

Ideal Ward Round data analysis

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Current patients

There were 34 responses to the current patient questionnaire. Of those who responded clearly, 17 were detained, and 15 voluntary.

Basic information

Table 1: How long have you been in hospital during this admission

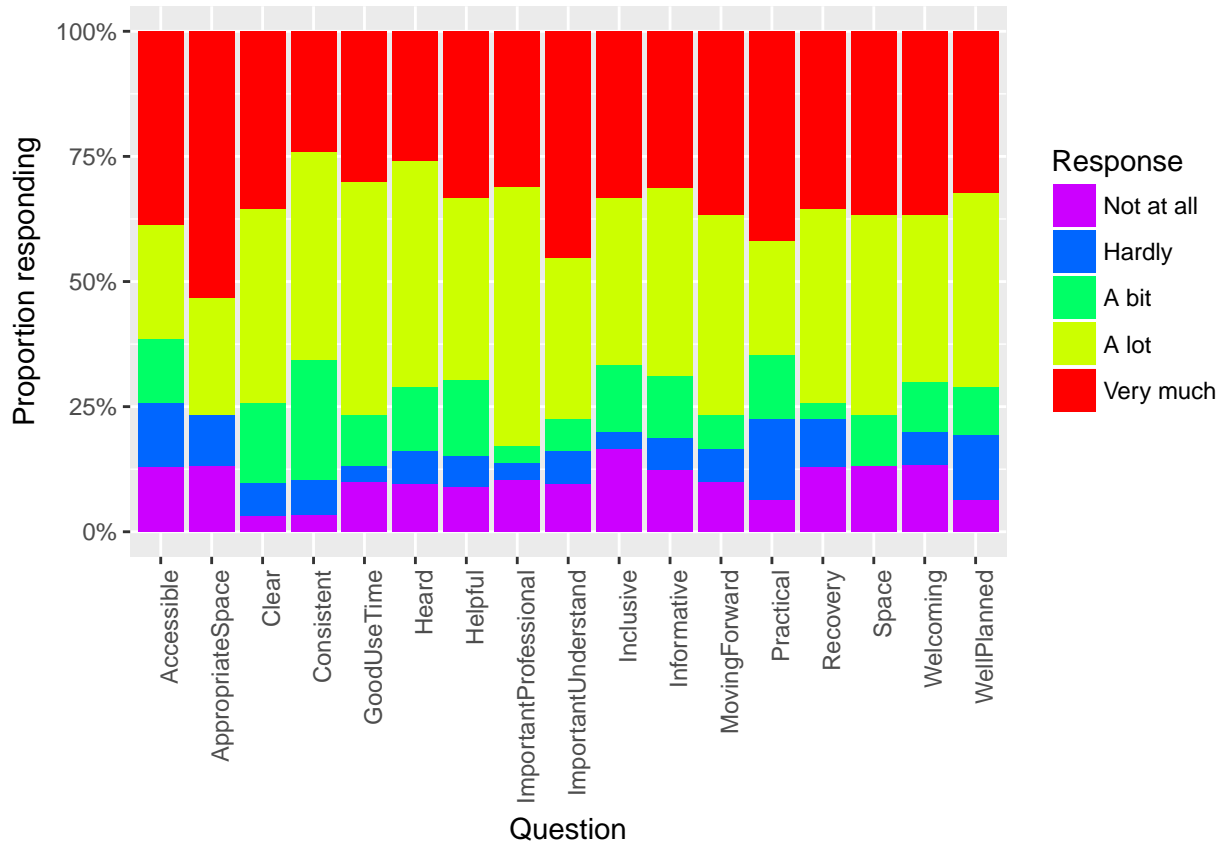
Less than a month	1 - 3 months	3 - 6 months	6 - 12 months	12 months +
16	10	5	1	2

Table 2: How many hospital wards have you been on during this admission

1	2	3	More than 3
19	5	3	4

Overall opinion of ward rounds (Q. 11)

Respondents were asked to rate different aspects of practice relating to ward rounds on a scale of “Very much” to “Not at all”. Following is a summary of the percentages of responses for each question.



Understanding, purpose, and process

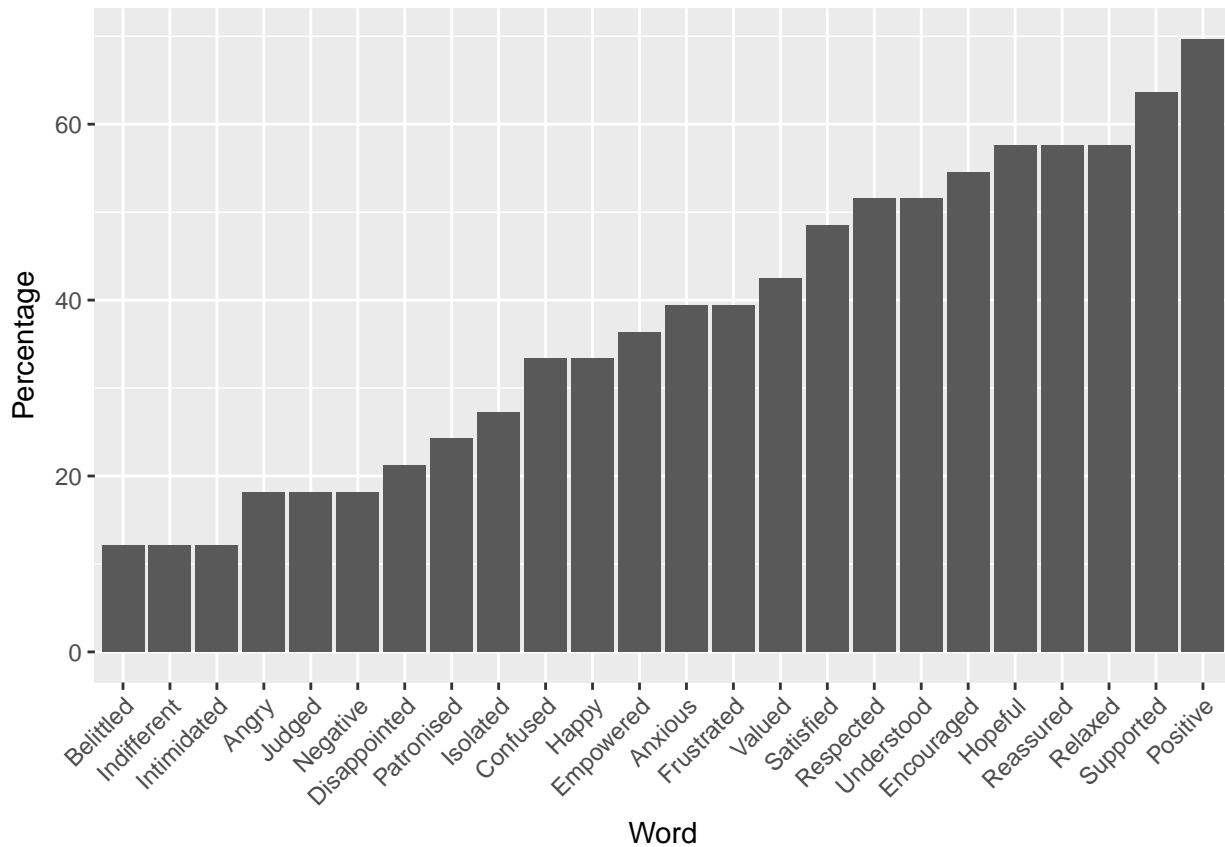
Table 3: All figures are percentages

	Yes	No
Understand what a ward round is	91	9
Was the purpose explained	44	56
Was the process explained	39	61
If yes was this before the meeting	71	29

Of those who did receive an explanation of ward rounds and who gave a clear response to the question, 63.2% felt it adequate and 81.8% felt it accurate.

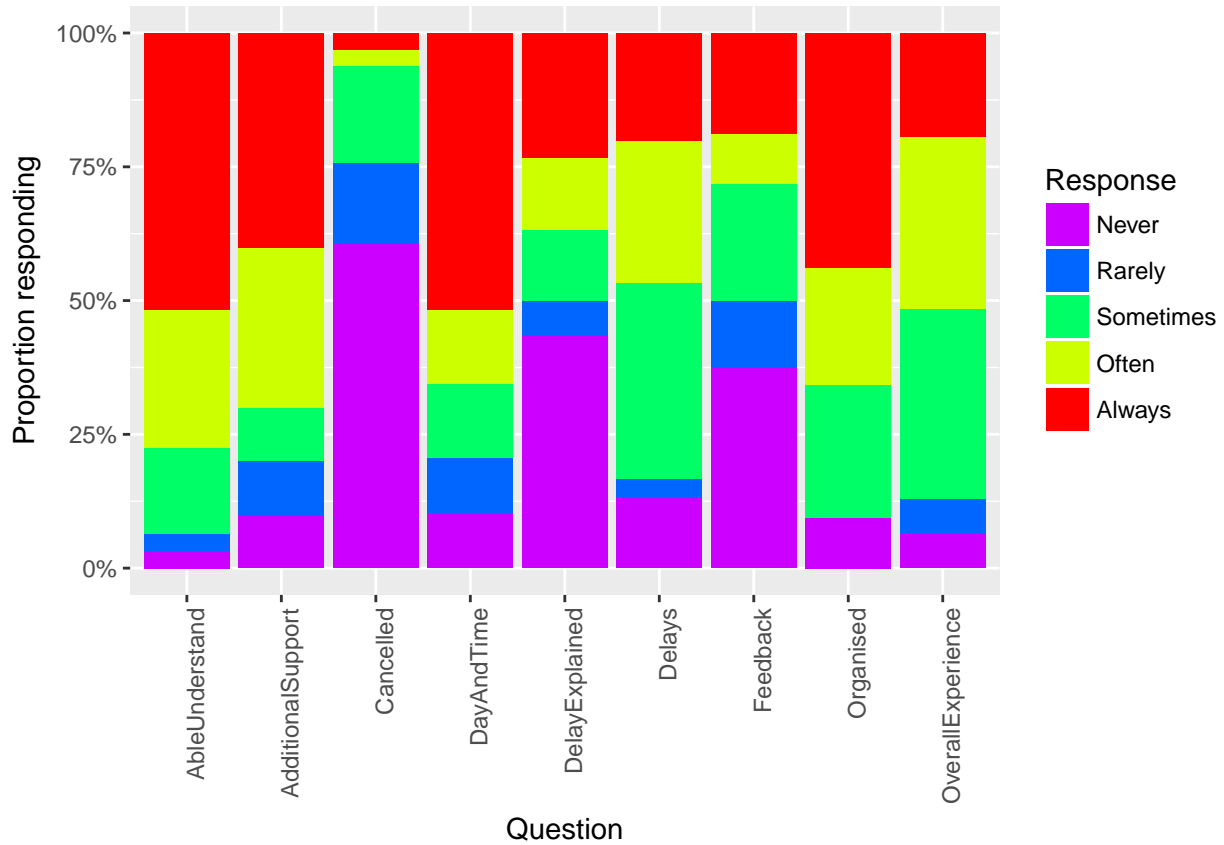
Experience of ward rounds

Respondents were asked to indicate which of a list of 24 words described their experience of ward rounds, giving as many responses as they wished. Following is a summary of the percentage of respondents who listed each word among their choices (of those who gave a clear response).



Understanding, delays, and overall experience

Respondents were asked to rate different aspects of their experience (relating to understanding of the process, delays, and their overall experience) of ward rounds on a scale of “Always” to “Never”. Following is a summary of the percentages of responses for each question.



Delays, times, and attendees (Q. 21, 24, and 25)

Table 4: How long are delays, on average?

	%
5 – 10 minutes	17.39
10 – 20 minutes	34.78
20 – 30 minutes	21.74
30 – 45 minutes	0
45 – 60 minutes	13.04
Over one hour	13.04

Table 5: How long do you spend in ward rounds, on average?

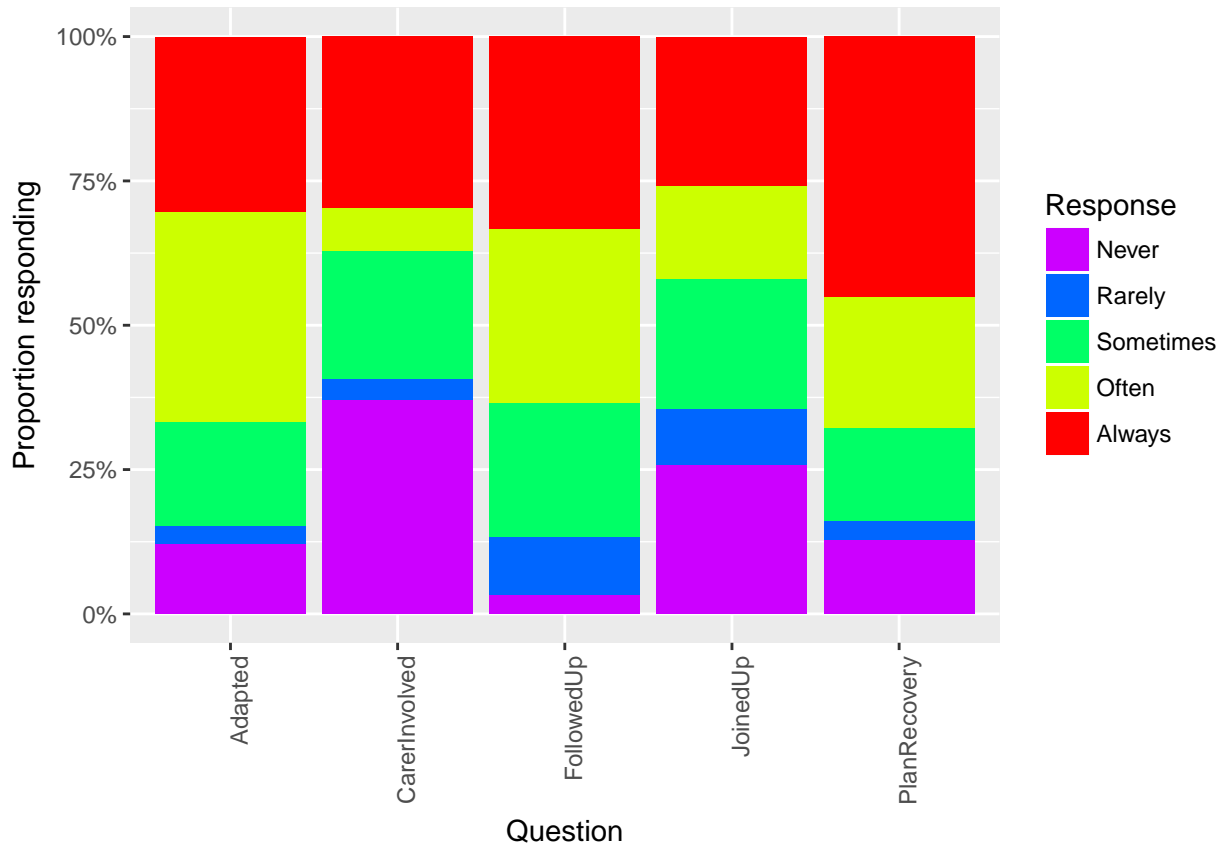
	%
5 – 10 minutes	32.26
10 – 20 minutes	25.81
20 – 30 minutes	29.03
30 – 45 minutes	12.9
45 – 60 minutes	0
Over one hour	0

Table 6: How many people attend, including you?

	%
2 - 3	12.9
4 - 6	41.94
7 - 8	29.03
9 - 10	9.677
11 +	6.452

Advocacy and involvement

Respondents were also asked to describe their experience of ward rounds (with respect to their and their carers' involvement, advocacy and recovery) on a scale from "Always" to "Never". Following is a summary of responses to each question.



Advocacy (Q. 32 and 33)

Respondents were also asked about whether they were informed about advocacy services and whether they found them helpful. Percentage responses are given following.

	Yes	No
Informed about advocate	64.52	35.48
Advocate was helpful	45.45	54.55

What is the purpose of a ward round

(Responses given verbatim)

- To see how you are getting your goal. Explain meds. Getting to your family
- Review of meds & general obs & see how we are getting on
- Make sure everything is going to smoothly, meds
- To gain info & talk to a doctor
- For both parties to assess progress & suggest further actions
- Group of people who check whether service is functioning, develop a plan to cater for my needs, meds
- To see the doctor & progress. Get better & back to outside world
- To clarify the needs of the patient during their hospital stay
- To check periodically the physical status of all the patients
- To discussion over confusion & anxiety & lost ones
- To make sure things on the ward run smoothly
- To see if I am well enough to live at home & am improving
- To ensure the patient stays confused
- Tell the client what is going on
- Analysis of seeing how you are getting on, how you're coping
- Unclear. Prob to observe patients progress. Potentially to provide oppurtunity for patient/advocate feedback
- Keep the ward work(ing) harmoniously
- When you see the Doctor
- When lead Doctor has a chat with me about progression & needs are
- To get most appropriate meds & aftercare & on the ward
- When Doctors come to see you & give u a break off
- Getting the best for everybody
- Not sure what a ward round is
- Get to know what is happening to each patient
- To assess the needs & welfare of patient on a daily basis
- Discuss how care is going
- So everyone can get together who is caring for you. Make plans with you there. People present if you want to ask questions
- To see how you have been over the past week. Sorting out problems and discuss about next week. Also CPNs cover. How have you been on the ward
- Looking after people, safe, warm, comfortable, environment, food
- Does not get feedback
- How I feel
- Not really sure. Not communicating well with psychiatrist over meds and feelings
- To have an appt with the Doctor & discuss treatment etc
- Get overall view of how patient is. How mental health and/or meds. Discuss about moving forward and to be healthy

What are ward rounds useful for?

(Responses verbatim)

- Meds, 1-to-1 talking. Problem solving
- Getting general obs. Meds
- Meds that you should be on
- Meds & talk to them about how I feel
- Meds, me to sound off where I'm coming from
- Give you more info
- Understands & put you in right direction

- Helpful to best Doctors by giving a scientific measurement of the patients status in time !
- To sort out the individuals mental health recovery
- Asking the Doctor questions & getting the answers
- Informing patients
- Trying to get discharged
- When/if attention paid: provision of feedback
- More staff to deal specifically with charges for phones
- How I'm feeling. Some encouragement & support is given
- Apply for leave. Disputing section, take to tribunal, put your views across
- Social, meds, protection
- Issues of mental health that I didn't know before they can tell me what to do not to get ill again
- Not sure
- Getting somewhere to live
- Not sure
- Chance to speak to the Doctor
- Can explain everything to you to make you understand. Doctors help to get you leave
- To have CPN present. Not to be rushed when too many people attend
- Sometimes staff talk to patients
- Should have another staff member present
- Medication. Wants painkiller to help
- For your medication
- Think 2 ward rounds are sometimes necessary especially with regard to Section 17 applications. Can sometimes have to be escorted to meals, unnecessary for a whole week when a couple of days would do. In some cases takes up valuable staff time
- How are you progressing, healthwise

What would you like to happen in ward rounds?

(responses verbatim)

- Coffee/biscuits. Staying calm if you can
- All ok, it just happens
- Would like to know more about meds eg why a tablet + injection. A plan for discharge
- Explain what help I am going to get when I leave
- Have help support on outside & be released home soon
- I want more respect & womens liberation. More beer please
- Yes / maybe consider
- Full explanations of current goings on
- OK as they are
- Explanation of treatments, progression, direction
- What is my illness?
- See whether I am fit enough to go home
- Promises made to me followed up & fulfilled. (Response to feedback provided; If nothing more, a response in writing)
- Longer time to talk to state how I feel & get my feelings across
- Should be twice weekly. Tea, coffee, let the patient have the floor to start with about issues. Take minutes, log it can refer to it, dictaphone not typing?
- They should remain the same, it depends on the individual
- Get information on whats going on in your life & how to deal with it I have been given a chance to go home
- OK all the time
- I speak for myself
- OK as it is
- Mtg daily with patients/Nurses where we could air our views

- Quite satisfied
- Fewer people, CPN to always be there. To be very private i.e. no windows
- To win the case & go home
- Inclusive of Nurses
- Just listen. Don't bulls**t. In one ear out the other
- Listen more
- A member of staff present to action & agree Section 17 items immediately & escort to meals - actions implemented ASAP
- Planned better with times & days. Staff always very busy. Good service

Ex patients

There were 17 responses to the current patient questionnaire. Of those who responded clearly, 10 were detained, and 7 voluntary.

Basic information

Table 8: How long were you in hospital during your admission

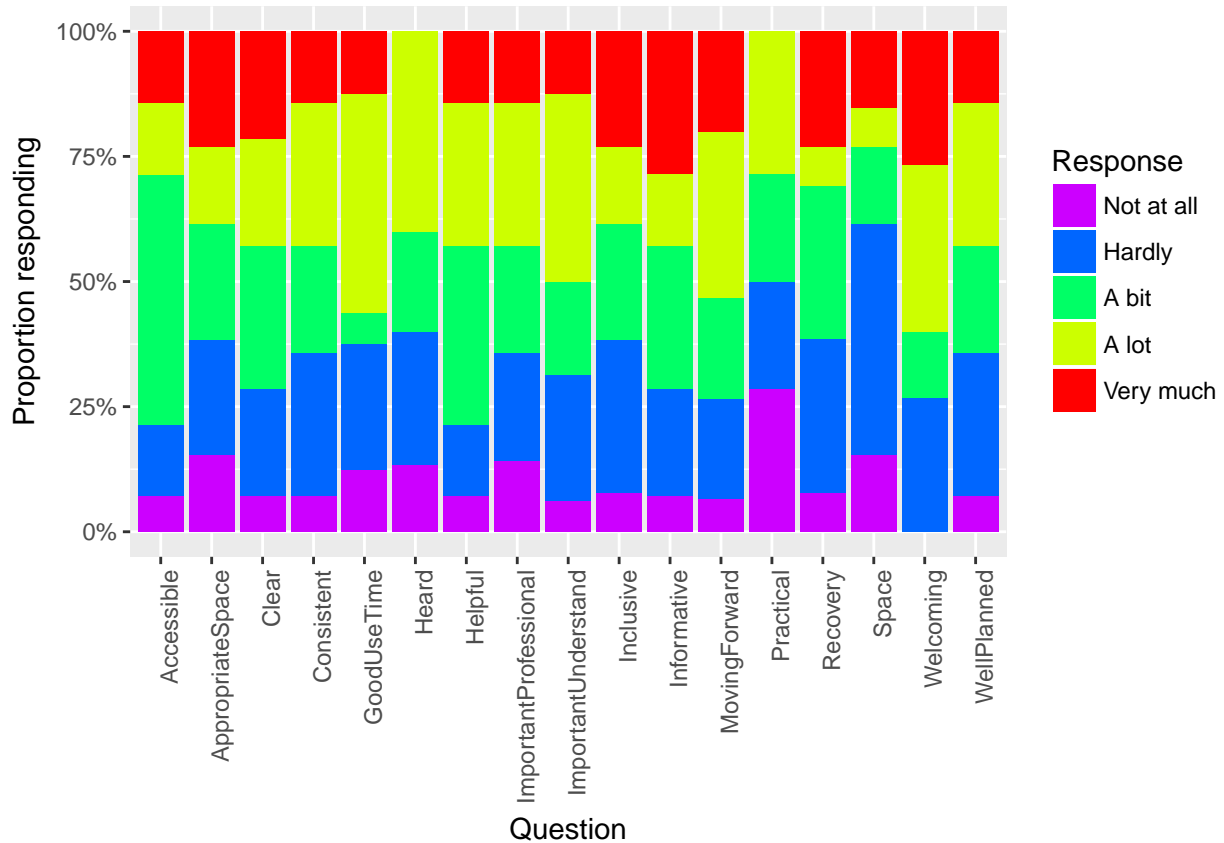
Less than a month	1 - 3 months	3 - 6 months	6 - 12 months	12 months +
5	7	4	0	1

Table 9: How many hospital wards were you on during your admission

1	2	3	More than 3
11	5	1	0

Overall opinion of ward rounds (Q. 11)

Respondents were asked to rate different aspects of practice relating to ward rounds on a scale of "Very much" to "Not at all". Following is a summary of the percentages of responses for each question.



Understanding, purpose, and process

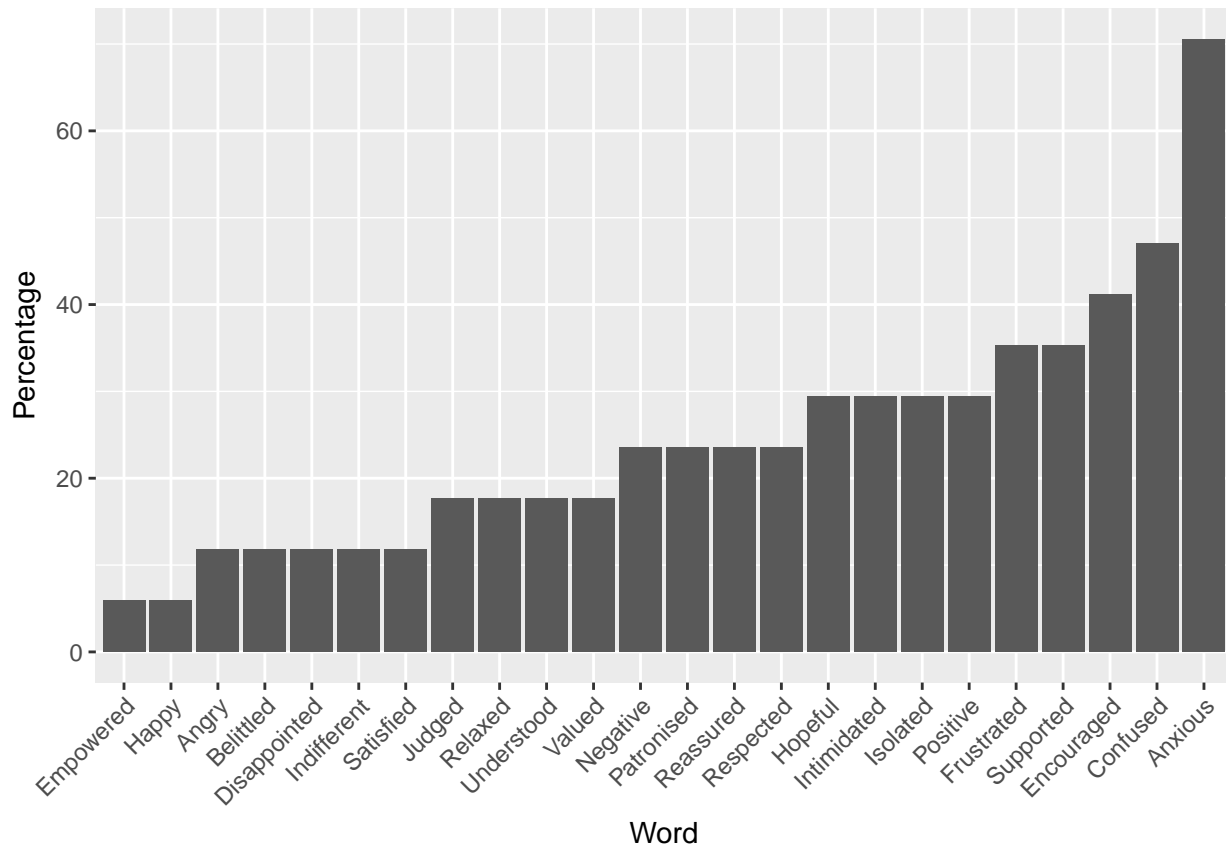
Table 10: All figures are percentages

	Yes	No
Understand what a ward round is	82	18
Was the purpose explained	38	62
Was the process explained	31	69
If yes was this before the meeting	50	50

Of those who did receive an explanation of ward rounds and who gave a clear response to the question, 55.6% felt it adequate and 57.1% felt it accurate.

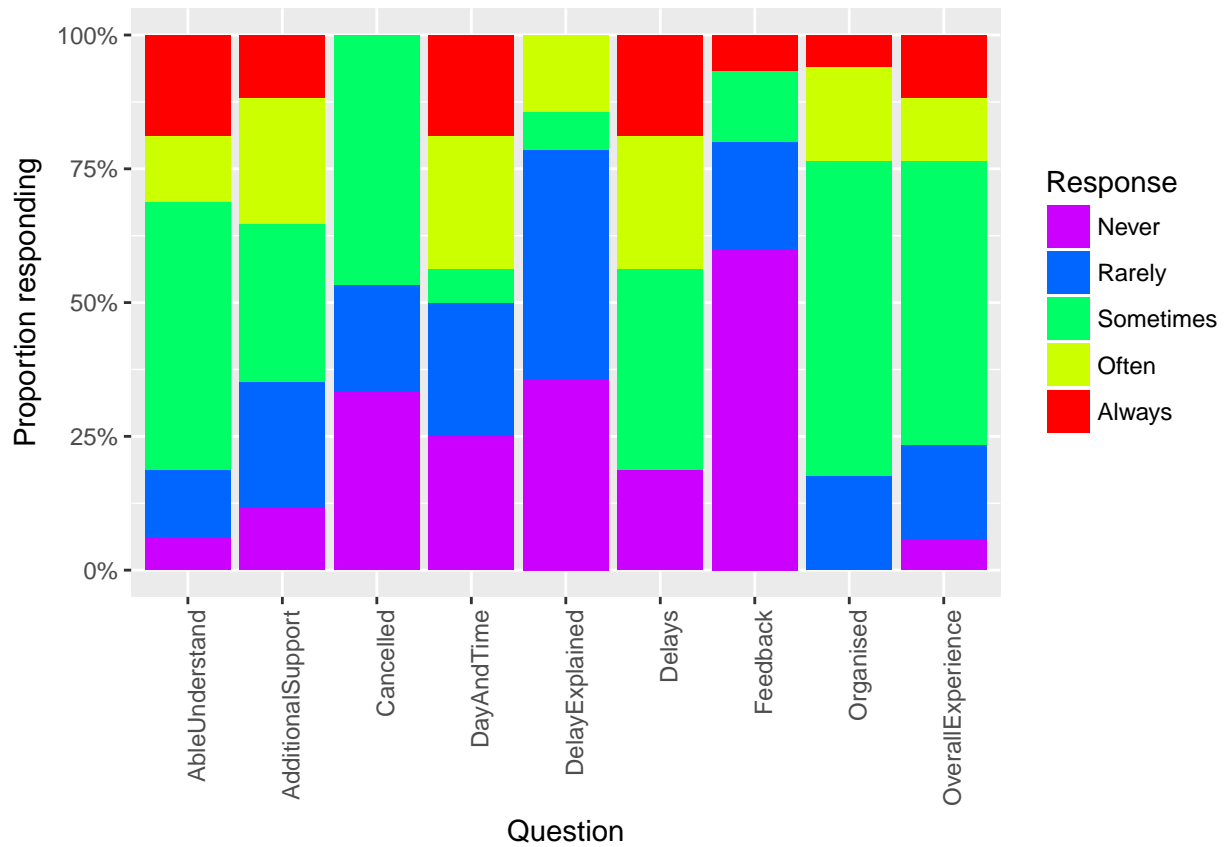
Experience of ward rounds

Respondents were asked to indicate which of a list of 24 words described their experience of ward rounds, giving as many responses as they wished. Following is a summary of the percentage of respondents who listed each word among their choices (of those who gave a clear response).



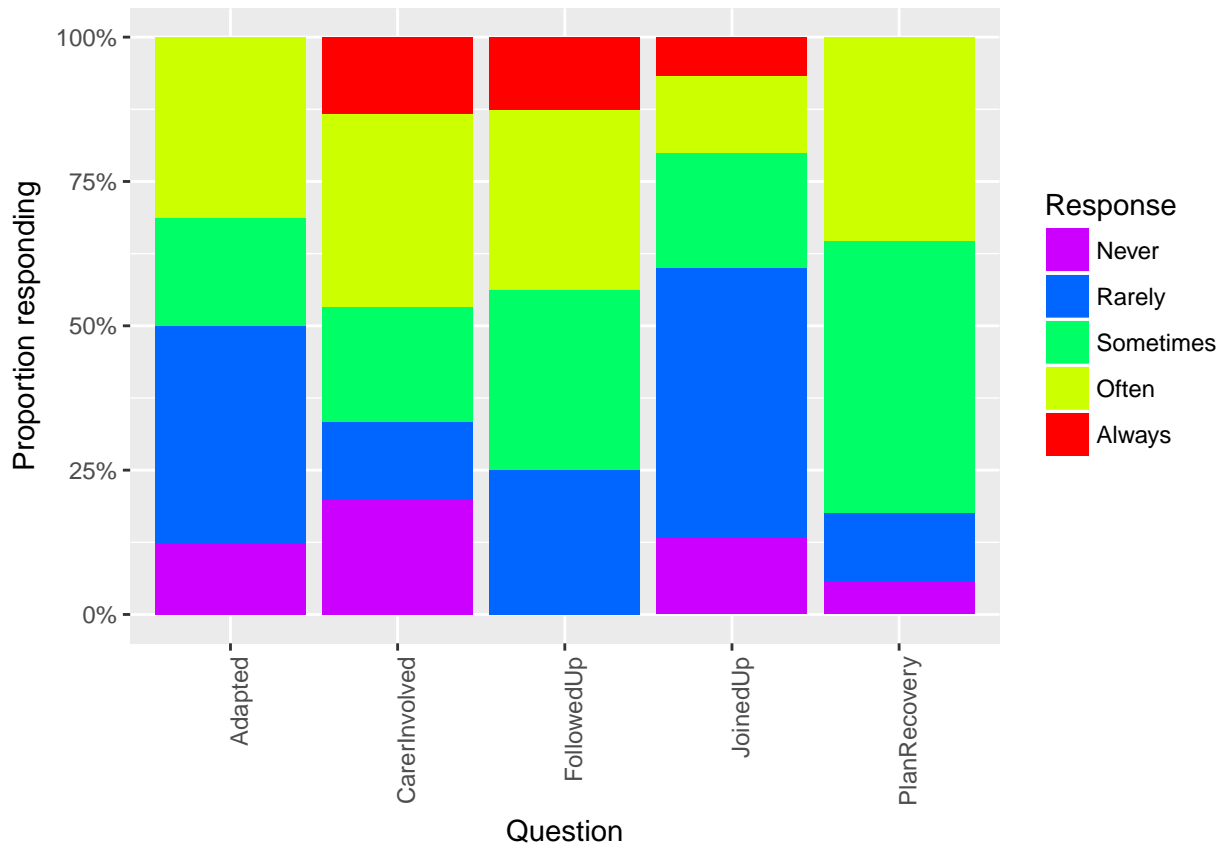
Understanding, delays, and overall experience

Respondents were asked to rate different aspects of their experience (relating to understanding of the process, delays, and their overall experience) of ward rounds on a scale of “Always” to “Never”. Following is a summary of the percentages of responses for each question.



Advocacy and involvement

Respondents were also asked to describe their experience of ward rounds (with respect to their and their carers' involvement, advocacy and recovery) on a scale from "Always" to "Never". Following is a summary of responses to each question.



Advocacy (Q. 32 and 33)

Respondents were also asked about whether they were informed about advocacy services and whether they found them helpful. Percentage responses are given following.

	Yes	No
Informed about advocate	62.5	37.5
Advocate was helpful	42.86	57.14

What is the purpose of ward rounds?

(responses given verbatim)

- To see how you are progressing, how your meds is working, how you feel about going home, how you will be to cope & support you will need/receive. Doctors & staff discuss with you the way forward
- To meet the professionals who are looking after you, to explain what your treatment consists of, meds & why
- To discuss progress/non-progress & make plans going forward re meds, hospital stay, re-habilitating back to community
- For all patients to be reviewed by staff
- To find out about the environment of the ward
- Ward Rounds assess your progress & the Psychiatrist adjusts meds if necessary & gives leave if appropriate. Other members of MDT are there for their inout
- The Psychiatrist comes around and reports on the patients care, to determine whether to keep patient in or out of hospital care

- Patient, staff & carers to look at where things are & how things can move forward
- In the beginning, no idea. At the end, to see if I was ready to leave
- Check up on progress & see where to go from there
- Make sure you are mentally, emotionally, physically well and have strategies in place
- Assess the patients
- To find out how you're going on and see if meds ok
- Coming to check progress, see if there is any regression
- Check on patients needs
- To see how you are doing

What would you like to happen in ward rounds?

(responses given verbatim)

- More explanation as to what was happening & what was being planned. Probably be more involved what I wanted to happen & ways of achieving it
- More information & the time taken - not rushed - speak more to understand treatments
- To have been appointed a link worker
- More input from other staff than Psychiatrist
- Discharge: I said at the time I was ready to be discharged. Looking back I should have stayed for 2 weeks
- Professionals to listen to my views rather than assuming and not taking my feelings into account
- I would like to have counselling as well as meds
- More info - to feel more involved
- Included in decision making more
- Not so many people, can be intimidating

Carer results

There were 20 responses to the carer questionnaire. Of those who responded clearly, 14 cared for someone who was detained, and 6 for someone who was voluntary. Of those who cared for someone on a section, 11 were the nearest relative, and 4 were not.

Basic information

Table 12: How long have they been in hospital during this admission

Less than a month	1 - 3 months	3 - 6 months	6 - 12 months	12 months +
2	4	4	3	7

Table 13: How many ward rounds have you attended as a carer

1-5	6-10	11 +
8	3	8

Understanding, purpose, and process (Q. 6, 7, and 8)

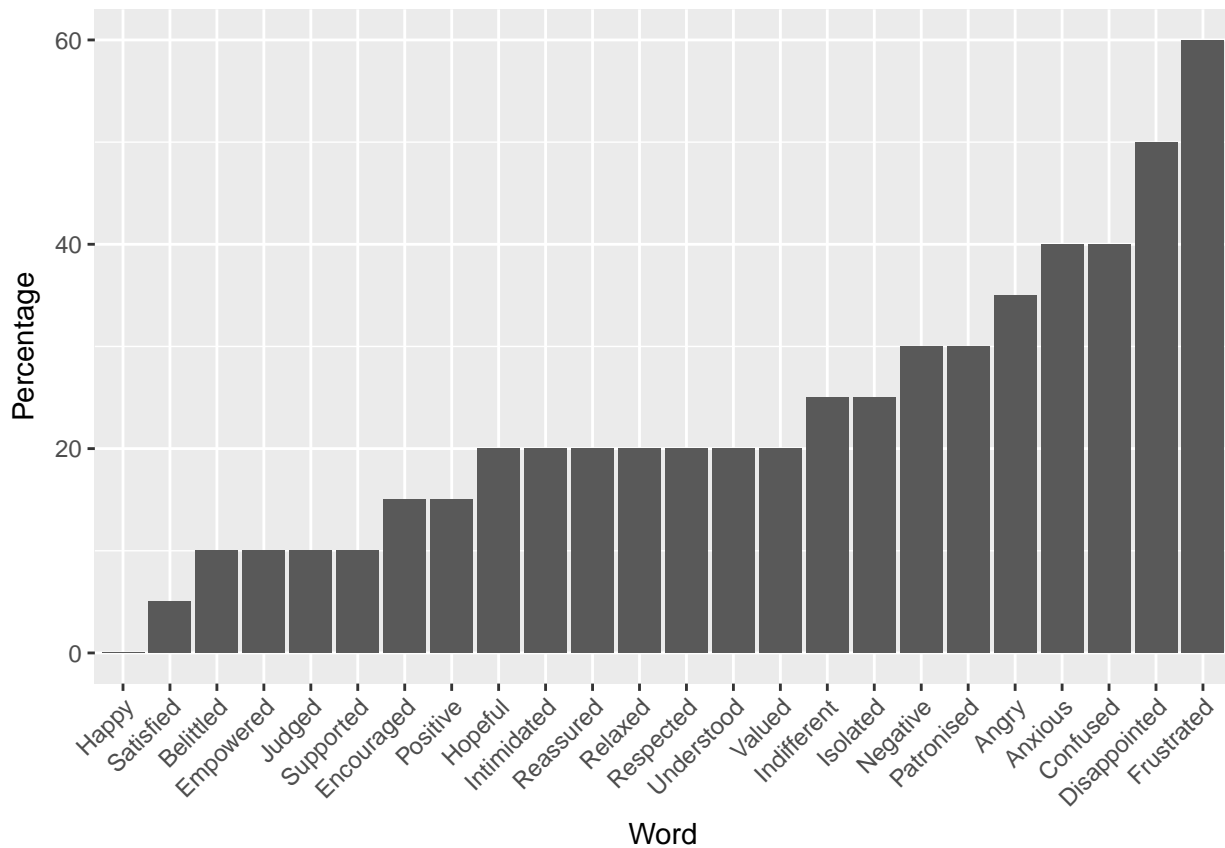
Table 14: All figures are percentages

	Yes	No
Was the purpose explained	16	84
Was the process explained	15	85
If yes was this before the meeting	60	40

Of those who did receive an explanation of ward rounds and who gave a clear response to the question, 83.3% felt it adequate and 80% felt it accurate.

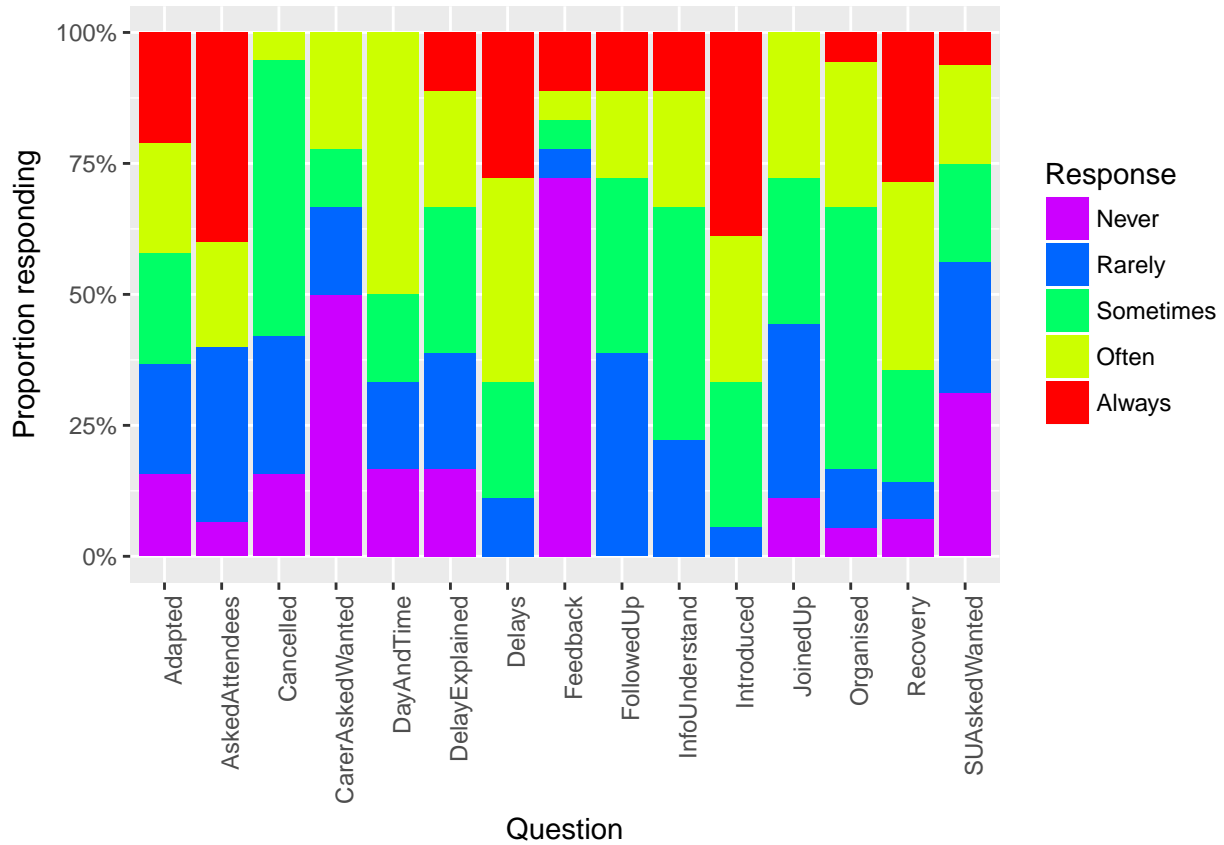
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Understanding, delays, and overall experience

Respondents were asked to rate different aspects of their experience (relating to understanding of the process, delays, and their overall experience) of ward rounds on a scale of “Always” to “Never”. Following is a summary of the percentages of responses for each question.



Involvement (Q. 17 and 18)

Table 15: How involved are you in ward rounds? (%)

Significantly	Moderately	Minimally	Not at all
11.11	38.89	38.89	11.11

Table 16: What is your opinion of your involvement in ward rounds?

	%
Beneficial	6.25
Appropriate	18.75
Effective	18.75
Ineffective	43.75
Inappropriate	6.25
Detrimental	6.25
None of the above	0

Delays (Q. 24)

Table 17: How long are ward rounds, on average?

	%
5 – 10 minutes	5.263
10 – 20 minutes	26.32
20 – 30 minutes	47.37
30 – 45 minutes	21.05
45 – 60 minutes	0
Over one hour	0

How many people attend (Q. 25)

Table 18: How many people attend, including you?

	%
2 - 3	0
4 - 6	16.67
7 - 8	27.78
9 - 10	27.78
11 +	27.78

Purpose of ward rounds

(responses given verbatim)

- Discuss with Doctor about meds & recovery
- To check up on patients
- To be given up-to-date info
- Review the weeks progress (if any) & plan for the following week
- To update us on condition of patient
- To obtain up-to-date info regardding X progress
- To enable the client to get better quickly & for carer to ask questions and get answers in a non-medical way
- To be informed about whats going on & about treatment & ask questions
- To be informed of my brother's progress & what his care plan now & in future was to be
- To keep carers up-to-date with the patients progress, meds etc. To be a forum for carers to express concerns & give feedback +ve & -ve! To support the patient when 'confronted' with NHS professionals
- Assessing a patients current status in order to assess how they can be progressed
- To let me know qbout my sister's healthcare
- To plan for recovery, explain what is happening
- (Step ahead mtg in Thorneywood) - Discuss the past week, progress, deveopments, meds, fwd policy
- For the team to share appraisal & views
- For the Consultant to acquaint himself on the progress of patient & current nursing plan. To then direct Dr & nurses (& jnr Dr) on care

What would you like to happen in ward rounds?

(responses given verbatim)

- I would like to be heard more
- Meet with psychiatrist prior to this mtg

- Treat patient with respect & understanding
- An explanation at the beginning about the purpose of the review. Less people to attend, it is threatening. Explain what is trying to be achieved. Decide actions and agree follow up
- Talk to me & patient instead of each other
- The psychiatrist actually knowing the patient. The family to be included more when discussing discharge. i.e. can they cope etc & what support they need
- Consistency in staff who attend
- Better communication & sometime more clarity
- Positive achievements noted & aims identified. Explanations about different meds
- Progress noted & what is expected
- Things spoken about were often a shock for my daughter - it would have been useful for key worker to have warned us. We did not know initially what we could ask for (home leave, school, college), appropriate visitors, flexible visiting
- More explanation as to the usefulness of having so many people attend
- That a golden thread runs thru this - they seemed disappointed needing re-caps, no-one seemed to have finger on pulse

Staff

There were 26 responses to the carer questionnaire. Their professions are summarised following.

	Frequency
Consultant	3
Doctor (non consultant)	0
Nurse (ward manager)	3
Nurse (qualified)	7
Nurse (HCA)	4
PSW	1
OT	2
Psychologist	0
Pharmacist	0
Social worker	0
Other	1

Who is responsible (Q. 7)

Respondents were asked who is responsible for managing/ co-ordinating ward rounds. Their responses are summarised following.

Nursing staff/ Doctors- 48%

Nursing team- 30%

Team (including patient)- 8%

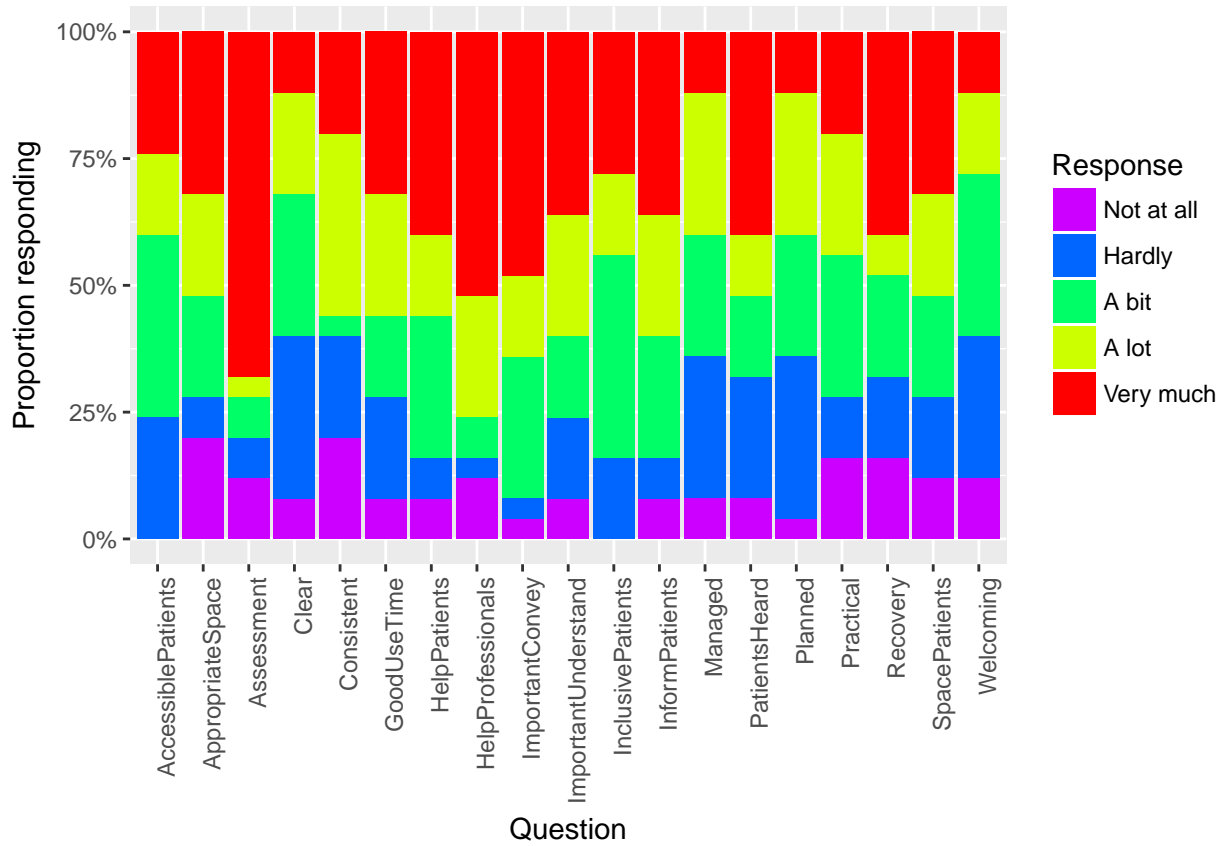
Doctors - 13%

Who makes decisions in ward round (Q. 12)

Respondents were asked to indicate who was responsible for making decisions in ward round. Of those who gave a clear response, 33% gave consultant, 19% consultant and lead nurse, 33% “doctor” or “medic”, and 14% said that it was an MDT decision.

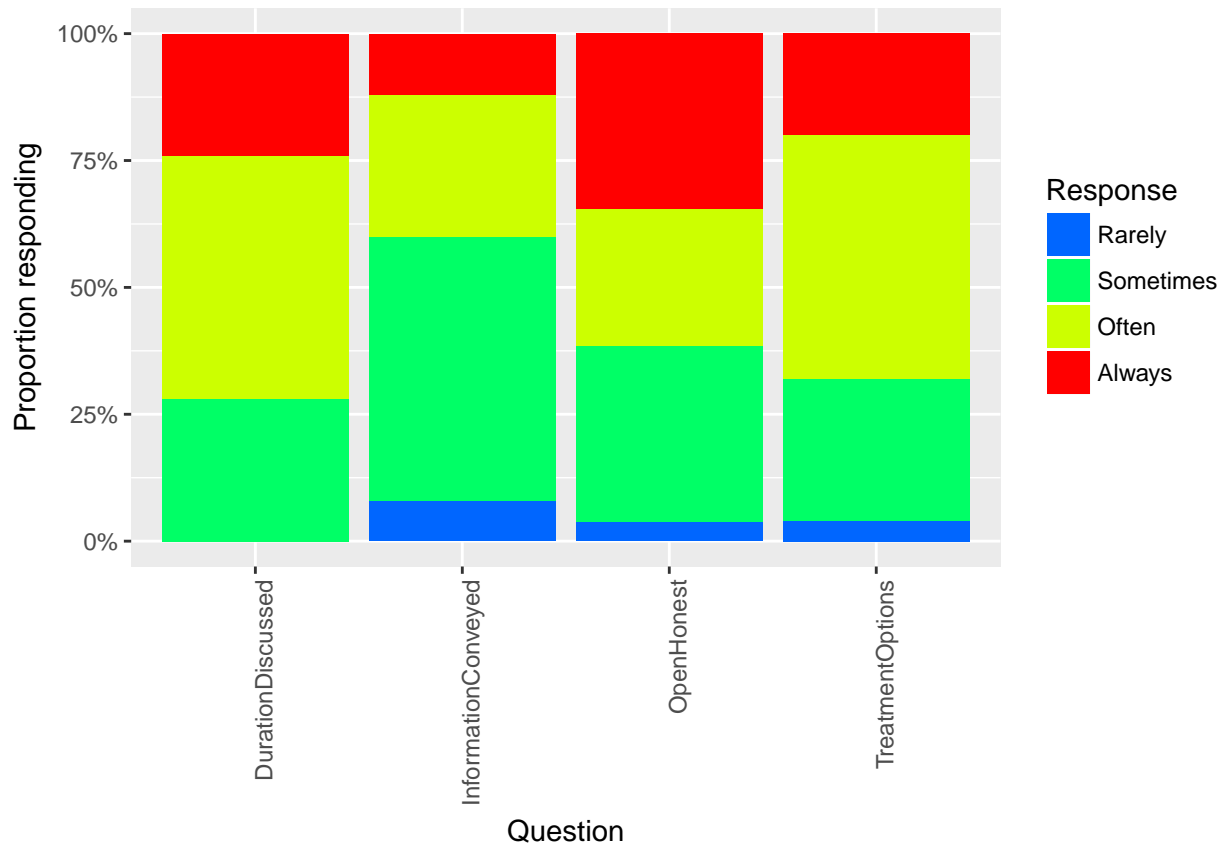
Overall opinion of ward rounds (Q. 6)

Respondents were asked to rate different aspects of practice relating to ward rounds on a scale of “Very much” to “Not at all”. Following is a summary of the percentages of responses for each question.



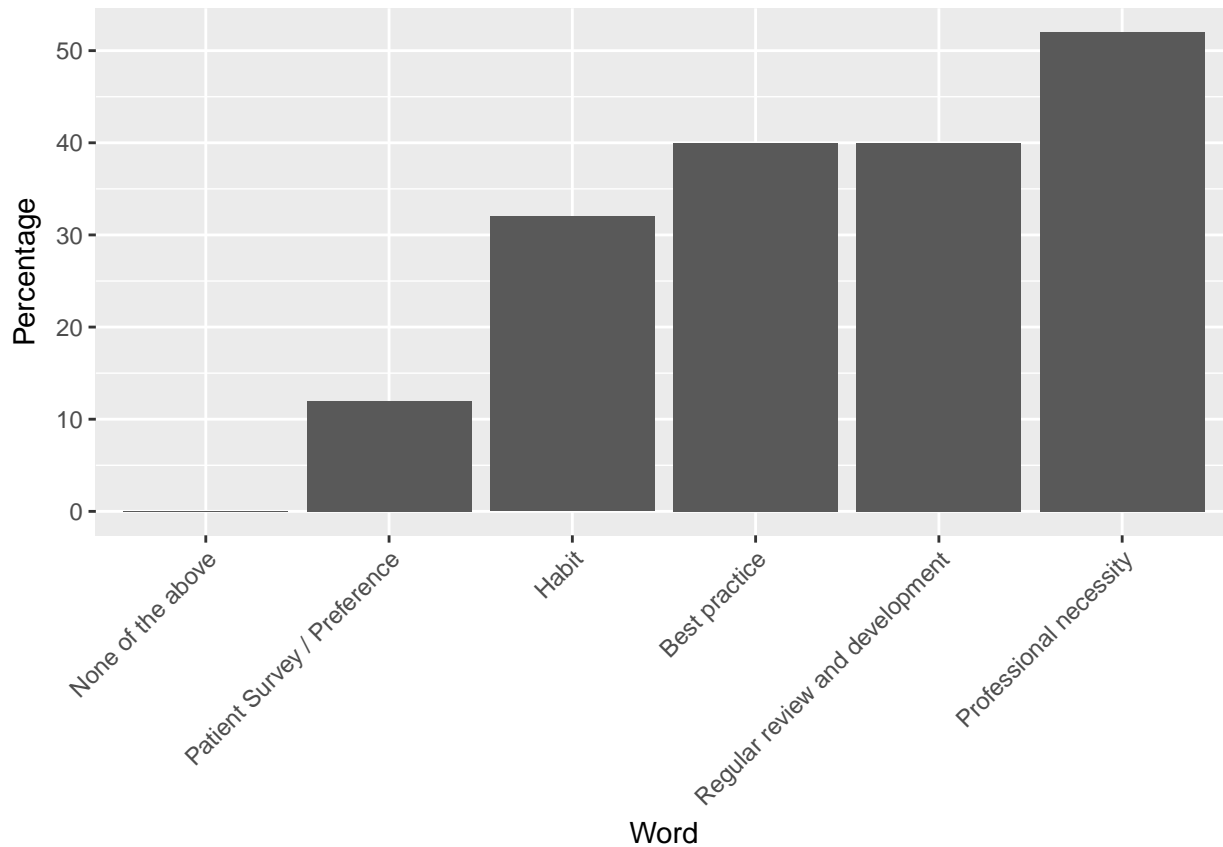
Information and discussion (Q. 8, 9, 10, and 11)

Respondents were asked to indicate the extent to which different aspects of treatment and care were discussed regularly, transparently, and honestly, on a scale of “Never”, to “Always”. Results are summarised following.



Practice in ward rounds (Q. 19)

Respondents were asked “In your view are current management practices regarding ward rounds a result of...”, giving as many responses as they wished. A summary of the proportions of each response against the number who gave a clear answer are given following.



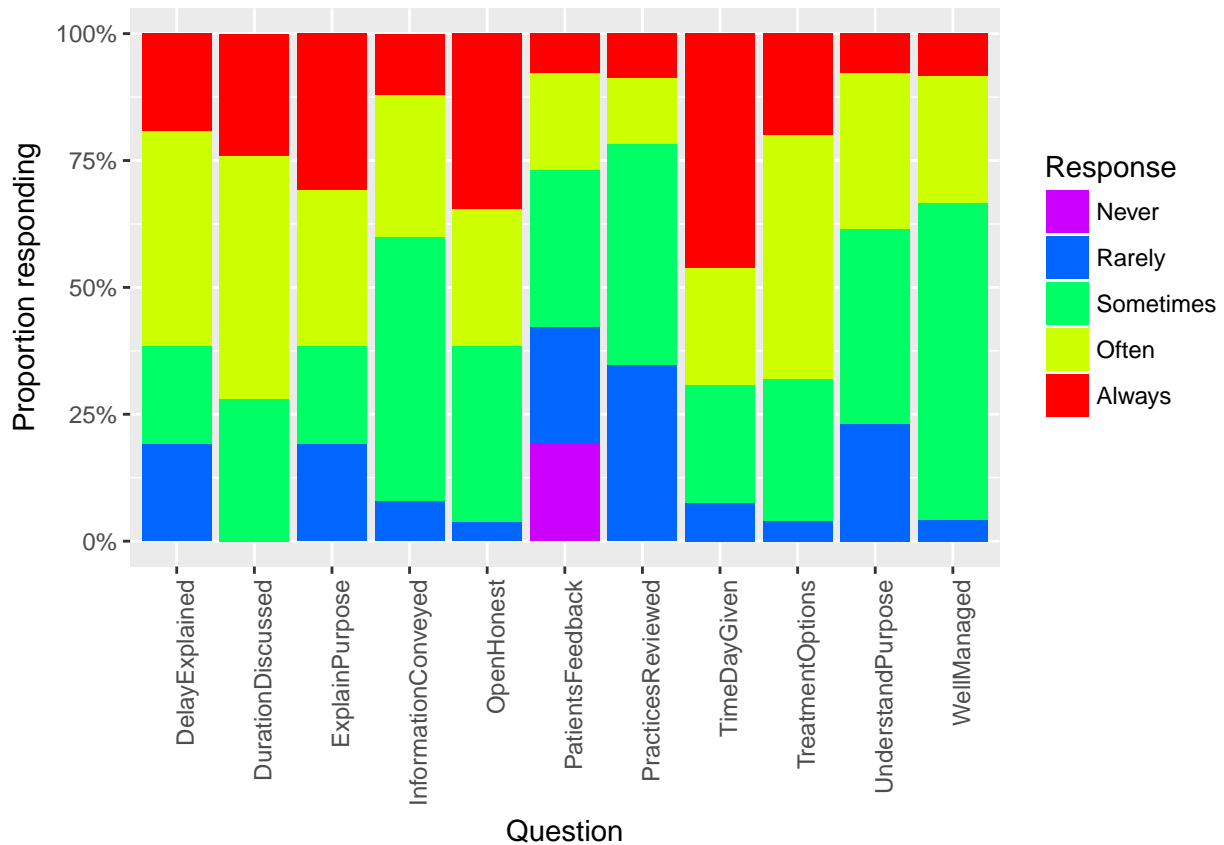
Overall impact (Q. 20)

Respondents were asked what the overall impact of ward rounds was on patient experience. Responses are summarised following.

	%
Greatly	42.31
Significantly	42.31
Moderately	11.54
Insignificantly	3.846
Not at all	0

Patient/ carer experience of ward rounds (Q. 24)

Respondents were also asked how they felt about patient/ carer experience in ward rounds. They were asked to respond on a scale of “Always” to “Never”. Results are summarised following.



Length of delays

Respondents were asked to indicate how long delays to ward round were, on average. Responses are summarised following.

	%
5 – 10 minutes	10.53
10 – 20 minutes	10.53
20 – 30 minutes	26.32
30 – 45 minutes	21.05
45 – 60 minutes	10.53
Over 1 hour	21.05

Purpose of ward rounds

(responses given verbatim)

- Review every patients care on the ward in a multi-disciplinary discussion. I do not use WR to see patient - that is done separately with many fewer people
- A mtg with patient, possibly with others (family/advocate/CCO/OT) to review care. To agree a care plan to work towards objectives, one might be discharge
- To evaluate the stage of process of care the patient is in, for patient to meet consultant & express their concerns/issues, [] to be involved where possible, [help] community team determine [holistic] care package
- To discuss as a [MDT] * patient the care/wellbeing & progress of patients wellbeing + [] plan ahead

- Gather daily updates of each patient on ward, establish important info to facilitate effective patient care
- To determine with the patient what their immediate needs are & discuss [] on the way forward with future care
- To plan & review a patients progress, to listen to the patient views & concerns. To plan discharge
- To discharge patients and get them back into community/normal living
- To review patients, to follow their progression
- Review patient progress & treatment; plsn treatment; clinical team share/discuss info
- Review patient care, give space for patients & family to express thoughts, involve all necessary partners
- For Doctors, Nurses and patients to liase & make plans re medication, leave, treatments
- Review patient care, make plans for coming week. Plan discharge. Have MDT discussions regarding patients
- Discuss patient progress. Give updates on care. Plan for further treatment & discharge. Risk assessment & monitor meds
- Review patient needs & care plans & plan next steps with patient
- For patient, family & the team to establish what next steps in care, including discussion about current therapy, risk, meds, discharge & leave. Discuss any other issues. Family to raise questions and get clear answers.
- Assess patient progress. Identify further issues. patient meet with care team
- Planning care with MDT input inclusive if patient and carers. Review improvements <>, feedback, risk assessment. Shared decision making, planning leave, co-ord of care
- Co-ordinate care, clarify plans, provide <> for patient
- Discussion of patient treatment, recovery plans, leave. Status. How the patients are coping on admission, directing needs
- Care/treatment review. What is going well, what are the areas of need. To provide sll staff & patient an oppurtunity to talk/review
- All staff to agree a plan with patient. To assist recovery

What are ward rounds helpful for?

(responses given verbatim)

- Updating team; feedback about care/mental state; Discussing treatment/therapeutic options; discharge planning; Working as a cohesive team
- Patient reviews, their wants/needs-care plans; agree risks; offer hope; check lists; data; audit
- Making sure all areas of patient care discussed & they are supported well & from the right teams
- Should give patients time to speak to Consultants and have a say in their care
- Review patient care
- Daily changes in patients condition; highlight issues; D/C planning; getting to know 24hr patient.
- Time to discuss issues (usually), medication (If fully reviewed; discharge planning
- Care/treatment of patient, clinical team discusion
- Discharge; medicine changes; find out mental state; carer involvement
- Enables patient to give their opinion on care and to share there needs
- Discuss overall care; discharge planning; Treatment options that have not been explained
- To gain background infi. Discuss care planning. Open environment to talk about problems
- Patient can ask for review of what they would like. Discussion of care plan within whole team
- All issues
- Leave planning, med changes
- Meds; leave; observation levels
- Longer term plans. Discussions which require input from wider MDT. Option sharing
- Procedural rather than functional exercise that is inconsequential
- Review patient care & plan for treatment
- Discussion of current care/treatment. Includes meds, leave, areas patient wants to work on. Agreeing next steps

- Patient requests. To address expectations/achievements for patient to make progress. Feedback between team & patient

What are ward rounds unhelpful for?

(responses given verbatim)

- check lists; data; audit. Capacity amendments v poor; v private conversation with anxious patient; need more detailed meds info
- Things are not explained properly, if at all
- A lot of time wasted
- Difficult to include patients in the ward rounds When ward records discussed all patients are on ward therefore need to maintain confidentiality
- Intimidating; If unplanned, create more confusion for the patient
- Lengthy discussion with individual team members
- Things are not explained properly to patients or sometimes not at all, eg changes to meds and S17
- Sometimes too many in room thus intimidating for patient. If not seen between ward rounds can be long time between contacts with Consultant
- Can be intimidating due to number of people thus patient not talk openly
- Views of patient not always taken into consideration
- None
- Day to day changes, reducing risk - should be daily<>
- Patient journey/strong. Discussions of symptoms personal to them. Do not cover coping strategies/med alternatives
- General wellbeing
- Time limits not being adhered to resulting in patient discomfort & possible affray
- Can be intimidating due to number of people thus patient not talk openly. Causes unnecessary distress and can lead to incidents of hostility

What would you like to change about ward rounds?

(responses given verbatim)

- More time needed to see all patients & discuss
- Nurse led reviews; Consultant see patient out of reviews & then feeds into review process. Prep in advance
- Difficult as sometimes have less people there, quite often patients are asked a lot of questions, sometimes more open talking getting to know them
- Let the Nurses and HCAs who look after the patients 24/7 do ward rounds
- More time for patient
- Don't attend much nowadays
- Have a quick glance front sheet to show where a patient is in [future d/c] planning for each specific professional area
- Only those directly involved in that person's care is present; care plan fully reviewed. Timing (well planned); Prep thorough
- Inconsistency eg seeing different Dr each WR
- Fewer patients on caseload
- How WR is documented,
- Let the HCAs who look after the patients 24/7 do ward rounds
- Time of some ward rounds can be difficult
- Team listen to patient needs/wants a little better
- Time management; better communication. Respect for patient views and proper balance
- Not be so 'old school'- Change practices; Flexibility; accessibility of Doctors

- Agenda for each patients ward round given to MSO, they know what to expect. patient is seated first with no formal seating arrangements. More time allocated for patient
- Patient involved from beginning. Amount of people in review
- Increase frequency as patient numbers fluctuate
- Should be Nurse led & HCA should participate
- Room more welcoming. Offer refreshments to patient as come in. Having some reflections at end of ward round. Use of jargon not always necessary
- We are considering: appt times

Extra analyses from meeting

Which professional groups think ward rounds are vital?

I have put raw numbers in here rather than percentages so you can make any comparisons you want by hand (you'll want to express them as %s). You may in the final analysis like to aggregate across the professional groups, e.g. group the nurses together, produce an "Other" category with OTs, psychologists etc. in. Hope that's useful, let me know if you need anything extra on this.

	Doctor (Consultant)	Nurse (Ward Manager)	Nurse (Qualified Nurse)	Nurse (HCA)	Peer Support Worker	OT	Psychologist	Other
Very Much	1	0	3	5	3	1	1	1
Quite a lot	1	0	0	0	0	0	0	0
A bit	0	0	0	1	0	0	0	0
Not very much	1	0	0	1	0	0	0	0
Not at all	0	0	0	0	1	0	1	0

Delays for ex-patients

Table 23: How long are delays, on average?

	%
5 – 10 minutes	8.333
10 – 20 minutes	16.67
20 – 30 minutes	25
30 – 45 minutes	16.67
45 – 60 minutes	8.333
Over one hour	25

Delays for carers

Table 24: How long are delays, on average?

	%
5 – 10 minutes	11.76

	%
10 – 20 minutes	5.882
20 – 30 minutes	29.41
30 – 45 minutes	35.29
45 – 60 minutes	17.65
Over one hour	0

Cool clustered bar chart

