Clinical Safety & Effectiveness

Cohort #15 – Team 1

Interdisciplinary Family Centered Rounds in a Pediatric Inpatient Unit

CENTER FOR PATIENT SAFETY & HEALTH POLICY
UT Health Science Center
SAN ANTONIO

Educating for Quality Improvement & Patient Safety
The Team

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Background

“Patient and family-centered rounds are an active process that facilitates an open exchange of information and ideas among the patient, family and all of the patient’s healthcare providers.” (Cincinnati Children’s)

Benefits of Family Centered Rounds:
- Improves relationships with providers
- Increases family satisfaction
- Decreased need for plan clarification
- Improved safety and outcomes
- Improved non-didactic teaching
AIM STATEMENT

* To increase the frequency of interdisciplinary family centered rounds in the UHS Pediatric Inpatient ward form 0% to 70% by December 31\textsuperscript{st}, 2014.
Project Milestones

* Team Created
  May, 2014
* AIM statement created
  Sept, 2014
* Weekly Team Meetings
  Sept - Dec
* Background Data, Brainstorm Sessions, Workflow and Fishbone Analyses
  Sept - Oct
* Interventions Implemented
  11/10 - Present
* Data Analysis
  11/17 - Present
* CS&E Presentation
  Graduation Date
  1/23/15
Post Intervention Flow

Patient Admitted

- Resident receives sign-out from ED physician
- Nurse receives sign-out from ER nurse

Resident performs pre-rounding in AM

Nurse completes initial assessment of patient

Resident explains FCR to family

Nurse provides family with FCR brochure, participation card

Upper level resident discusses order of rounds with Charge Nurse

Nurse posts FCR sticker on patient door

Nurse checks with family in AM for questions/concerns

Resident calls Nurse on Cisco phone to notify start of rounds

Resident, Nurse, Family Round on patient, discuss concerns, plans

Before next patient, resident reviews orders, meds, discharge planning with nurse

Resident gives family survey card

Nurse completes days orders and can still contact Resident by phone for further questions
Barriers to Family Centered Rounds

**NURSING**
- Investment
- Training
- Time/Workload
- Availability of Charge Nurse/PCC

**PHYSICIANS**
- Teaching
- Resident and Attending Investment
- Time
- Nervousness
- Logistics
- Leadership
- Autonomy

**FAMILIES**
- Language
- Sensitive Issues
- Isolation
- Lack of Understanding
- Team Size
- Cultural Differences

**RESOURCES**
- Patient Materials
- Privacy
- Senior Leadership
- Family not at bedside

**ANCILLARY STAFF**
- Availability
- Training
- Investment
Interdisciplinary
Family Centered Rounds
Definition

* Family participates in rounds and family concerns addressed

AND

* The nurse participates and is present for more than half of rounds
Pre-intervention Data

*Nursing survey and resident survey were done before implementation to document baseline beliefs and attitudes

* Pre-intervention data collected over a 2 week period on 96 patient encounters
  * Assumption was that we were not having true interdisciplinary family centered rounds (as defined above).
  * Data showed true interdisciplinary family centered rounds occurred for only one patient (1%)
PLAN: Intervention

* Nurse education
* Resident Education
* Family brochure developed and distributed
* Resident FCR rounding checklist / data sheet
* FCR implemented with physician, nurse, and family present for rounds daily at the bedside
Family Information Sheet

WHAT IS IT?
Every morning, your child's medical team will meet to discuss your child's condition and begin to "round", or visit, families between 9 am and noon. Medical teams spend about 10 minutes with each family discussing the child's health and care plan. Families will be asked to fill out a survey after the round is complete which will be collected daily at 1 p.m.

WHO DOES MY CHILD'S MEDICAL TEAM CONSIST OF?
Your child's medical team always includes a doctor and nurse. Depending on your child's medical needs, team members may include:
- Attending (Board-certified Pediatricians)
- Residents - Doctors training to become pediatricians
- Medical Students - Individuals currently in medical school
- Therapists - Respiratory, physical, occupational or speech
- Pharmacist and pharmacy students
- Others - Social workers, child life specialists, case managers, chaplains

WHY ARE FAMILY-CENTERED ROUNDS IMPORTANT?
- Allows you to become a part of your child's care
- Gives you the opportunity for detailed discussions with all members of your child's medical team
- Makes the care given to your child safer, more effective and timely

WHAT'S MY ROLE?
You and your child have an active role in his/her care. We encourage you to:
- Write questions and notes down every day before family-centered rounding and discuss them with your child's medical team.
- Speak up! You know your child best, so tell us what you think will help him/her.
- Encourage your child to participate. We want to know his/her questions, feelings, needs and wants.

HOW DO I GET STARTED?
- Fill out your participation card and decide where you would like to have your round (bedside, hallways, etc.).
- Our team will place a door hanger on your door to let your medical team know you are participating.
- If you have additional questions after your family-centered round has completed, your doctor will visit with you later the same day.

If you need a language interpreter or have other questions about family-centered rounds, please talk to your child’s nurse before rounding begins.

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[Logos: Children's Health, UT kids]
HOW WOULD YOU LIKE TO PARTICIPATE IN FAMILY-CENTERED ROUNDS?

☐ I prefer for the care team to round inside room with me and my child.
☐ I prefer to join the care team outside the room to discuss the care of my child.
☐ I prefer not to participate in rounds on the care of my child, because

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PLEASE ALSO LET US KNOW IF:

☐ I request an interpreter: Language ___________________________ ___________________________
☐ I would like to be called if I am unable to be present

Cell phone ___________________________

Other: ___________________________

Patient name: ___________________________

Family members/relationship who prefer to be involved:

Name ___________________________ Relationship ___________________________

Name ___________________________ Relationship ___________________________

Name ___________________________ Relationship ___________________________
Participation Survey

Families, we want your input! Please complete the following survey and return to your nurse or nursing assistant or deposit in the “Family-Centered Rounds” box at the nursing station.

**TODAY’S DATE: ____________________________**

1. Did you attend rounds today (morning discussion about your child at the bedside)?
   - Yes - Please continue to #2.
   - No - Thank you for your participation, please return survey as directed above.

<table>
<thead>
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<th>YES</th>
<th>SOMEWHAT</th>
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2. Did you feel welcome on rounds?
   - ☐
   - ☐
   - ☐

3. Did you feel comfortable sharing information about your child during rounds?
   - ☐
   - ☐
   - ☐

4. Did you feel comfortable asking questions about your child during rounds?
   - ☐
   - ☐
   - ☐

5. Did the information you heard on rounds help you understand your child’s condition and plans?
   - ☐
   - ☐
   - ☐

6. Was your child’s pain addressed during rounds?
   (leave blank if not applicable)
   - ☐
   - ☐
   - ☐

7. What would make rounds more helpful for you?
    ________________________________________________________________
    ________________________________________________________________

**COMMENTS**

______________________________________________________________

______________________________________________________________

______________________________________________________________

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Implementing the Change

* 11/6 Nursing education - Nursing Competency Day
* 11/10 – Started FCR on the pediatric ward
* 11/14 - Resident Education at weekly didactics; ongoing nurse education at AM huddles
* 12/1 – FCR data on LEAN management data board on the unit
* 1/6 – FCR Materials ready and distributed
* Currently
  * Feedback from nursing and residents being collected
  * Family Surveys to be distributed starting Feb 1
Resident Rounding Checklist / Data Sheet

<table>
<thead>
<tr>
<th>Patient Initials</th>
<th>MAC (I or ACU) (A)</th>
<th>Physician Team (P for Pods, G for GSE, specify)</th>
<th>Family Present/Involved, Concerns Addressed (specify)</th>
<th>Nurse Ensures Patient is ready and able to participate (e.g., CM, QI, etc.)</th>
<th>Nurse Present Overnight Events at Start of Rounds</th>
<th>Nurse Present at Least 50% of Patient Encounter</th>
<th>IPASS Exchange Between Intern and RN</th>
<th>Issues/Reasons Why Someone Was Missing</th>
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Guidelines for awesome multidisciplinary FC

1. PLAN AHEAD: Plan out rounding order before rounds. Group each nurse’s patient as possible. Also include the RT, SW, Nutrition, etc. If these issues are active.
2. ADVANCE NOTICE TO RN: Call the RN (RT, etc) 10 min before heading to the patient room.
3. RN PRESENTS OVERNIGHT EVENTS: Start rounds with the nurse giving overnight events. Invite the family to chime in as well.
4. FOCUSED PRESENTATIONS! Most surgical follow-ups can be presented in 2 minutes and pod cases in 3-4 min.
5. SUMMARIZE PLAN AND ORDERS AT END: This should be an abbreviated IPASS-type exchange with the RN/Family
6. GET WORK/OPTIONS DONE! These are work rounds!
7. HAVE FUN: FC is a fun way to bond with the family and RN.
Data: Family Involvement

Family Centered Rounds

- Number of Patients
- FCR (ignoring RN presence)
- Mean - last 4 weeks
- UCL (100%)
- LCL (-3SD)

% Occurrence

Date

Improving the Process

Reasons for Skipped Family Centered Rounding

- Nurse could not be present for rounds
- Family Not Present During Rounds
- Family chose not to participate

Occurences
Improving the process

- Several iterations of the resident data sheet to increasingly focus on incorporating RN’s
  - Giving more advance notice
  - Flexibility in Order of Rounding
  - Ensuring RN has opportunities to participate while present

- Started to track names of RN’s participation –
  - Majority of RNs participate most of the time
  - Work with nurses having trouble joining to problem-solve

- Printed Materials in admission packet will allow increased visual reminders for RN to discuss at admission

- Family can elect to participate by speakphone if unable to attend
Sustaining the Results

* FCR tracking is now a regular duty of the upper level resident on the wards, with a daily tracking sheet acting as a good reminder for the whole team

* Nursing leadership is now involved and progress is tracked visually on the “lean management board” which is present on the wall in the pediatric ward. This is seen by both staff and families

* New staff members shadow current nurses and take part in daily rounds so that participation is part of their training.
Issues to date

* Nursing being able to leave duties to participate in rounds

* Need to involve nurses more in rounds when present – not just stand and listen

* Reducing sources of variability – changing residents, a few nurses not as committed as others, staffing and patient load fluctuation

* Building the culture of interdisciplinary FCR with many new-hire nurses continuing to come on board

* Overall rounding timing

* Family participation sometimes declines for patients hospitalized long term
Return on Investment

* Literature has modest improvements in time to discharge, but cost savings have not yet been published. We will be looking for continuing improvement in:

* Patient / Family Satisfaction
* Nurse and Resident morale and sense of teamwork
* Increase in safety / reduction in errors
* More efficient care, e.g. time to discharge
What’s next

* Continue monthly meetings to discuss the current state of FCR – and more frequently until 70% minimum goal consistently exceeded

* Collect feedback from nurses and residents on FCR improvements

* Family materials to be printed bilingually in Eng/Spa and family surveys to begin

* Increased emphasis on incorporating ancillary services (RT, SW, nutrition, etc.) when relevant,

* Initiation of brief night FCR with senior resident and bedside nurses / families
Thank you!