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## CONFERENCE ABSTRACT

### **Ward rounds: opportunities for integrating person-centred care.**

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**Introduction:** Ward rounds present an opportunity for patients to be involved in their treatment planning. However, often this opportunity is not realised, thereby missing a vital opportunity to deliver integrated person-centred care. Multiple factors influence whether person-centred care rounds are achieved, including: being invited into the discussion through clinician questions; clinicians' language use; and the physical capacity of patients to discuss their care. The study aim was to explore patient experiences of rounds to identify how rounds facilitate and integrate patient-centered care and reveal potential for improvement from the patients' perspective.

**Methods:** A multi-method study across two inpatient specialties was conducted in a metropolitan hospital in Sydney, Australia. Staff from two acute medical and two rehabilitation units participated. Ward rounds were observed, and then semi-structured interviews were conducted with patients from each round observed. The focus of the observations were processes and patterns of communication. Interview questions included: description and purpose of ward rounds, attendees and roles; advantages and disadvantages of rounding processes; collaboration between the healthcare team and patient; and suggestions on how rounding processes could be improved. Descriptive and thematic analysis of observations and interviews were undertaken.

**Results:** Similar experiences of ward rounds were described by the 14 participants observed and interviewed. Participants described rounds as an opportunity for patients and doctors to interact but designed to meet the needs of the healthcare team. Those with chronic conditions or frequent admissions described greater satisfaction with rounds as they had learnt how to prepare for rounds and discussions. This experience enabled participating patients to engage in greater conversation with the medical officers about their medical condition and goals. Just under half (43%) of participants reported not understanding the doctors' medical terminology which restricted their ability to participate in conversations. Participants acknowledged hospitals were busy environments and unpredictable but did suggest preparing patients for the discussion and providing a time for rounds would be beneficial to reduce anxiety around the unknown.

**Discussions:** Although ward rounds are an opportunity to deliver person-centred care, patient experiences expose the challenges for healthcare teams to deliver it. Patient uncertainty around rounding expectations results an imbalance in the clinician-patient relationship. Uncertainty can impact on patients' abilities to participate, in turn affecting their satisfaction.

**Conclusion:** Clinicians influence person-centred care during rounds through language and relationship building. Patients become more independent and take on responsibility during the

round the more exposure they have to them. Providing patients with knowledge on what to expect during a round facilitates inclusion in conversation and leads to more person-centred rounds.

**Lessons learned:** Patients can offer unique insights in how to integrate the “person-centred” aspect into rounds.

**Limitations:** Participants were frail aged or acutely unwell which meant greater exploration into their responses and longer interview times were not appropriate.

**Suggestions for future research:** Exploring patient experiences can shape how ward rounds can be more person-centred. Understanding perspectives of both patients and clinicians can lead to more collaborative care planning processes.