Purpose
What are Rapid Rounds?

Rapid Rounds are structured interprofessional rounds that bring the team together to review the patients’ plan of care twice per day. The Rapid Rounds focus is “what is the care today, and what is the plan for the stay”. Consistent daily communication is imperative in providing quality and safe patient care.

The Rapid Rounds team reviews daily; where the patient is from, where they will return to, if any support services are currently in place or required, what the Anticipated Date of Discharge (ADOD) is and what each discipline is required to complete, to move the care plan forward.

The ADOD is a fundamental concept to the plan of care and discharge pre-planning activities. The ADOD is the date that the patient is expected to be ready for discharge from the facility. This date is assigned on admission and reviewed daily by the Physician, Interprofessional Care Team, patients and families to coordinate care and facilitate a healthy and timely transition from hospitals.

To facilitate patient care within the hospital, the ADOD discussed in the Rapid Rounds will be shared with the Bed Management Team and Environmental Services.

Based on lessons learned from implementing and sustaining Rapid Rounds, the following criteria are necessary to ensure optimal functionality of the rounds.

Structure for Implementation

Morning (AM) Rapid Rounds

The Morning (AM) Rapid Rounds is a focused review of each inpatient to identify barriers to discharge and to plan the care for the patient stay.

Frequency: 5 days/week
Start time program dependent (preferably between 0800h-1000h)
Start Time: 1 minute/patient
Location: Choose a location that can be used at the same time each day
Required: Charge Nurse (CN), Physician/Nurse Practitioner (NP)/Resident, Occupational Therapist (OT), Physical Therapist (PT), Social Work (SW), Care Coordinator (CC)
Ad Hoc: Speech Language Pathology (SLP), Respiratory Therapist (RT), Registered Dietitian (RD), Spiritual Care, Pharmacist
Recorder: The Charge Nurse will update the Rapid Rounds Kardex during the Rapid Rounds; the Interprofessional Team will be required to update the Kardex throughout the day and when there are changes in their patient’s care plan.
Tools: Rapid Rounds Kardex, Discharge Activity Tracking Tool (DATT), Interprofessional Discharge Checklist
Census: Medworxx Patient List by Bed/Unit
Afternoon (PM) Rapid Rounds

The Afternoon (PM) Rapid Rounds are intended to identify all patients for next day discharge and finalize the plan; information from the Afternoon (PM) Rapid Rounds will be shared with the Bed Management Team and Environmental Services for resource and capacity planning to ensure smooth transitions.

**Frequency:** 5 days/week

**Start time:** Afternoon (program specific dependent)

**Location:** Choose a location that can be used at the same time each day

**Required:** Charge Nurse (CN), Care Coordinator (CC), Occupational Therapist (OT), Physical Therapist (PT), Social Work (SW), Unit Clerk (UC)

**Ad hoc:** Speech Language Pathologist (SLP), Respiratory Therapist (RT), Registered Dietitian (RD), Spiritual Care, Pharmacist, Physician/Nurse Practitioner (NP)/Resident

If barriers to discharge were related to your discipline from the Morning (AM) Rapid Rounds you will need to attend the afternoon round, to update the team on the patient discharge status.

**Recorder:** The Charge Nurse will update the Rapid Rounds Kardex and Discharge Activity Tracking Tool (DATT)

**Tools:** Rapid Rounds Kardex, Discharge Activity Tracking Tool (DATT), Interprofessional Discharge Checklist

**Census:** Medworxx Patient List by Bed/Unit

Weekend Rapid Rounds - Charge Nurse/Physician Touchdown

The format for weekends will differ from weekdays. The Physician and Charge Nurse will meet quickly in the morning to review discharges for the weekend and any patient care needs to move the care plan forward.

**Frequency:** Once daily

**Location:** Choose a location that can be used at the same time each day

**Required:** Charge Nurse and Physician

**Recorder:** The Charge Nurse will update the Rapid Rounds Kardex, Discharge Activity Tracking Tool (DATT), Interprofessional Discharge Checklist

**Census:** Medworxx Patient List by Bed/Unit

**Figure 1.0 Rapid Rounds Kardex Tool Example**

Covenant Health Acute Care Edmonton Medicine Template
Figure 2.0 Discharge Activity Tracking Tool (DATT)

Medical Discharge Activity Tracking Tool Template

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Days &amp; Times</th>
<th>Time Out</th>
<th>Bed and Transport</th>
<th>Medication Administration</th>
<th>Bed and Transport Notes</th>
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Figure 3.0 Interprofessional Discharge Checklist

Medical Interprofessional Discharge Checklist Template

<table>
<thead>
<tr>
<th>Patient ID Label</th>
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<table>
<thead>
<tr>
<th>Medication</th>
<th>Fall Prevention</th>
<th>Wound Care</th>
<th>Equipment</th>
<th>Goals of Care</th>
<th>Transfusion Tasks</th>
<th>Discharge Form</th>
<th>Requisitions for Tests</th>
<th>Respiratory</th>
<th>Anticoagulant Management</th>
<th>Home Care</th>
<th>Personal Belongings</th>
<th>Other Discharge Information</th>
<th>Facility Transfer Information</th>
<th>Follow-Up Information</th>
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Patient / Responsible Party (Signature): ____________________ Date: ____________

*Signature acknowledges copy of this form provided at discharge.*
Process for Leading the Care Team during the Rapid Rounds:
The Rapid Rounds will be led by the Charge Nurse. To create a standard process for reviewing each patient the "shaded areas" on the Rapid Rounds Kardex will act as a guide for the Charge Nurse. Refer to Figure 1.0.

The Interprofessional Care Team will review with the Charge Nurse:

Where is the patient from?
- Home with spouse, Designated Assisted Living Facility, etc

Does the patient have homecare? What services are in place?
- AM/HS care, medication assist, bath assist, CHOICE, etc

What is the Discharge Plan?
- Where is the patient going to?
- Home, Sub-Acute, long term care, etc
- What transportation arrangements will need to be made? Are there any complex EMS issues? (Complex Transports require at least 3 days notice of discharge date)

What is the Anticipated Date of Discharge? Choose one for each patient
- actual date
- less than 5 days
- greater than 5 days
- Initiate Interprofessional Discharge Checklist (at least 3 days prior to Anticipated Date of Discharge)
- Waiting transfer to___________________(for Alternate Levels of Care)

What are the barriers to discharge based on discipline?
- Physical Therapy-mobility, Occupational Therapist-cognitive assessment, Social Worker-guardianship, etc

What tests/consults/treatments are needed /pending?
- Infectious Disease Consult, MRI, Echocardiogram

Medworxx Patient List by Bed/Unit
- Review the census for accuracy of barriers to moving the plan of care forward

Rapid Rounds Roles and Responsibilities

<table>
<thead>
<tr>
<th>Team Member</th>
<th>Strategy</th>
</tr>
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<tbody>
<tr>
<td>Charge Nurse</td>
<td>• Ensures all relevant information is captured on the Rapid Rounds Kardex Tool.</td>
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<tr>
<td></td>
<td>• Ensure all items requiring follow-up have someone assigned by discipline.</td>
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<tr>
<td></td>
<td>• Updates Unit Clerk/Bedside Nurse as needed.</td>
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<td></td>
<td>• Print from Medworxx the “Patient List by Bed/Unit” census and brings to Rapid Rounds to verify accuracy of information and assist facilitation of the discussion</td>
</tr>
<tr>
<td></td>
<td>• The Interprofessional Discharge Checklist will be initiated 3 days prior to ADOD by the Charge Nurse during Rapid Rounds as a reminder to the Interprofessional Care Team to complete.</td>
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### Team Member

<table>
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<th>Strategy</th>
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| **Bedside Nurse** | - Reviews the Rapid Rounds Kardex Tool after Rapid Rounds for any updates and next day discharges.  
- Check in with Charge Nurse after Rapid Rounds if any questions re: updates.  
- Updates the bedside whiteboard and communicates any updates to the patient and family members.  
- Complete Medworxx Daily Status Entry using Kardex and Rapid Rounds Kardex Tool.  
- Completes the Interprofessional Discharge Checklist that pertains to their patient’s discharge needs starting, 3 days prior to ADOD.  |
| **Physician/ Designate/ Nurse Practitioner** | - Attends Morning (AM) Rapid Rounds each weekday, and Charge Nurse/ Physician/ Designate Touchdown on weekends.  
- Will update the Interprofessional Care Team of any changes in patient status, plan of care and ADOD’s.  
- Updates patient and/or family members regarding plan of care and ADOD.  
- Follow-up activities as identified in the Rapid Rounds.  
- Updates the patient care order sheet with any changes to the ADOD. |
| **Allied Health** | - Will come with updated/accurate patient information:  
  - Changes in patient status  
  - Consults/assessments initiated and completed  
- Updates the Rapid Rounds Kardex Tool, bedside whiteboard, patient and family members of any changes.  
- Updates the team regarding follow-up activities identified as barriers for discharge.  
- Updates the team at the PM Rapid Rounds on next day discharges.  
- Completes the Interprofessional Discharge Checklist that pertains to their patient’s discharge needs starting, 3 days prior to ADOD. |
| **Transition Services (Care Coordinator)** | - Update the Interprofessional Team and Rapid Rounds Kardex Tool with assessments initiated and/or completed and updates patient and family members of any changes.  
- Updates the team during Rapid Rounds with changes and activities that affect the discharge disposition.  
- Completes the Interprofessional Discharge Checklist that pertains to their patient’s discharge needs, starting 3 days prior to ADOD. |

### Rapid Rounds Key Success Metrics

**Rapid Rounds Audit Tool**

<table>
<thead>
<tr>
<th>Day</th>
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<tbody>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Unit</td>
</tr>
</tbody>
</table>

| Start Time |
| Finish Time |
| Which disciplines are in attendance? |
| Which Disciplines are not in attendance? |
| Unit Census (1min/patient) |
| Did the team arrive on time? (specify by discipline if team members are late) |
| Type of census used? |
| Who is leading rounds? |
| Who updates Rapid Rounds tools? |
| Is the Medworxx Census accurate to why the patient is in an acute care bed? |
| Did the team members come prepared? |
| Was the Rapid Rounds Kardex updated and accurate? |
| ADOD Updated on Whiteboards? |
| Was this a good time for Rapid Rounds? |