1 ROUNDTING AND HANDOVER
Dynamic Practice Guidelines for Emergency General Surgery

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Clinical Practice Guideline
ROUNDING AND HANDOVER

ROUNDS
- Preparation
- Conduct
- Documentation
- Physician Orders

MULTIDISCIPLINARY TEAM
- Communication Rounds

PHYSICIAN TEAM
- Patient Plan

HANDOVER
- Effective Handover
- Handover Tools

PATIENT AND FAMILY
- Communication
The assessment of surgical inpatients is conducted daily on every admitted patient:
- Patient Interview
- Patient Exam
- Review of Chart
- Formulation of Plan

High quality surgical rounding has been shown to decrease patient morbidity. ¹

Multidisciplinary Communication Rounds:
- The discussion of patient condition and sharing of information regarding care plan

¹ Pucher PH and Aggarwal R. 2016 Ann Surg
ROUNDING AND HANDOVER

Preparation

Receive handover from night team
• Responsibility of both the service (“day team”) and on call personnel (“night team”) to communicate patient care issues identified and/or addressed overnight
  o Can be done over the phone or in person
  o Should happen at a dedicated time and place to avoid distractions
  o Handover tools such as “SBAR” can ensure important details aren’t overlooked

Check electronic patient record
  o Update patient lists to include all inpatients and off-service patients
  o Vital signs
  o Drains and catheters
  o Lab work
  o Imaging
  o New documentation
Every patient needs assessment

- Assessing patients, discussing care plan, answering questions, and doing so with compassion takes time; afford yourself enough of it, and if you run short then plan to return later.

Tips and Tricks

- Assign roles to rounding team (e.g. patient interview, note taking)
- Always introduce yourself and team members to patients
- Verbalize your examination
  - Helps team stay engaged
  - Keeps recorded information accurate
  - Educates and involves patient
- Ask patient if they have any questions or concerns
- Update a “to do” list after each patient, and assign each task to a specific team member
ROUNDING AND HANDOVER

Documentation

S: Subjective
- Record pertinent answers and volunteered information

O: Objective
- Vitals, Inputs and outputs, and details of the physical exam

A: Assessment
- Overall impression of patient condition: improvement or deterioration
- Can link to plans for each patient issue

P: Plan
- Brief outline of management for each patient issue
- Disposition plan and expected time frame

Good documentation is important to ensure good communication and to protect against litigation in case of adverse outcomes/ patient dissatisfaction

1 CMPA Resource on Documentation
Physician Orders

- Written instructions must be concisely conceived, clearly written, and flagged.
- Any STAT orders must be directly communicated to the patients nurse and/or the charge nurse.

<table>
<thead>
<tr>
<th>D:</th>
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<tbody>
<tr>
<td>A:</td>
<td>Activity</td>
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<tr>
<td>V:</td>
<td>Vitals</td>
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<tr>
<td>I:</td>
<td>Investigations/ IVs (Rate/ Bolus)/Ins and outs</td>
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<tr>
<td>D:</td>
<td>Dressings/Drains/Drugs</td>
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<tr>
<td></td>
<td>o Pain = analgesics; important to consider frequency and route</td>
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<td></td>
<td>o Puke = anti-emetics</td>
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<td></td>
<td>o Poop = consider role for cathartics; analgesics are correlated with constipation</td>
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<tr>
<td></td>
<td>o Pus = antibiotics; daily assessment of route, spectrum, and indication</td>
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<td></td>
<td>o Prophylactic = consider roles of anti-thrombotics, anti-ulcer agents</td>
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<td></td>
<td>o Previous = medications used by patients before hospital; attention to “held” agents</td>
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Responsibilities for patient care extend well beyond the physician team.

<table>
<thead>
<tr>
<th>Care Provider</th>
<th>Role and Responsibilities</th>
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<tbody>
<tr>
<td>Nurse</td>
<td>• Provide 24 hour care and support to assigned patients</td>
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<td></td>
<td>• Monitoring and communicating changes in patient condition</td>
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<tr>
<td>Nurse Manager</td>
<td>• Nursing assignments, education, and safety</td>
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<td></td>
<td>• Patient flow through ward</td>
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<tr>
<td>Physiotherapist</td>
<td>• Assist in returning patient to baseline physical function</td>
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<tr>
<td>Occupational Therapist</td>
<td>• Assess patients activities of daily living; identify aid needs</td>
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<td></td>
<td>• Provide aid access in hospital and on discharge</td>
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<tr>
<td>Social Worker</td>
<td>• Address psychosocial needs both in and out of hospital</td>
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<tr>
<td></td>
<td>• Integral role in complex discharge planning</td>
</tr>
<tr>
<td>Respiratory Therapist</td>
<td>• Assist in diagnosis and management of ventilatory issues</td>
</tr>
<tr>
<td>Speech Language Pathologist</td>
<td>• Swallowing assessments and suggestions</td>
</tr>
<tr>
<td>Ward Aide</td>
<td>• Assist with patient transfers, ward cleaning, patient linens</td>
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Multidisciplinary Communication Rounds

Bringing stakeholders together to effectively integrate care needs of patients.

- Format varies between institutions, and can vary within institutions.

- Examples:
  - “Board Rounds” occur at a set time, attended by all team members.
  - “Communication Binders” are used to record written observations and requests.
  - “Check In” refers to formal communication between team members and nurse manager.

- It is critical to know the preferred method for your institution.
- Multidisciplinary rounding has been shown to decrease complications, increase resident education, and decrease hospital LOS\(^1\)

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\(^1\) O’Mahony S, Mazur E, Charney P, et al. 2007 *J Gen Intern Med*
Respecting patient autonomy mandates involvement in their own care plan
- Physicians, patients, and families have positive attitudes towards family involvement in rounds

**Tips and Tricks**
- Establish GOC and POA early in hospital stay (within 48 hours of admission)
- Ask patient to identify preferred point of contact
- If patient wants family to be updated try for an in person visit if possible
- Schedule family visits at a time when you are certain you can attend
- Always review chart including latest results before family visit
- If a lengthy discussion regarding goals of care or disposition planning is needed then involve social work for planning of a formal Family Meeting

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1 Rotman-Pikelny P, Rabin B, Amoyal S et al. 2007 *Patient Educ Couns*
Patient Plan

Building a Plan

- The patient plan incorporates multidisciplinary assessments, and needs to be evaluated each day
- Should be the focus of discussion with attending staff
- Each patient’s “to dos” should be discussed and assigned to specific individuals to ensure that nothing is missed; division of tasks should be suited to the training level of team personnel

A good plan:

- Identifies most urgent issue
- Identifies patient need for surgery
- Focuses on patient disposition from hospital
- Has been discussed with patient
Handover

Patients require 24 hour care = Shared responsibility of ‘Day’ + ‘On-Call’ Teams

• Patient handover is the moment when care responsibilities are transferred between providers

• This exists between:
  o Medical Students
  o Junior Residents
  o Senior Residents
  o Attending Staff
Effective Handover

• Handover is now being recognized as a patient safety issue with calls for improvement and standardization coming in the past decade.¹

• A 2015 North American survey found the majority of residents do not receive training in effective handover, and that residents feel this can contribute to patient harm.²

• Recent recommendations from the Committee on Acute Care Surgery in Canada were that handover skills be ‘taught systematically’ and recognized that practice is highly variable.³

• Improvements have been seen with the use of checklists and electronic tools, however the optimal method is not known.⁴

No gold standard exists

- Essential elements of handover are understudy; the implementation of handover techniques relies on institutional level training, implementation, and observed compliance.
- Barret et al. (2017) reviewed the elements of established handover tools, finding high variability.

**CMPA Handover Resource outlines:**
- SBAR
- I-PASS
- SIGNOUT

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1 Barrett M, Turer D, Hughes DT and Sandhu G. 2017 *Am J Surg*