

Daily Multidisciplinary Bedside Rounding

Angela Black, BSN, RN

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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

Patient Sticker

Date:

Date:

OVERNIGHT Changes in Patient Condition:

OVERNIGHT Changes in Patient Condition:

New Medications:

New Medications:

ABNORMAL Labs/Tests:

ABNORMAL Labs/Tests:

Last BM:

Last BM:

Ambulation past 24 hrs. /DVT prophylaxis:

Ambulation past 24 hrs./DVT prophylaxis:

CM/SW Needs:

CM/SW Needs:

Pharmacy Concerns/Flu/Pneumonia

Pharmacy Concerns/Flu/Pneumonia

Respiratory Concerns:

Respiratory Concerns:

Speech/PT/OT Concerns:

Speech/PT/OT Concerns:

Patient Questions/Concerns:

Patient Questions/Concerns:

Action Items:

Action Items:

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 an 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

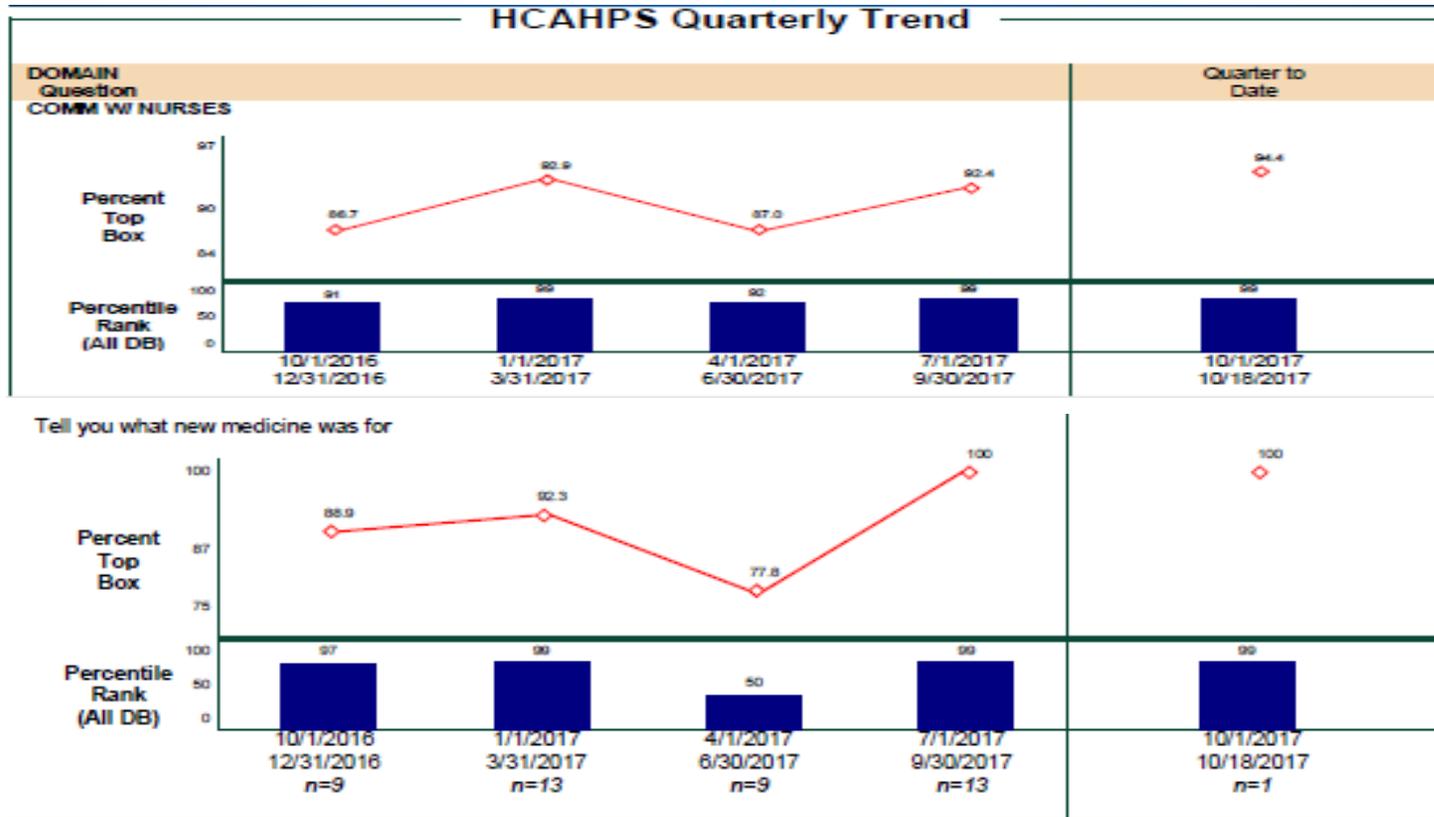
Quick identification of action items and department ownership of those items

- Pharmacy – 34%
- Physician – 25%
- Nursing – 18%
- Respiratory – 13%
- Therapy – 10%

Fewer physician interruptions allowing for more focus on difficult issues

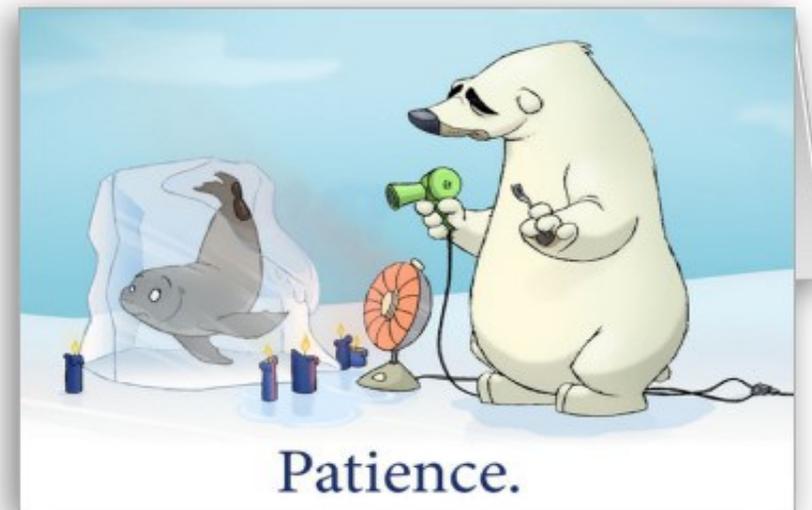
Results

Immediate impact on HCAHPS scores:



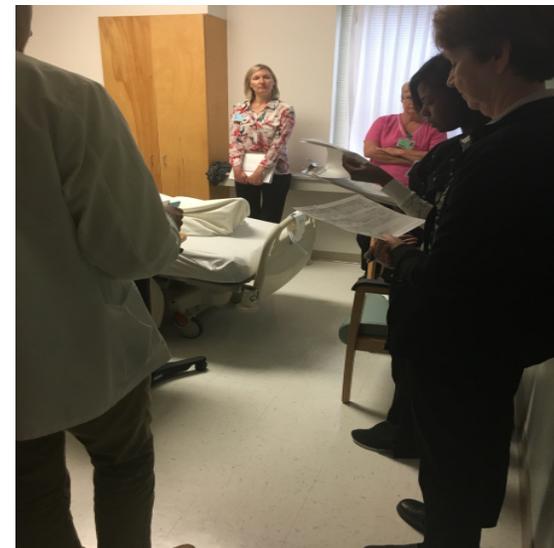
Obstacles

- 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



Contact information:

Angela Black, BSN, RN
Manager, Quality & Outcomes
910-300-4172 – office
910-524-7515 – mobile
angela.black@nhrmc.org