a. Board round Internal Professional Standard (IPS) example

INTERNAL PROFESSIONAL STANDARD (IPS)		
Title	Board rounds	
Purpose	A daily board round is a summary discussion of the patient journey and what is required that day in order for it to progress. It identifies and resolves any waits or delays in the patients' hospital stay, which enhances the patient experience and reduces the known risk factors associated with prolonged length of stay in the hospital environment (e.g. risk of falling, deconditioning and hospital acquired infections) through the implementation of actions.	
Scope	This IPS is relevant to all clinical and ward based administration staff involved in the care and management of patients in inpatient wards	
	Instruction	**Supporting Information/ Explanation**
1.	• The morning board round takes place before 09:30am, Monday – Friday (ideally 7 days per week) to discuss the plan for every patient (and issues that require escalating) • The afternoon board round takes place between 13.30pm and 14.30pm to review actions from the morning (hold MDT to account) and agree plans to support early decisions (i.e. discharge) for the same or following day. • The board round is NOT a discussion relating to the whole of the patients care – it is to discuss the plan for the day.	The aim is to prioritise the bedside review and deal with any outstanding issues, such as discharge planning or diagnostic delays, earlier in the day
2.	Staff should aim to complete the board round within 30 minutes or less	The board round is not an MDT meeting
3.	A designated board round chair must be identified prior to board round, this should be the consultant/senior registrar or the nurse in charge (NIC)	Enables the board round to be managed appropriately

4.	Representation on the Board round, should include • Ward manager (Lead) • Nurse in charge (Deputy lead) • Consultant • SPR • PT / OT • Discharge co-ordinator (for complex discharges) • Junior doctors • Pharmacist (desirable) • Matron (at least twice weekly) • Social worker	A multidisciplinary approach supports the delivery of high quality care and strengthens communication between teams
5.	• It is the responsibility of the board round lead (ideally ward manager/consultant) to ensure the white board is up to date prior to the board round taking place. • All patients should be marked as a RED day for the MDT to discuss whether or not status can be changed to green, (see rapid improvement guide for reference)	Accurate patient information/status Focus on delays
6.	The board round chair ensures that every patient is discussed. They should note: • Sick or unstable/deteriorating-consider national early warning score • A potential discharge • Awaiting tests/results, delays of over 12 hours for diagnostics, assessments, reviews etc. will be followed up if they cannot be resolved that day, the delay should be highlighted to the matron to take appropriate action and resolve. This should be recorded on the white board • Assign an up to date expected date of discharge (EDD). An EDD must be assigned **within 14 hours** of the patient's arrival to the ward • Every patient has clinical criteria for discharge set by the MDT which the patient is aware of. This information should have been collected at the point of admission, with an aim to getting the patient home • Any other issues such as delays to treatment and/or diagnostics The consultant will see patients on the ward round in the following order: • Sick/unstable patients • Potential discharges • All remaining patients	Facilitates the development of a 'to do' list Enables the ward round to be prioritised Escalation of delays leading to actions *See ward round SOP*

7.	Clear written identification and allocation of a task (or tasks) for each patient must be documented during the board round.	Tools such as board round output sheet
8.	The following questions must be asked for each patient: • What does this patient need in order to be safely discharged in terms of nursing, medical, therapy and social issues? • Does the patients care need to be provided in an acute setting? • Are we on track to achieve the EDD? This review should include, but is not exhaustive of: • Transport arrangements • Pharmacy requirements • Preparedness of community health and social care teams • Preparedness of patient and/or relative or carer	Facilitates discharge or transfer to the most appropriate care setting
9.	The chair must ensure information is updated preferably during the board round but at latest by the end of the board round.	Enables accurate information to be available centrally and improves ward communication
10.	Some patients will require a more detailed discussion and/or discharge planning. This should take place in the separate multi-disciplinary team meeting – the board round is NOT an MDT meeting.	Allows the board round to be completed in a timely manner
11.	Celebrate success, patient stories/feedback, previous days pre 10:00hrs admissions, number of discharges pre lunchtime previous day, LOS SPC charts.	Valuable and useful tools to promote good practice and staff engagement

Process at the board round

During the board round, the following questions should be asked for every patient:

1. What are the priorities for the patient today?
2. Are any assessments/diagnostics over 12 hours since request?
3. If the EDD is within 14 hours, have all arrangements been made – discharge letters, TTOs, transport, patient and family aware, equipment to ensure a morning discharge?
4. If the patient requires continued assessment/needs after hospital discharge are arrangements in place to ensure timely and safe discharge when patient is medically optimised (to reduce the risk of hospital deconditioning)?

For days when any member is not in attendance, a robust process must be in place to ensure they, or a representative, are made aware of any waits, delays or actions associated with them or their team.

Practical tools should complement the board round process to monitor / evaluate the effectiveness and support delivery of the principles and assist with continual development (e.g. action log, inpatient PTL and monitoring tool).

b. Board round checklist example

Board Round Checklist

The board round should take no longer than 30 minutes.

- ✓ Each patient must be considered during every board round
- ✓ Is the patient deteriorating? Consider national early warning score (NEWS)
- ✓ Enable prioritisation of patients – sick patients, discharges, remaining
- ✓ Are there any patients to be discharged today?
- ✓ Are there any patients to be discharged tomorrow?
- ✓ Have new patients been given an expected date of discharge (EDD) and needs assessment within 14 hours of arrival?
- ✓ Any delays and actions need to be documented
- ✓ Delays should be escalated if necessary
- ✓ *Don't forget....this is not an MDT!*