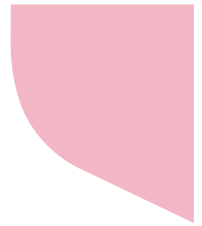









Ward round fundamentals



Key principles

Summary recommendations

<p>Well led</p> 	<ul style="list-style-type: none">Protect and dedicate time for consultant* led delivery.Create an environment for active participation of all team members in care planning.Agree roles for multidisciplinary team members and their input to ward rounds.
<p>Structured</p> 	<ul style="list-style-type: none">Schedule a pre-ward round board round, to be attended by the multidisciplinary team.Review patients in priority order on ward rounds.Use standardised documentation including safety checklists.
<p>Effective teams</p> 	<ul style="list-style-type: none">Schedule ward rounds to prevent conflicts with other ward activities.Structure and plan shift handovers to inform board and ward rounds.Debrief and handover multidisciplinary plans after the ward round.
<p>Patient involvement</p> 	<ul style="list-style-type: none">Actively involve patients in ward rounds, with family and carers as required or requested.Agree communication with the patient on progress of their plan following the ward round.Plan complex and difficult conversations or assessments outside of the ward round.
<p>Education, learning and improvement</p> 	<ul style="list-style-type: none">Use each ward round as an opportunity for learning.Continue to develop the skills required for all staff to actively participate in ward rounds.Assess ward round quality against best practice.

* In some settings this may be senior nurses or therapists (see report case studies)