



Clinical Safety & Effectiveness

Cohort #15 – Team 1

# **Interdisciplinary Family Centered Rounds in a Pediatric Inpatient Unit**



Educating for Quality Improvement & Patient Safety

# The Team

- \* Division

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- \* Sponsor Department: Pediatrics

# 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 from 0% to 70% by December 31<sup>st</sup>, 2014.

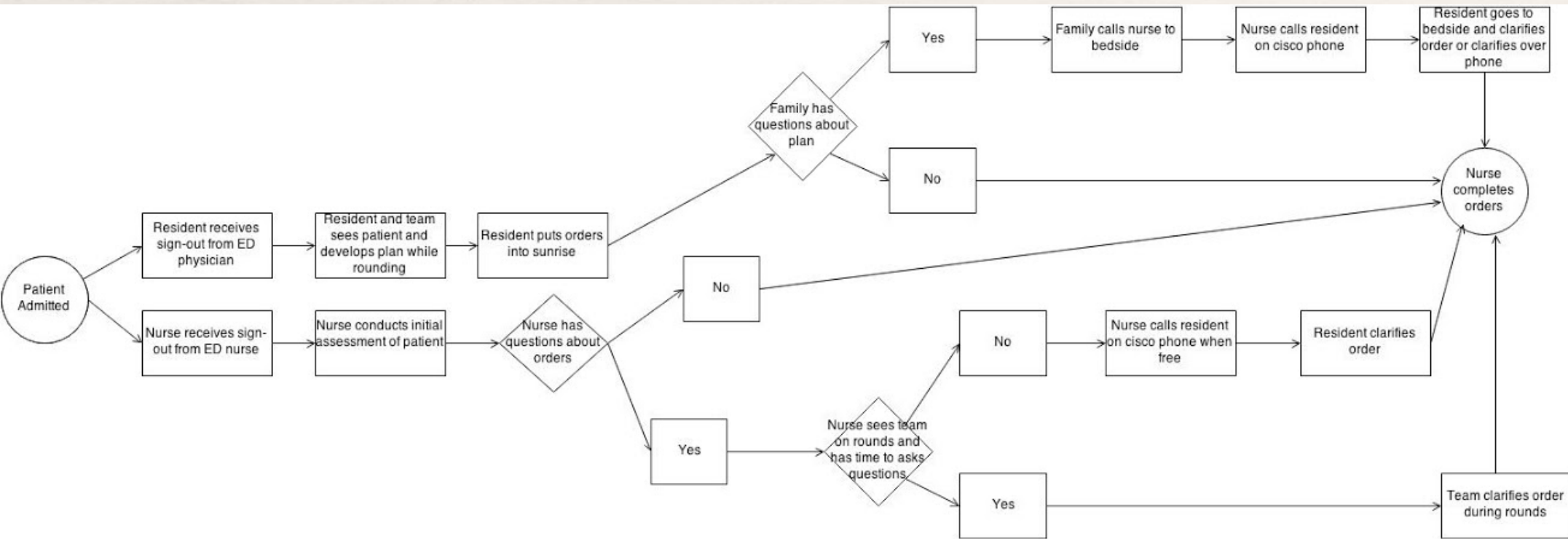
Family Centered Rounds



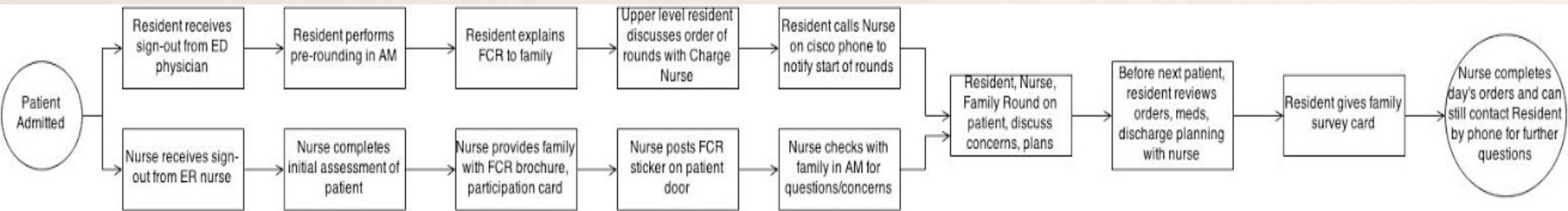
# Project Milestones

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

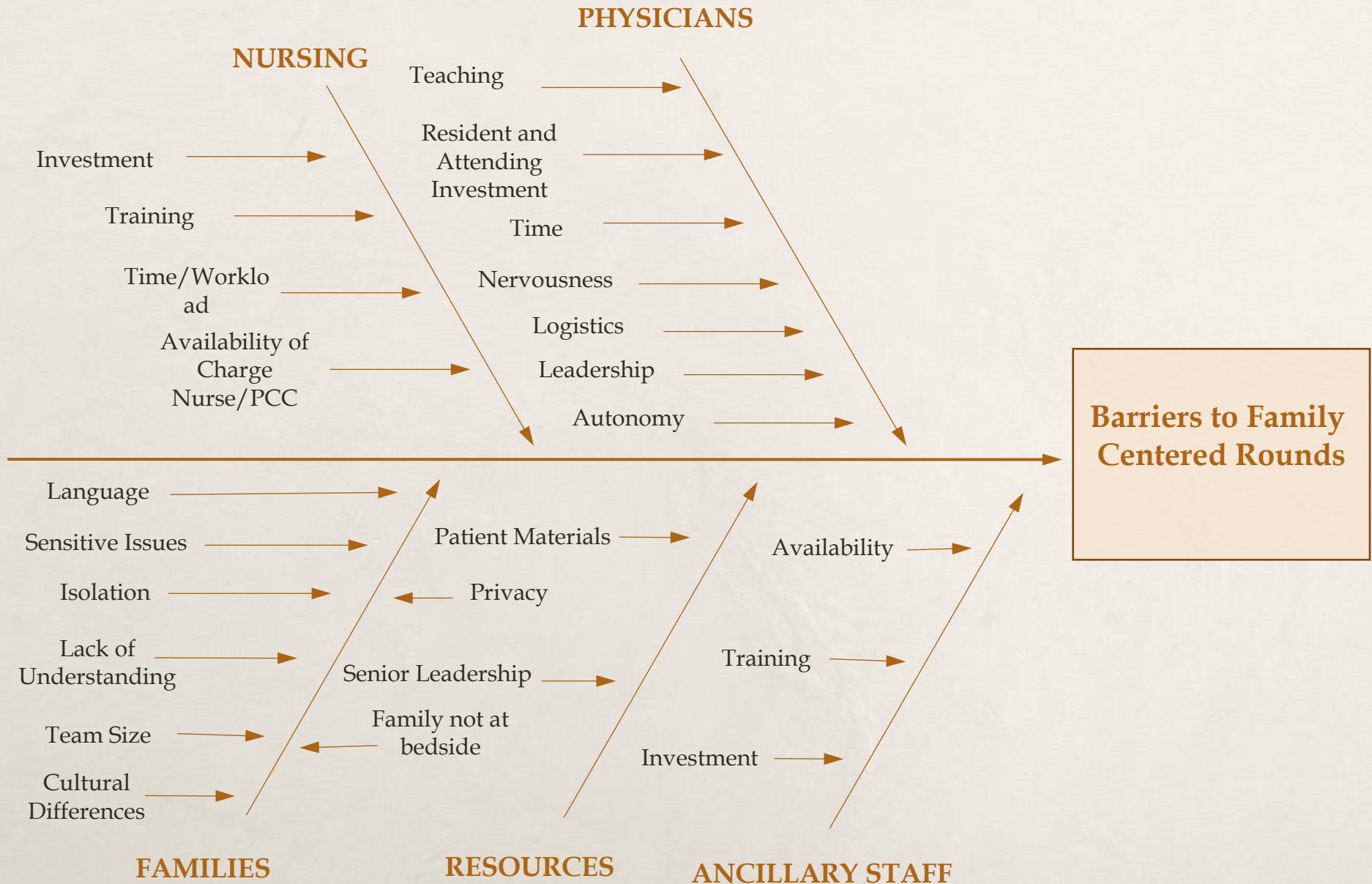
# Pre-Intervention Flow



# Post Intervention Flow



# Barriers to Family Centered Rounds





# 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



## FAMILY CENTERED ROUNDS

### 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's (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 so your medical team knows 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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# Family Notes Sheet



## FAMILY CENTERED ROUNDS PARTICIPATION

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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

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# FCR Participation Choices Sheet

# FCR Door Tag

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## FAMILY CENTERED ROUNDS





## FAMILY CENTERED ROUNDS SURVEY

Nursing: Return surveys to Family Centered Rounds box at nursing stations.

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.

	YES	SOMEWHAT	NO
2. Did you feel welcome on rounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you feel comfortable sharing information about your child during rounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did you feel comfortable asking questions about your child during rounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the information you hear on rounds help you understand your child's condition and plans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was your child's pain addressed during rounds? (leave blank if not applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What would make rounds more helpful for you? \_\_\_\_\_

\_\_\_\_\_

COMMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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# Participation Survey



# 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

Tip for increasing nurse involvement:  
Give nurses a call about 5-10 minutes before rounding on their patients  
Start rounds by asking the nurse to present overnight events  
Brief IPASS exchange with RN at end of rounds (see below)

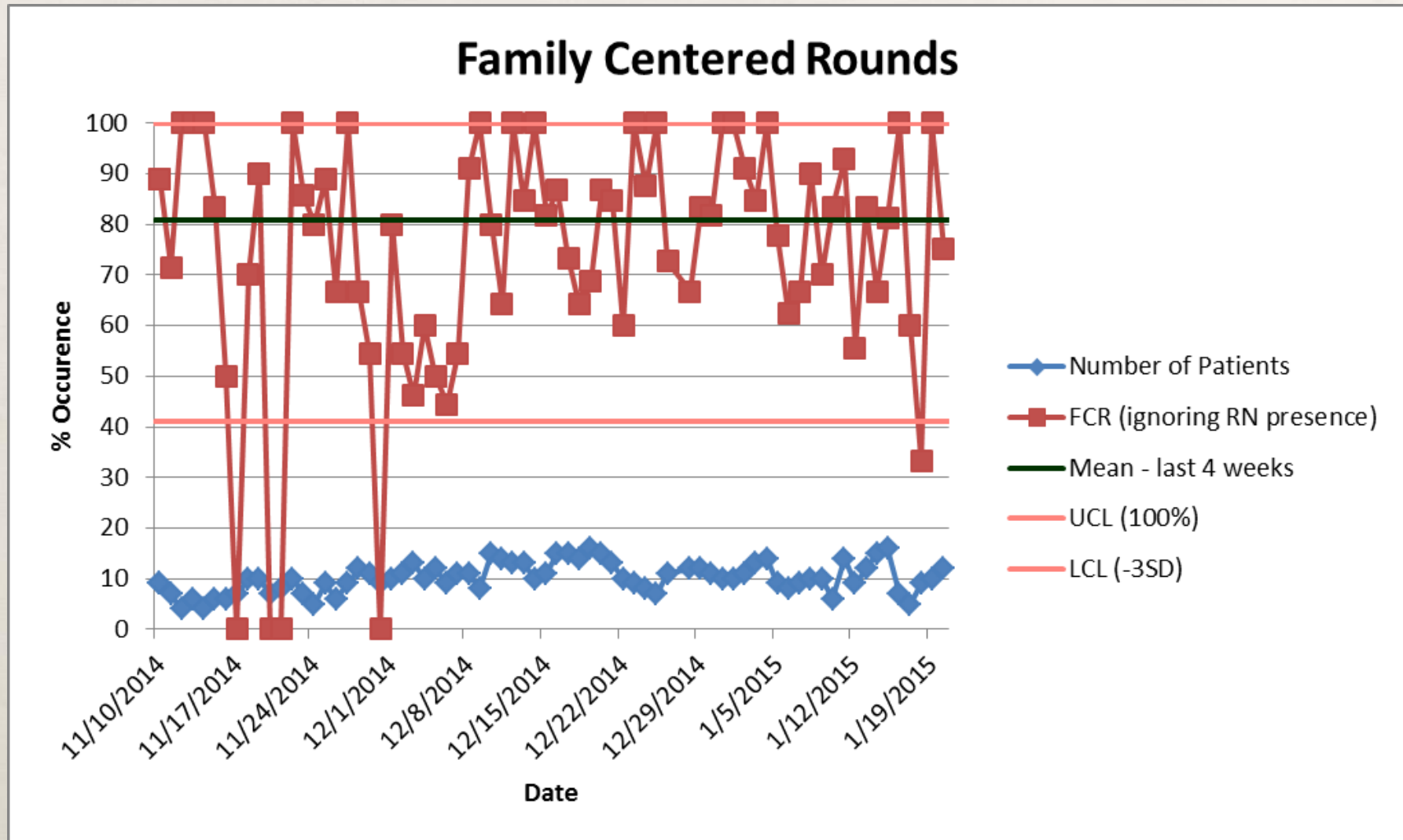
Patient Initials	IMC (I) or ACU (A)	Physician Team (P for Peds, G for GSE, o/w specify)	Family Present, Involved, Concerns Addressed Count patient if > 12 and mature enough to participate as well as GM, aunt, etc caregivers	Nurse Name may put RN phone here too if helpful for rounding	Nurse Presents Overnight Events at start of rounds	Nurse present at least 50% of pt encounter	IPASS exchange between intern and RN at end	Issues/ Reasons why someone was missing
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
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22								

Guidelines for awesome multidisciplinary FCR

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) 5-10 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 co-follows can be presented in 1 minute and peds 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/ORDERS DONE:** These are work rounds!
7. **HAVE FUN:** FCR is a fun way to bond with the family and RN.

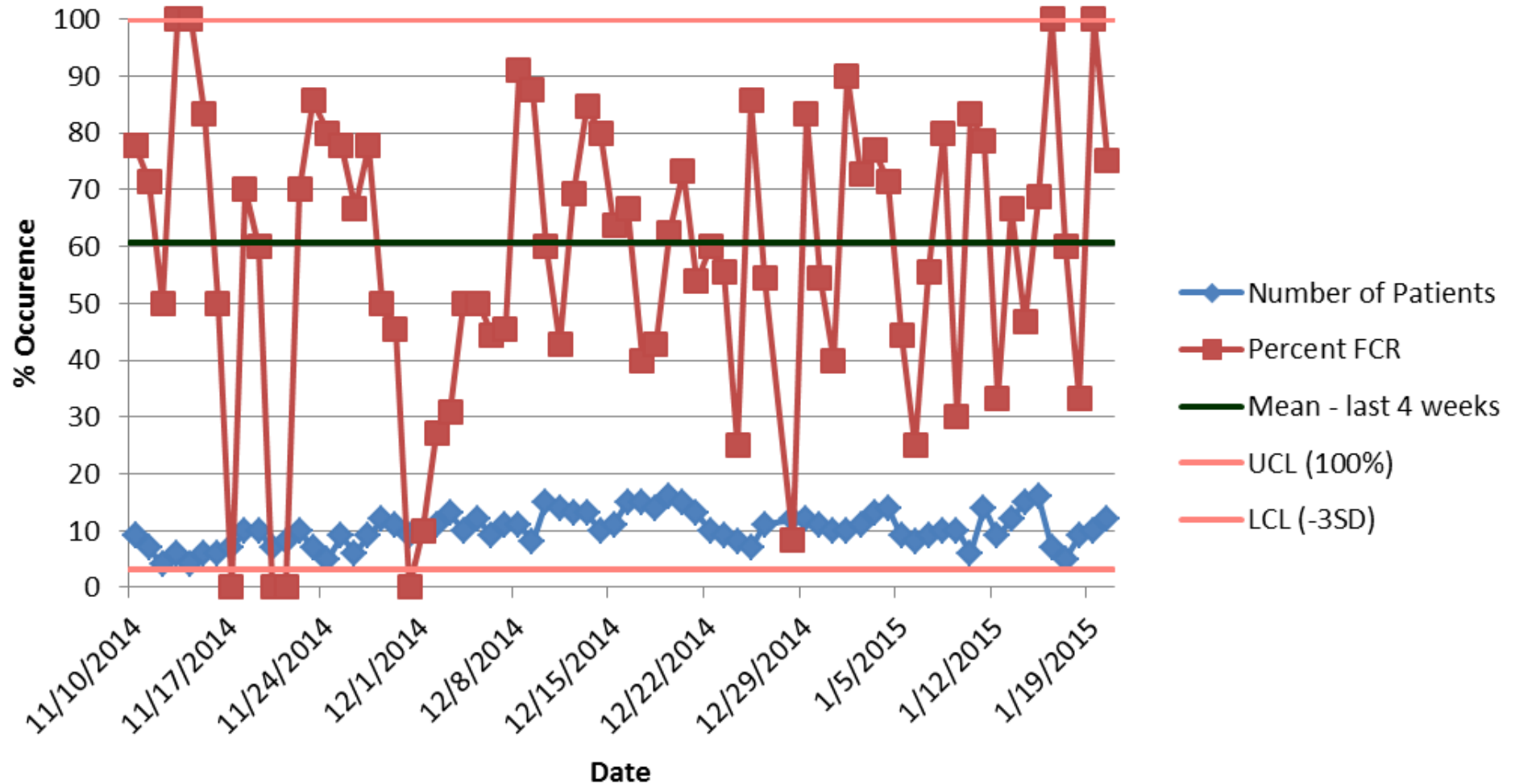
# Resident Rounding Checklist / Data Sheet

# Data: Family Involvement



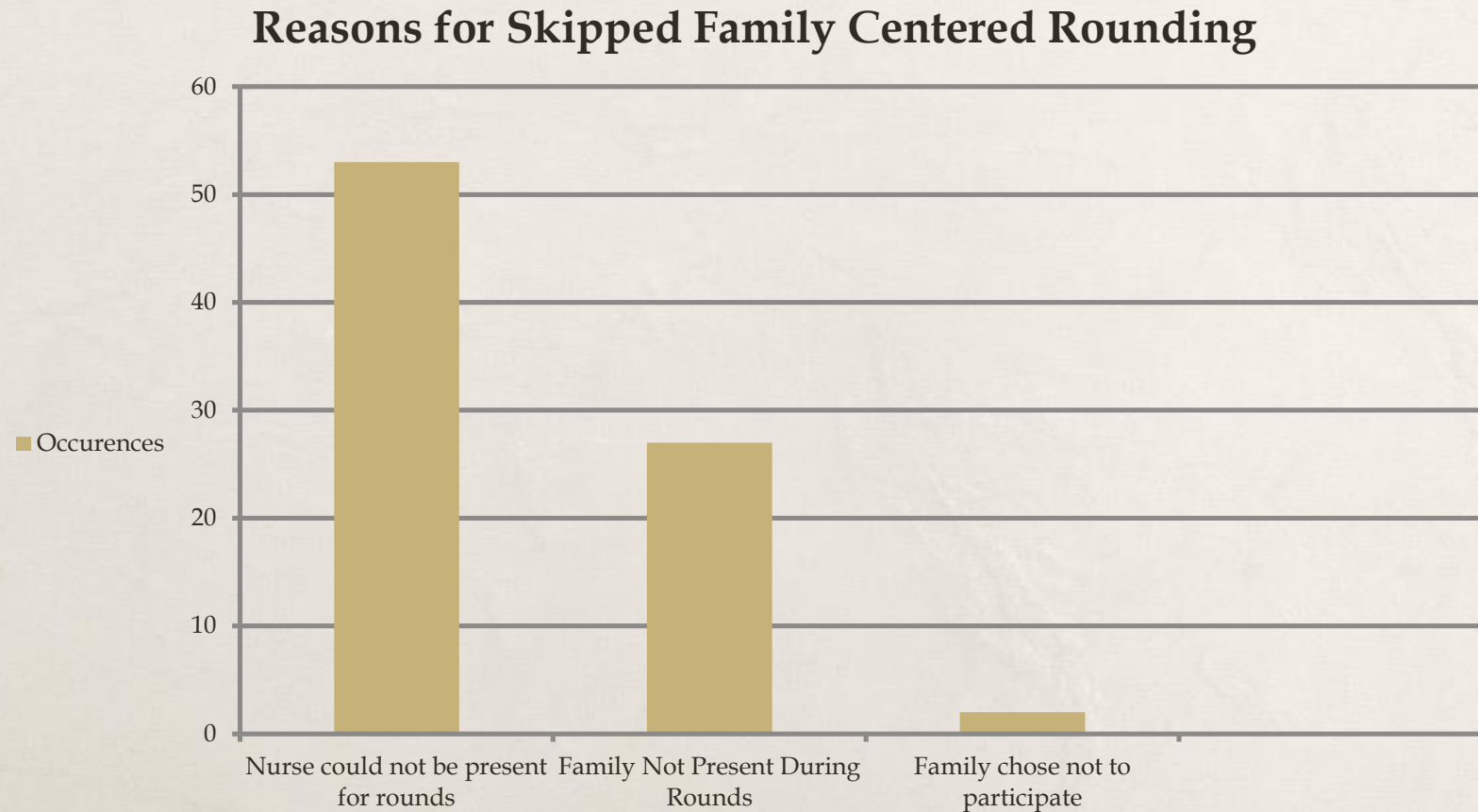
# Data: Families + RN

## Multidisciplinary Family Centered Rounds





# Improving the Process



# 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!



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