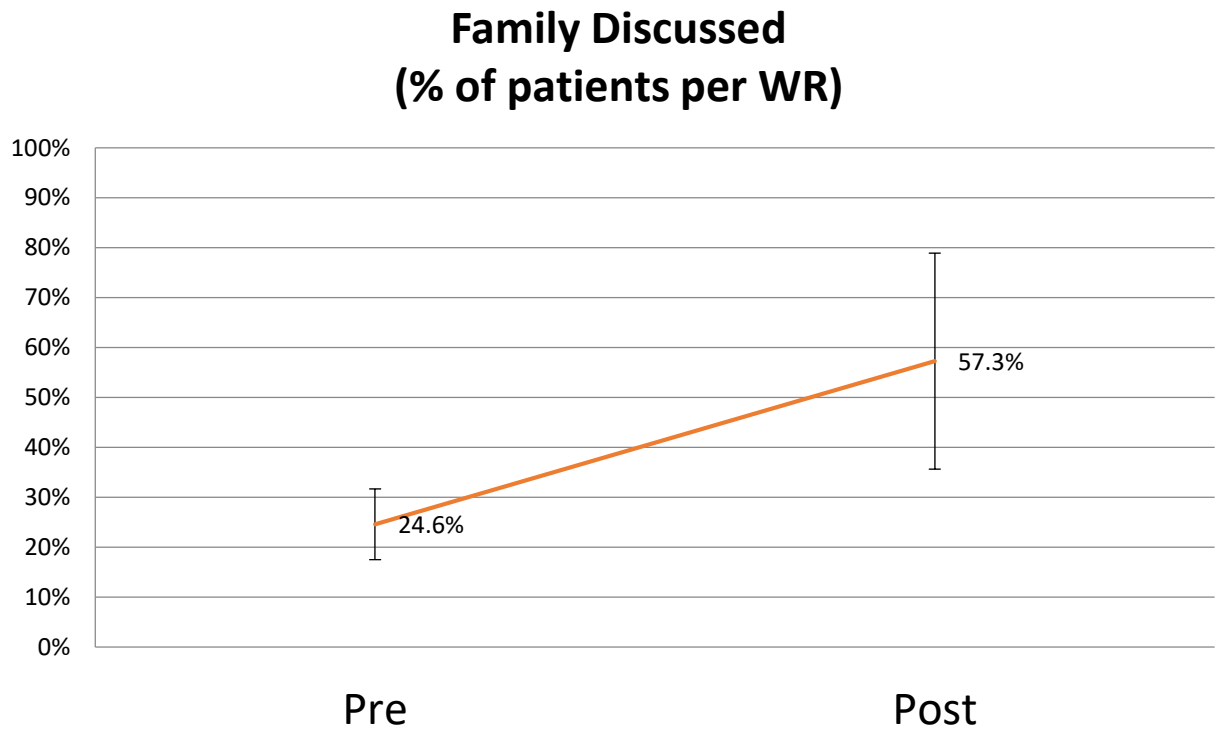
- **S**kin **I**ntegrity
- **N**utritional status
- **B**owels
- **A**HPs and visiting teams
- **R**ehabilitation
- **R**elatives
- **S**leep
- **S**afeguarding



When it does happen, going through SINBARRSS it means that medical issues are not discussed, but it is inconsistently used, depending on consultant, NIC not supporting helping us to implement it (NTD phase 7)

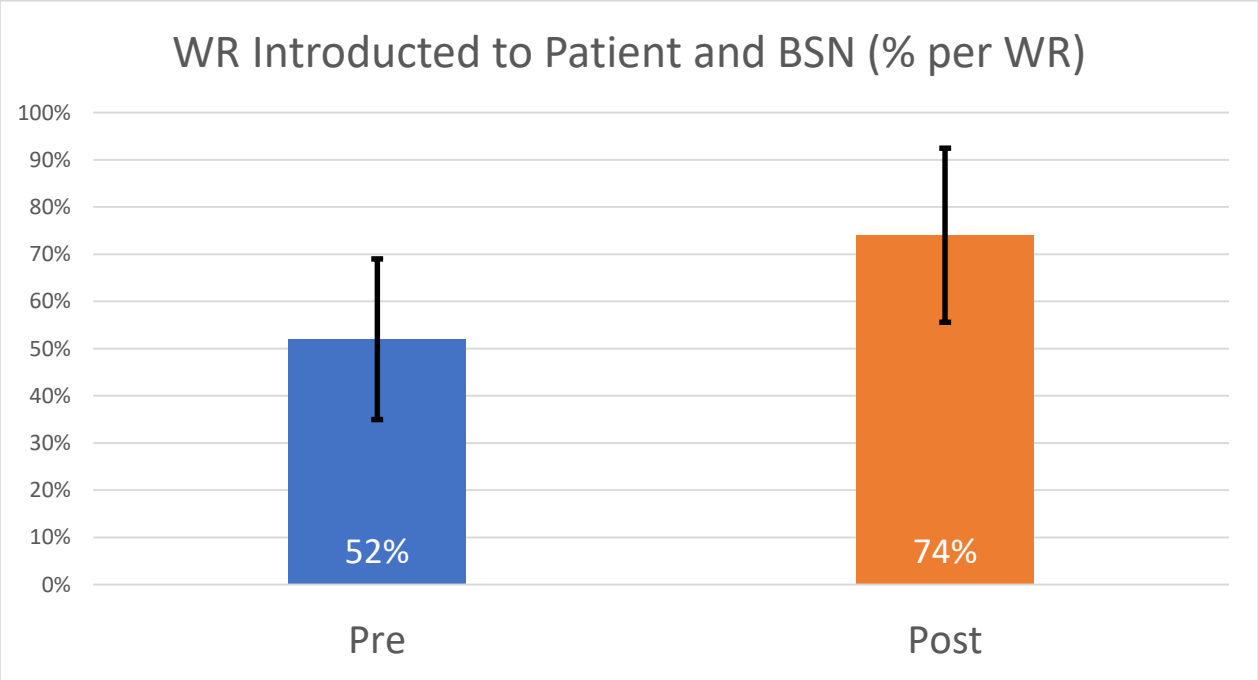
I think it is great thing….this morning we picked up at least two things by going through SINBARRSS that we would have missed if we had not gone through each part of it (SSI-phase 7)

Good Communication-Family Discussion



% Family Discussed per WR	N	Min	Max	Mean	SD	ֿ95% CI
Pre	16	ֿ3ֿ%	ֿ5ֿ.ֿ%	ֿ2ֿ.ֿ%	ֿ1ֿ.ֿ%	+/- 7.06%
Post	12	ֿ0ֿ.ֿ%	ֿ3ֿ%	ֿ1ֿ.ֿ%	ֿ2ֿ.ֿ%	+/- 21.6%

Good Communication-Introduction of WR Team to Patient and BSN



We feel that other members of the WR especially the consultants value us being their now (NTD-Phase 7)

% of Introductions per WR	N	Min	Max	Mean	SD	ŧ% CI
Pre	16	ż%	ż%	ż.ż%	ż.ż%	+/- 17%
Post	12	ż.ż%	ż%	ż.ż%	ż.ż%	+/- 18.43%

Good Use of Expertise-Defining Roles and Responsibilities

The trainees have not finished reviewing the patients so the WR is delayed 30mins (EOFN-phase 6)

Seems to be a clearer understanding of why we are there and what we should be doing (SSI-phase 7)

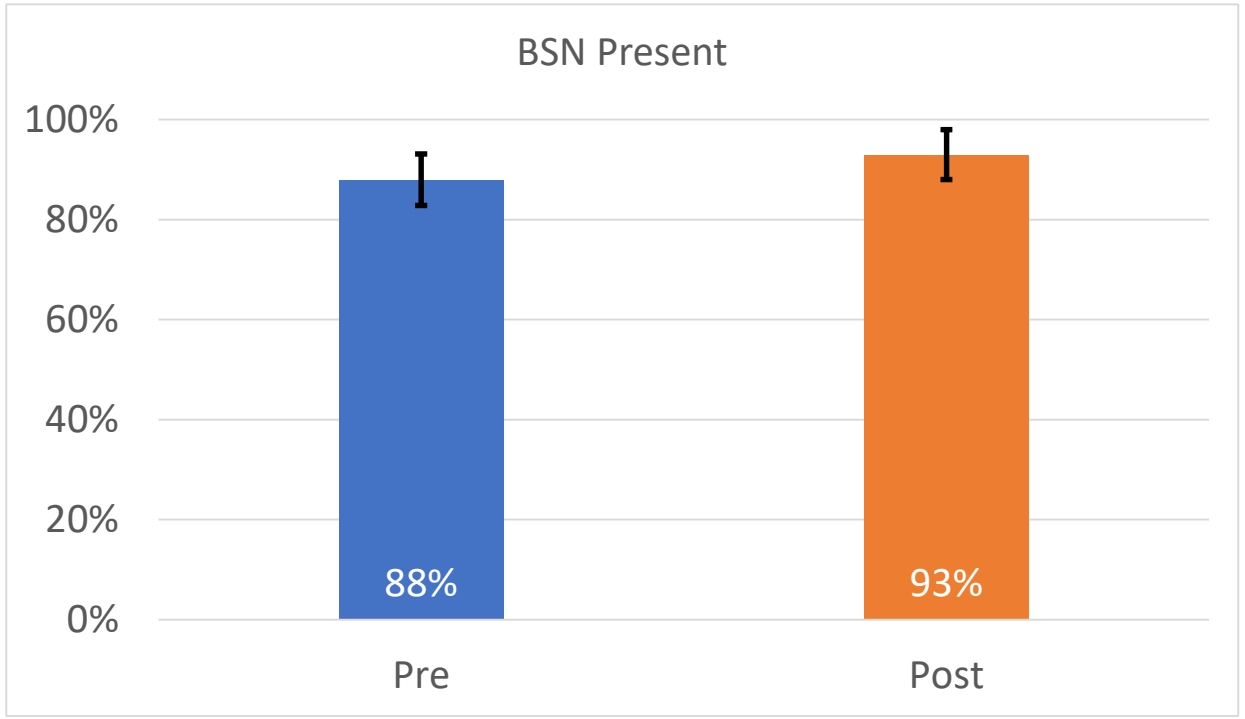
The WR is more sacred now, people know they should be there and what they should be doing (SSI-Phase 7)

It really helps us understand what we should do prior to the WR and during the WR, especially for new staff (NTD-Phase 7)

A number of trainees struggle to see the impact of not seeing the patient before the WR has on the WR (SSI-Phase 7)

Good Use of Expertise-BSN Presence

BSN's appear to be more engaged in the WR, they appear to want to be involved (SSI-Phase 7)



% of BSN Present per WR	N	Min	Max	Mean	SD	₹% CI
Pre	16	ढ़ण.ज़ज़%	झज़झ.ज़ज़%	त़त.ज़त%	थ.ढ़थ%	+/- 5.16%
Post	12	त़ज़.ज़ज़%	झज़झ.ज़ज़%	थट़.ज़त%	ण़तढ़%	+/- 4.99%

Good Use of Expertise-Physiotherapy Input

I think its allowed more dialogue between the BSN and Physio-they appear more happy to represent us at the WR (SSI-phase 7)

Obviously it would be much better if we were present but it is not realistic to be there for all patients, however if we ask the BSN to call us when the WR comes to a particularly complex patient they do call (SSI-phase 7)

BSN says to the WR team, the physiotherapist has asked me to ask you…..(EOFN phase 6)

No discussion about rehabilitation or physio input has taken place for any patient so far (currently reviewed 5 patients) (EOFN-phase 6)

Summary

Inconsistent Start Time
Length of WR

Good Use of Time

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THANK YOU FOR YOUR ATTENTION!

ANY QUESTIONS?