The What, Why, and How of Rapid Rounds

Structure and content.
Roles of team members.
Plan and prepare for implementation.
1. **Welcome**

Welcome to The What, Why, and How of Rapid Rounds.

This document is a print-friendly version of the elearning unit. Here you will find a screenshot of each page in the unit (left column), and a transcript of the voiceover (this column), with some modifications to make them work in a non-interactive format. While this document lacks interactivity, it may be preferred by some learners who prefer reading or who lack a robust internet connection.

2. **Project collaborators**

This project is a joint initiative between Alberta Health Services and the University of Alberta.
3. Elearning tips

A quick reminder that you are welcome and encouraged to work through this elearning unit with other participants if you wish, and a transcript is available in the left panel.

4. Learning objectives

In this elearning unit we’ll explore the core concepts for Rapid Rounds so that you will be able to:

- Recognize the cornerstones for successful Rapid Rounds;
- Identify the structure and content of Rapid Rounds;
- Identify the roles performed by team members during Rapid Rounds;
- Collaborate with other staff members in planning and preparing for Rapid Rounds.

Rapid Rounds already occur throughout Alberta Health Services, so you may already be familiar with them. If this is the case, consider this an opportunity, not to learn about Rapid Rounds, but to reflect and improve your practice.
5. Rapid Rounds


6. What are Rapid Rounds?

What are Rapid Rounds? Rapid Rounds are daily interprofessional team meetings designed to review each patient’s plan of care to identify what needs to be done that day in order to move the plan forward. Rapid Rounds provide a structured format that encourages brevity and effectiveness. Care decisions made during Rapid Rounds are discussed with the patient, ensuring the patient is at the centre of their care.
7. Why Rapid Rounds?
Rapid Rounds facilitate a **culture of collaborative care** where each provider has an opportunity to inform the patient’s plan of care through regular communication with other care providers. This enhances professional relationships and increases accountability among team members. Rapid Rounds help care providers to identify clinical issues early so they can be addressed while still working towards **safe and timely patient discharges**. Rapid Rounds also help the team to identify the **Anticipated Date of Discharge (or, ADOD)** so the whole team works towards the same discharge date. With Rapid Rounds, patients and family members are fully **engaged and empowered** in care planning, at the level where they want to be engaged, leading to a more positive patient experience.

8. Why Rapid Rounds?
So, why implement Rapid Rounds? To put it simply, better care is provided. Rapid Rounds improve quality patient care through efficient, effective, and clear team collaboration. The patient benefits through the daily sharing of necessary information about their plan of care from the appropriate team member.
9. **What does Rapid Rounds look like?**

The following video gives an example of Rapid Rounds in practice. It may look different in your environment.

**Title:** Rapid Rounds in action at Auckland District Health Board

**Description:** (From NZ Health Improvement and Innovation Resource Centre.) Rapid Rounds are concise daily ward discussions with nurses, doctors, and Allied Health team members. The purpose is to coordinate the patients’ plan for their stay. Rapid Rounds were introduced at Auckland City Hospital in 2010 and have seen fantastic benefits. These include better team communication, quick referrals, and faster problem solving, which means our patients wait less and are ready to go home sooner.

The ADHB has made a short video to explain what Rapid Rounds are, how they work and what the benefits are. The video is being used to help roll out Rapid Rounds across the wards at Auckland City Hospital.

[Click NEXT to view the video.](http://www.hiirc.org.nz/page/27292/rapid-rounds-in-action-at-auckland-district/)

10. **Video**

11. Cornerstones of Rapid Rounds

Consistency. Rapid Rounds take place every day, at the same place and the same time, addressing every patient on the unit. Rapid Rounds start on time, every time, so everyone knows when to arrive.

Clarity. Use clear language to identify care goals and issues. Track the treatments and interventions used, and identify safe thresholds for transitioning each patient to a new care environment.

Accountability. Identify who is responsible to do what, by when, and report back at the next Rapid Rounds. Ensure that each patient’s care plan is discussed with the patient and/or their family.

12. What gets covered in Rapid Rounds?

In Rapid Rounds, in approximately one minute per patient, cover the following:

Review the care goals and the status of tasks that were assigned the previous day.

Assess any emerging issues or barriers for discharge. Discuss key points about the care the patient is receiving today. Decide who will update the patient and the patient bedside whiteboard.

 Prepare for Imminent Discharge by identifying care activities to be carried out, and the team member responsible for them. Finally, update the anticipated date of discharge (ADOD).
13. Everybody has a role in Rapid Rounds

Being clear about the role of each team member helps Rapid Rounds to run quickly and smoothly.

- Each team member is responsible to attend, arrive on time, and be prepared.
- Each team member contributes their professional information.
- Each team member shares any patient concerns.
- Each team member is accountable to follow up as needed.
- Each team member updates the team’s communication tool, such as a whiteboard or computer screen, throughout the day.

14. Your role in Rapid Rounds

See Appendix A for this handout.
15. Specific roles

The team assigns specific roles to some team members. Prior to the start of Rapid Rounds, a **team member** speaks to the patients to see if there’s anything they’d like brought to the team to discuss. A **facilitator** leads the rounds by ensuring the team stays focused and adheres to the Rapid Rounds process. The facilitator also ensures all follow-up tasks are assigned to team members, including who reports back to the patients, and confirms that the team members are clear what to communicate to the patient. The **recorder** updates the whiteboard or other communication tool in real time during the rounds. After Rapid Rounds, the **bedside nurse**, or other appropriate care team member, follows up with the patients about what was discussed.

16. Collaborative planning for Rapid Rounds

In planning for Rapid Rounds, your team will need to make a few decisions. **Who** on the team needs to attend Rapid Rounds? Note that the whole team should attend and have their voice represented, or assign a designate. **What** content will and won’t be addressed during Rapid Rounds? **Where** will the team meet? **When** will the team meet? Rapid Rounds takes place seven days a week. It is suggested that rounds occur before 1100h; although this will vary by service. Weekend Rapid Rounds will also vary by service but will usually start around 0900h. Decide what **communication tool** your team will use for Rapid Rounds, such as a clearly visible whiteboard, a computer device, paper, or another option. Also decide any **etiquette or ground rules** to be followed during Rapid Rounds.
17. Review

Let’s review what we’ve learned in this unit.

- Rapid Rounds are daily, whole team meetings to move each patient’s plan of care forward.
- Rapid Rounds facilitate a culture of collaborative care, help the team to identify clinical issues early, and lead to fully engaged and empowered patients.
- The cornerstones of Rapid Rounds are consistency, clarity, and accountability.

18. Review

- In Rapid Rounds, we review each patient’s status and care goals, assess any issues, and identify activities to be carried out. The anticipated date of discharge (ADOD) is updated.
- Everyone has a role, such as arriving on time and contributing your professional information. Additional roles include facilitating, recording notes, and providing an update to the patient.
- In planning for Rapid Rounds, you need to consider who will attend, what to cover, where and when to meet, and what communication tool to use.

We’ll revisit Rapid Rounds, and have an opportunity to practice Rapid Rounds scenarios, in the facilitated group learning sessions that follow the elearning units.
19. Reflection
Using what you’ve learned in this elearning unit, take a moment and reflect on these questions or discuss them with your colleagues.

- What am I already doing that supports effective Rapid Rounds?
- Do I need to do something differently to align my practice with the goals of Rapid Rounds? To improve my practice?
- What does this mean for how I do my job, for my role in patient care? How will this affect me?
- How might this new process change my relationship with my patients and colleagues?

20. Thank you
Thank you for completing The What, Why, and How of Rapid Rounds. Please proceed to the next elearning unit.

For more information about collaborative practice and this elearning unit, please visit the Virtual Interprofessional Educator Resource (VIPER): http://www.hserc.ualberta.ca/TeachingandLearning/VIPER/


21. Acknowledgements
See Appendix B for acknowledgements and image credits.
Appendix A: Your role in Rapid Rounds

Your role in Rapid Rounds!

COME KNOWING THE FOLLOWING...

THE PATIENT’S
OVERALL CARE GOALS

ISSUES IMPACTING THE
TEAM’S ABILITY TO DELIVER
TIMELY, SAFE, QUALITY CARE

TESTS / TREATMENTS /
CONSULTS / INTERVENTIONS
TO DISCUSS WITH THE TEAM

PATIENT AND FAMILY
CONCERNS AND
QUESTIONS

PATIENT’S CURRENT CARE NEEDS

DOES THE ANTICIPATED DATE OF
DISCHARGE (ADOD) NEED TO BE REVISED?

PATIENT’S HOME
ENVIRONMENT

STATUS OF YOUR
FOLLOW-UP ITEMS FROM
THE PREVIOUS RAPID
ROUNDS

PATIENT’S EXPECTED
TRANSITION DESTINATION

WHEN IS IT SAFE FOR THE PATIENT
TO TRANSITION?

Alberta Health Services
Covenant Health
University of Alberta
Interprofessional Care Processes
Appendix B: Acknowledgements

These materials were produced for *Better Teams, Better Care: Enhancing Interprofessional Care Processes through Experiential Learning (Interprofessional Care Processes Project)*.

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