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An Interactive Evaluation of Patient/Family Centered Rounds on Pediatric Inpatient Units[1]

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In order to provide excellent patient care and customer service, patient rounds should be efficient, effective, and timely. Also, essential healthcare team members should be present in rounds, to ensure interprofessional collaboration. Patients and families should also be included in rounds, to ensure accurate information is relayed and to ensure involvement in care planning. The purpose of this inquiry was to conduct an interactive evaluation with organizational stakeholders of patient/family centered rounds on pediatric inpatient units of a large academic medical center using a plan, do, study, act (PDSA) model.

PATIENT AND FAMILY-centered care continues to be supported by a growing body of research. The movement toward involving the child and family in planning, delivery, and evaluation of health care is grounded in collaboration among patients, families, physicians, nurses, and other health care team members. In 1986 Public Law 99–457 was passed which required that the entire family be treated as the recipient of services for children with special needs. The family-centered care legislation suggested that family members be allowed to determine their own involvement in decision-making regarding health and education services for their child (Rosen, Stenger, Bochkoris, Hannon, & Kwoh, 2009). Additionally, one of the six specific aims for improvement as outlined in *Crossing the Quality Chasm*: *A New Health System for the 21st Century* was to "provide care that is respectful of and responsive to individual patient preferences, needs, and values, and ensure that patient values guide all clinical decisions" (Institute of Medicine, 2001, p. 3). A policy statement issued in 2003 by the American Academy of Pediatrics concluded with 15 specific recommendations for providers to successfully integrate family-centered care in hospitals and other systems of care. Some of these recommendations were as follows: a) "Pediatricians should actively consider how they can ensure that the core concepts of family-centered care are incorporated into all aspects of their professional practice," and b) "Pediatricians should promote the active participation of all children in the management and direction of their own healthcare, beginning at an early age and continuing into adult care" (American Academy of Pediatrics Committee on Hospital Care, 2003, pp. 693–694). Several nursing organizations also support patient/family centered care and recognize the vital role that families play in the health and well-being of infants, children, and adolescents. These nursing organizations include the American Nurses Association (ANA), American Association of Critical-Care Nurse (AACNs, and the Society of Pediatric Nurses (SPN) (Institute for Patient/Family Centered Care, 2010).

Patient/Family centered rounds are interprofessional rounds conducted in collaboration with the child and their families, and are just one way to improve communication among the

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healthcare team members and recipients of care. Patient/Family centered rounds can aid in moving organizations towards embracing family-centered care and can provide benefits to the physicians, nurses and other health care team members, as well as the child and family. A few of the most commonly perceived patient/family centered rounds benefits include "increased family involvement and understanding" and "effective team communication" (Mittal et al., 2010).

Involving the child and family in rounds can provide physicians with a better understanding of the patient and the disease they are attempting to treat. Discussions with the family may also elicit information that would otherwise be impossible or difficult to obtain by the health-care team, especially in a timely manner (Schleien, Brandwein, & Stasiuk, 2013). Since the physician is likely to receive more accurate information by utilizing this rounding process, improved care planning and clinical outcomes are anticipated (American Academy of Pediatrics Committee on Hospital Care, 2003).

Patient/Family centered rounds provide the child and family an opportunity to be heard, and empower them to be active participants in their health care planning and decision-making (Schleien et al., 2013). Improved communication among the health care team and with the child and family has the potential to improve patient perceptions, which could improve the organization's patient satisfaction scores. Additionally, patient/family centered rounds have a potential to produce the following outcomes (Institute for Healthcare Improvement, 2010):

- REDUCED errors,
- REDUCED ventilator days,
- REDUCED central line days,
- REDUCED length of stay,
- IMPROVED patient flow,
- EXPEDITED discharge planning, and
- IMPROVED safety and reliability of health care.

In order to provide excellent patient care and customer service, communication among caregivers should be efficient, effective, and timely. In addition, children and their families should have the opportunity to be included in those discussions, to ensure accurate information is relayed and to provide an opportunity for patient/family input into care planning. Unfortunately, in our hospital, the rounding process prior to implementation of patient/family centered rounds did not promote collaboration among team members, nor provide the patient/family a consistent opportunity to be involved in their own healthcare decision making. If the hospital continued to utilize that traditional rounding process, staff was likely to continue seeing the effects of lack of communication among team members and patients/families, including: patient satisfaction scores reflective of lack of communication among team members, increased length of stay, increased medical errors, a decrease in safety and quality of care, and decreased patient flow.

In order for the patient/family centered rounds initiative to be successful, stakeholder buy-in and involvement is imperative. As Harris, Roussel, Walters, and Dearman (2011) explain, "the significance of collaboration and communication with the stakeholders cannot be understated" (p. 58). For an initiative or program to succeed, it is imperative to involve organizational stakeholders from the beginning, to provide intermittent progress checks, and to respond to and address concerns throughout implementation (Harris et al., 2011). Therefore the purpose of this project was to conduct an interactive evaluation with organizational stakeholders of patient/family centered rounds on inpatient units at a pediatric hospital in an academic medical center using a plan, do, study, act (PDSA) model. During this interactive evaluation, the goal was to engage the organizational stakeholders in reflecting, identifying problems, and offering solutions during the implementation process.

Methods

Setting and Participants

This pediatric hospital, which opened in 1997, 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 intensive care unit was already conducting nurse-led, interprofessional rounds at the bedside of the child; and the pediatric psychiatric unit conducts interprofessional rounds in the conference room while on speaker phone with a parent or caregiver. 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.

Change Process

The idea of patient/family centered rounds actually originated in patient satisfaction committee meetings. The patient satisfaction vendor, NRC Picker, provided valuable information regarding patients' and families' perspectives of care received. Based on a priority matrix report provided by the vendor, several items were identified as "top priority" for improvement in the organization. These items included: doctors' courtesy/respect, nurses' courtesy/respect, doctors listened carefully, nurses listened carefully, nurses explained things understandably, doctors explained things understandably, nurses discussed worries and concerns, confidence and trust in the doctor, confidence and trust in the nurse, and parent/guardian input in care.