

Quotes from Ideal Ward Round research

“

”

Planning/Preparation

1. "Make sure everything is clear."
2. "Prepare what questions patients would like to ask."
3. "We don't have any preparation beforehand for patients – maybe we should do that?"
4. "We do tell patients who will be in their ward round and how many will be there, we do this on the way to the ward round perhaps we should look at doing this earlier?"
5. "If it was called a meeting instead of a ward round you would be given an agenda and it needs to be in appropriate language."
6. "As a PSW when I get chance I support 40% of patients to set an agenda so they can take that into ward rounds. I see better results when this happens."
7. "We could maybe incorporate into discharge planning the reality about bed pressures, it might be worth us talking about a plan B."
8. "We make it clear to patients that we are working towards their discharge – looking at where they go when they leave. Our links with Social Care are good, we refer all patients to Social Care when they are admitted so that they have an allocated member staff, this means that they have a social worker already appointed when they are discharged."
9. "All our discharge and care plans are discharge focused and this is reflected in ward rounds. We look at where the patients are i.e. Engagement Phase – Rehab Phase – Discharge Phase."
10. "We have good links with social care. We refer everybody to social care first off, so somebody is allocated to that patient. A social worker is then already appointed when discharge is taking place."

11. "At point of admission patients / carers need an explanation about the purpose of a ward round and if it's their first admission – patients need to be told that they are being observed every 10 minutes so that professionals can then make a decision about your treatment."
12. "Stop having so many people involved in ward rounds."
13. "Choice of rooms."
14. "More flexible timing i.e. do they have to be held in the day, can they be held at weekends."
15. "Informed of date and time they take place."
16. "Make notes before you go in."
17. "Create a review form so a patient completes a review form (with support if needed) the doctor then reads these and feedbacks next week."
18. "Carers to meet doctor beforehand so that not everything has to be said in front of their relative."
19. "If there was a beginning and end, and pre and a post support they might be less scary."
20. "Not joined up to one another."
21. "Make the environment more comfortable – tea/coffee."
22. "Improve communication that's all carers really want."
23. "Offering explanations of decisions."
24. "Set up openly – ask patients who they will bring with them and emphasise they can bring someone with them – you would not let somebody go to court without proper representation."
25. "Patient should discuss what is important to them."
26. "Patients/carers told what has been discussed – communication is not great."

Environment

1. "Room set up can be intimidating, so my doctor met me in the quiet room. Maybe there could be sofas, instead of a table and a PC. One minute you in your pyjamas then you're in a suit and tie meeting."
2. "I felt comfortable in ward rounds but it would have been better if it was a more relaxed setting, tea / coffee."
3. "Why don't you have volunteer to make a cup of tea and help support them."
4. "We have morning meetings in the living area, we managed to close off the area and it felt more human. Ward rounds should be in a room patients feel comfortable and familiar with."
5. "Keep evaluating the ward round."
6. "Make the meeting more adaptable – what will suit patients and carers not the other way round."
7. "Change the culture of where you sit in the room."
8. "Limit the number of people."

Staffing/Roles

1. "There could be a Maitre D type role for delays, making a cuppa and looking after everybody."
2. "If they went down a MDT route they wouldn't be cancelled because of waiting for a doctor."
3. "Medication form. Consent treatment form. Ward Round review form. The primary nurse has an expectation to hold all of this. Form then goes into a handover file and is used in handover, the leg work for this comes down to the nurses. Since introducing the form it gives confidence. This goes hand in hand with discharge planning. The nurses do all the leg work but patients still wait for Drs to say 'yes you can have that leave'."

4. "Power should be shared, currently the consultant has all the power."
5. "The ownership of ward rounds currently feels very much for staff."
6. "Professional should meet in the morning to discuss patients – then a couple of professionals meet with the patient/carer in the afternoon to discuss what has been said and decisions made. This should all be done in a nice room with a nice atmosphere ie cup of tea."
7. "Have decision making groups, so OTs if needed and Drs and nurses."
8. "Consistency across wards, so if you're transferred it's not completely different."
9. "A facilitator who can support communication."
10. "Play some music."
11. "People do introduce themselves at ward rounds."
12. "Sofas, bean bags – make it somewhere you can physically relax."
13. "More relaxed atmosphere."
14. "Take the table away, sometimes there's a coffee table (that's good)."
15. "Work done on the power balance."
16. "Transfer of power, control and ownership of ward round to patients."
17. "1:1 with the person who is the principle person involved in your recovery plan."
18. "I want my care coordinator there – they're who I've built up a relationship with."
19. "More 1:1 time outside ward round that can then be taken into the ward round."