

An Interactive Evaluation of Patient/Family Centered Rounds on Pediatric Inpatient Units

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Purpose and Objectives:

The purpose of the project was to conduct an interactive evaluation with organizational stakeholders of patient/family centered rounds on Batson Children's Hospital Inpatient Units using a Plan, Do, Study, Act (PDSA) model.

The main objective of the project was to tailor the patient/family centered rounding process into an efficient and effective communication venue for the stakeholders. Specific objectives were as follows:

- Engage the organizational stakeholders in reflecting, identifying problems, and offering solutions during the implementation process,
- Utilize a performance improvement process to identify problems, generate solutions, and test changes in an effort to improve program effectiveness and implementation,
- Facilitate the program's development, implementation, and improvement by examining processes.

Setting and Participants:

Batson Children's Hospital opened in 1997 and is the only hospital in the state dedicated to the care and treatment of injured and sick children. With an average of more than 9,000 admissions per year, patients may receive treatment for common childhood illness, chronic conditions, trauma, or life-threatening diseases. The inpatient areas include a pediatric intensive care unit (PICU), a pediatric step-down unit, a hematology/oncology unit, a general pediatric unit, a post-surgical unit, a cardiac step-down unit, and a pediatric psychiatry unit. The setting for this interactive evaluation was all inpatient areas in the children's hospital, excluding the intensive care unit and the pediatric psychiatric unit. The participants for this evaluation, also known as the organizational stakeholders, were the direct care nurses who work on these units, along with the attending physicians who admit to these units, who electively agreed to informal interviews and survey completion. The accessible population included approximately 160 nurses and 150 attending physicians.

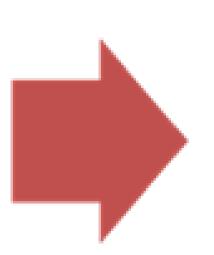
Methods:

The evaluator used three methods of data collections for this interactive evaluation: interviews, a 2-month post-implementation electronic survey, and direct observation. A total of 119 interviews were conducted, which included 101 nurses, 2 nurse practitioners, and 16 physicians. Ten direct observations were conducted by the surveyor, and 80 organizational stakeholders responded to the electronic survey.

Results:

During the year of implementation, based on information received from the data collection processes, six ideas for change were carried out using the PDSA model. Of the six PDSAs conducted, five permanent changes were made to the overall rounding process.

On admission, the patient and family are given a handout explaining the rounding process. The nursing staff encourages patients/families to document questions on the designated notepad.



When possible, the attending physician or designee should communicate expected rounding time to the nursing staff.



The attending physician or designee arrives to the unit and notifies the nurse that he/she is ready to round OR goes to the bedside and calls out on the call light, requesting the nurse for rounds.



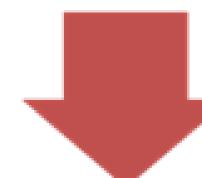
A collaborative discussion regarding the patient's care ensues.



The attending physician (or designee) and nurse go to the patient's bedside.



The nurse brings the WOW to the bedside (if there is no resident present with their laptop).



A plan of care, with at least two daily goals, is determined, based on the collaborative discussion.



The attending physician or nurse summarizes the plan and ensures that the patient's/family's questions are answered.



The nurse documents at least two daily goals on the provided dry erase board.