REGULAR WARD CHECKS RAISE STANDARDS OF CARE

Intentional rounding involves frequent monitoring and recording of patients’ health status. Erin Dean reports on how nurses in one trust introduced the approach.

Abstract
This article reports on the introduction of intentional rounding at University Hospitals Coventry and Warwickshire NHS Trust. The approach was piloted and implemented on the initiative of two nurses in wards that ranged from orthopaedic to general medical. Intentional rounding aims to put patients at the centre of care and consists of checking on their condition at hourly or two-hourly intervals, recording their nutritional status and skin integrity, and asking if they need pain relief or help with eating. The introduction of the approach follows concerns about failures in care highlighted by a number of recent high-profile reports.

Keywords
Intentional rounding, patient-centred care, dignity

CHECKING PATIENTS on wards regularly to see whether they are comfortable and have everything they need has become an important aspect of nursing. In January, this approach, known as intentional rounding, was backed by prime minister David Cameron.

Mr Cameron said that he wanted hospital nurses to use rounds to tackle a ‘real problem with patient care’. He said: ‘Patients should expect nurses to undertake regular nursing rounds: systematically and routinely checking that each of their patients is comfortable, properly fed and hydrated, and treated with the dignity and respect they deserve.’

Rounding involves approaching patients every one or two hours to ask specific questions, such as whether they need help to use the toilet, pain relief or a drink of water. One trust that has implemented the approach is the University Hospitals Coventry and Warwickshire NHS Trust. Since March, it has been introduced in most wards, using a chart designed by the instigators of the project, practice facilitator Judith Smith and clinical nurse specialist in tissue viability Vanessa McDonagh.

Ms Smith says that the move towards using intentional rounds at the trust and other organisations was prompted partly by the failures in fundamental care highlighted by the Mid Staffordshire NHS Foundation Trust inquiry (Francis 2010).

Concerns over standards of care have been raised in a number of other reports, including Care and Compassion? from the health service ombudsman on the care of older people (Abraham 2011). Meanwhile, the Care Quality Commission’s (2011) inspections of 100 trusts in England to check on nutrition and dignity for older patients found that call bells were frequently placed out of reach, patients were given no help to eat and they were spoken to in a rude and dismissive way by staff.

‘We looked into intentional rounding because we thought it was a really valuable tool to put patients at the centre of care,’ Ms Smith says.

Before the widespread use of rounding at Coventry and Warwickshire, the approach was piloted for four weeks on a range of wards, such as trauma and orthopaedics, care of the elderly, and general medical and stroke, as well as the clinical decision unit (CDU).
The pilot used a patient chart designed for the trust by Ms Smith and Ms McDonagh. In the planning stages, they decided to incorporate skin care monitoring in the rounding chart to help cut the incidence of pressure ulcers. This move proved valuable as it preceded an announcement by the trust’s strategic health authority, NHS Midlands and East, that all avoidable grade two, three and four pressure ulcers should be eliminated in hospitals by the end of the year.

Ms McDonagh says that including skin assessments ensures that patients’ skin care receives the attention it merits. Specific sections of the chart focus on, for example, issues such as positioning, to ensure every effort is made to protect frail patients’ skin.

‘It is a reminder of what should be done, an aide-memoire for our staff,’ says Ms McDonagh. ‘We don’t want it to just become a tick-box exercise; it has to be something that staff think about as they are filling in the chart. The integrity of skin is already checked, but this paperwork will ensure that it is checked frequently.’

Benefits

Ms Smith says that, when the pilot was announced, some nurses expressed reservations. She can remember doing similar types of checks about 20 years ago with regular and frequent ‘back rounds’ to check the state of each person’s skin. She says that the profession moved away from this kind of approach because it was thought to be task based, rather than giving a patient individual care.

‘There are some members of staff who don’t like it because they see it as another task,’ she says. ‘But, for me, this puts patients at the centre of care, and it can still be individual. Intentional rounds are built on the fundamental aspects of care, which are so important.’

She says that feedback from staff after the pilot was generally positive, and anecdotal evidence suggested that wards worked more efficiently, although audits to confirm the benefits of rounding and analyse how many of the checklists were completed are not expected until later this year. ‘Nurses recognised that it gave a shift structure and evidence for outcome measures; it is useful for quality assurance and safety on wards,’ Ms Smith says.
Research from the US suggests that intentional rounds can bring benefits to nurses and patients. A study published in the American Journal of Nursing (Meade et al 2006) looked at 27 units in 14 hospitals that were using rounds every one or two hours. The research found an overall reduction in the use of call lights by patients, as well as a drop in patient falls and higher patient satisfaction.

The King’s Fund has also supported the value of rounds by piloting the approach in several hospitals, as part of its Point of Care programme, which is looking for ways to improve care in acute settings.

Point of Care director Jocelyn Cornwell, writing on the King’s Fund website, suggests that rounds can help, but the importance of staffing and good nurse leadership on wards should not be overlooked.

She thinks, however, that rounds should be introduced more widely. ‘Patients will begin to feel confident that help is available when they need it, and will ring the call bell less. The ward will become calmer, the nurses will be able to take their breaks, and, when the shift ends, they will leave feeling less stressed and less worried about how they’ve treated their patients.’

Feedback
Staff feedback was used to fine-tune the final version of the form that has now been introduced more widely at Coventry and Warwickshire. Changes included shading the overnight checks to remind staff that they do not need to wake up patients to ask them questions if they are settled. A section on checking patients’ skin during each round was deemed onerous and was amended to state that skin should be checked daily and changes documented on the skin assessment form.

It was also stressed to nurses that they could use their judgement on some aspects of the rounds. They can choose whether a patient needs checking every one or two hours, and can also miss out

---

### Intentional rounding

The ward round checklist, developed for and used at University Hospitals Coventry and Warwickshire NHS Trust, includes six sections. It also has a patient identification label, and space to record the date and the time that the observations were made. The chart includes an hourly grid, spread over 24 hours, which nurses complete every one or two hours, depending on the decision made by the nurse in charge.

#### Ask
- Is the call bell in reach?
- Do you need the toilet?
- Are you in pain?
- Do you need help?

#### Surface
*To be completed every shift*
- Mattress = risk score + patent.
- Cushion = risk score + patent.

(Insert the name of the mattress, cushion and bed being used.)

#### Skin integrity
Check skin and document changes on the skin assessment form.

#### Keep moving
*Reposition 2-4 hourly as care plan (use 30° tilt and slide sheets.)*
- Left side.
- Right side.
- Back.
- Sitting (maximum two-hourly intervals).

(Record position and when repositioned.)

#### Incontinence
- Is patient clean and dry?
- Ensure cleaned with a pH-balanced cleanser.
- Has the pad been changed?
- Catheter/seal patent and necessary? (Ensure skin is cleaned with pH-balanced cleanser.)

#### Nutrition
- Is patient’s drink within reach?
- Fluids taken/given ..............
- (Ensure recorded on fluid balance chart.)
- Supplements/snacks offered/given ..............
- Nurse responsible for care .............. (initials)
- Nurse in charge to check as a minimum once in 24 hours ......................... (initials)

(Ensure referred to dietitian if nutritionally at risk or grade 3-4 pressure ulcer.)

Other items recorded include grade of pressure ulcer, state of pressure ulcer, for example, if is red and non-blanching, whether there is moisture/excoriation damage, and whether the patient is sedated or unconscious.
some aspects if they think they are irrelevant to particular patients. Ms McDonagh says: ‘Staff don’t have to go through the whole thing every time; it is about nurses using their judgement.’

**Implementation**

In March, the amended checklist was printed and distributed across the hospital, so that copies can be kept in patients’ notes at the foot of beds. There were also training and information boards for staff on why intentional rounding is being introduced and how to carry it out.

The checklist has been introduced in most wards at the trust, which is one of the largest teaching hospitals in the UK. Most of the 1,100 beds are in University Hospital, which was built seven years ago in Coventry.

Children’s wards and the intensive care unit are among the areas where the checklist has not been introduced because the questions do not suit the needs of patients in these areas, who are for example young or need to be checked constantly.

Sister on the CDU Adele Foster has embraced using the chart, even though her area is not a traditional ward area. Patients may spend only a few hours in the CDU before they are moved elsewhere in the hospital or are sent home, but she says that it is still important for them to have regular contact with staff. She adds that the checklist provides useful reassurance to relatives that patients are being well cared for.

‘I haven’t heard anything bad about it from any of the staff,’ she says. ‘It is recording things that we were already doing but it is nice to have the reassurance and evidence that we have checked that each patient is dry, clean and comfortable.’

It has been particularly useful, because we are so busy here, [acting] as a prompt to make sure that patients have everything they need. When you first see the form, it seems like an extra job, but it is actually very quick when you go through it. Patients might only be here for a day, but we still want to ask them if they are comfortable.’

Staff nurse in trauma and orthopaedics Elaine Gray also thinks that the rounding checklists are a positive move in the bays where she works. She says that nurses and healthcare assistants need to share responsibility for completing the rounds, rather than have just one member of staff carry them out.

She cites an example of success as being that she now gives patients small cups of water frequently and ensures that the water is drunk during the rounds, rather than giving them large beakers less often. ‘Any change takes time to get used to but I think it has been a really positive addition,’ Ms Gray explains.

For other hospitals planning to implement intentional rounds, Ms Smith says that it is important to make sure that staff are engaged and have an input into the information included in the chart, to ensure that it asks the right questions. She also says it is important that nurses are told why the changes are being made, so that they do not see it as extra bureaucracy, but as a useful addition to the service they provide.

‘Prepare staff for the rounds, really engage them and explain the benefits for patients. It is really important to act on any feedback from staff during the pilot,’ Ms Smith says.

The trust hopes that other staff who have contact with patients will also carry out the rounds, not just nurses and healthcare assistants.

One supporter of the changes is patient Catherine Miller, who was treated in the CDU after being brought in due to vomiting. She says: ‘I get peace of mind from knowing that, if anything goes wrong, someone will always be checking soon.’

**References**


**Online archive**

For related information visit our online archive of more than 6,000 articles and search using the keywords.

**Conflict of interest**

None declared