Intentional rounding in hospital wards to improve regular interaction and engagement between nurses and patients: a realist evaluation

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Plain English summary

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Plain English summary

The government policy response to the care failures at the Mid Staffordshire NHS Foundation Trust led to recommendations to introduce 'regular interaction and engagement between nurses and patients' (Francis R. *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: The Stationery Office; 2013. © Crown copyright 2013. Contains public sector information licensed under the Open Government Licence v3.0) into the NHS. Consequently, the US model of 'intentional rounding', a timed, planned intervention that sets out to address fundamental elements of nursing care by means of a regular bedside ward round, was introduced.

The aim of this research was to find out what it is about intentional rounding that works, for whom and in what circumstances. It set out to understand how intentional rounding works when used with different types of patients, by different nurses, in diverse ward and hospital settings, and if and how these differences influence outcomes. The methods included an evidence review to create a theory of why intentional rounding may work, to be tested throughout the study; a national survey to find out how intentional rounding had been implemented across England; a case study evaluation investigating the perspectives of senior managers, nursing and other health-care professionals, patients and carers; 188 hours of observations of intentional rounding being undertaken; and an analysis of costs.

The survey showed that 97% of trusts had implemented intentional rounding. Observations of intentional rounding delivery and interviews with staff demonstrated that intentional rounding could promote consistency in the completion of patient documentation, although there was also evidence of staff not following intentional rounding protocols. When intentional rounding was documented correctly, it supported accountability for care and assurance about risk management for senior managers. However, there was some concern that although intentional rounding may satisfy an organisational culture preoccupied by risk management, it did little to support the nurse–patient relationship. It is suggested that these results should feed into a wider conversation and review of intentional rounding. The wisdom of importing health-care policies from international health-care systems into the NHS without first testing/piloting them is also questioned.

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