Background

- Low patient satisfaction scores related to communication
- Lack of family / caregiver involvement
- Same information requested from patient by multiple departments
- Fractured care planning
- Frequent physician interruptions
- Missed opportunities
Our Goal

- Early identification of potential issues / gaps in care plan or treatment
- To provide an inclusive environment where all disciplines were represented and they, along with the physician, communicated directly with the patients and their families in order to develop a transparent, patient-centered care plan
- Create robust patient and family engagement improved culture of safety
- This plan would include both goals of the day as well as discharge planning needs
- Streamline care transitions
- Enlist a strong physician champion
Early Steps

- Determined which disciplines to include
- Identified the needed frequency of rounding
  - Daily Monday - Friday
- Created a checklist to allow for focused direction
- Identified a facilitator to maintain forward progress and attention to time
- Initiated for acute patients only
- Met with each hospitalist to determine what time of day they would prefer to round
- Developed a method for tracking care plan and treatment changes that were a direct result of the rounding process.
### Multidisciplinary Bedside Rounding

<table>
<thead>
<tr>
<th>Patient Sticker</th>
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<tbody>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>OVERNIGHT Changes in Patient Condition:</td>
<td>OVERNIGHT Changes in Patient Condition:</td>
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<tr>
<td>New Medications:</td>
<td>New Medications:</td>
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<tr>
<td>ABNORMAL Labs/Tests:</td>
<td>ABNORMAL Labs/Tests:</td>
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<tr>
<td>Last BM:</td>
<td>Last BM:</td>
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<tr>
<td>Ambulation past 24 hrs. / DVT prophylaxis:</td>
<td>Ambulation past 24 hrs. / DVT prophylaxis:</td>
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<tr>
<td>CM/SW Needs:</td>
<td>CM/SW Needs:</td>
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<tr>
<td>Pharmacy Concerns / Flu / Pneumonia</td>
<td>Pharmacy Concerns / Flu / Pneumonia</td>
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<tr>
<td>Respiratory Concerns:</td>
<td>Respiratory Concerns:</td>
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<tr>
<td>Speech / PT / OT Concerns:</td>
<td>Speech / PT / OT Concerns:</td>
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<tr>
<td>Patient Questions / Concerns:</td>
<td>Patient Questions / Concerns:</td>
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<tr>
<td>Action Items:</td>
<td>Action Items:</td>
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</tbody>
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Our Process

Multidisciplinary team:
- Pharmacy
- Nursing
- Case Management / Discharge Planner
- Social Worker
- Therapy (PT / OT / SLP)
- Respiratory
- Hospitalist
Our Process

- Bedside nurse informs patient during am assessment of rounding process
- Encourages family to attend
- Case Manager / Discharge Planner as facilitator
- Introduces group and encourages questions
- Bedside nurse presents:
  - Brief overview of current condition
  - Concerns that developed over previous 24 hours
  - Abnormal labs / tests
- Each discipline discusses any needs / concerns
- Patient / family again encouraged to ask any questions / facilitator validates their understanding
- At conclusion, CM documents a summarization of findings in EHR
Results

Improved interdepartmental communication

Quick identification of action items and department ownership of those items
• Pharmacy – 34%
• Physician – 25%
• Nursing – 18%
• Respiratory – 13%
• Therapy – 10%

Fewer physician interruptions allowing for more focus on difficult issues
Results

Immediate impact on HCAHPS scores:
Obstacles

- Availability of physicians and their willingness to participate
- Times for rounding
- Individual department ownership of their role
- Full preparation of staff
- Resistance from various departments
- PATIENCE – LEARNING CURVE
Future Plans

- Expand to include Swing bed patients
  - Of note, fine tuning the Daily Rounding naturally transitioned to standing Swing bed Patient Care Conference twice weekly
  - Decreased conference time from 1 -1 ½ hours to approximately 10 minutes
- Develop a stronger process for identification of trends and development of action plans related to findings / issues
- Continue to improve patient outcomes
- Develop a robust patient engagement process
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