

Putting the Family Back in the Center

A Teach-Back Protocol to Improve Communication During Rounds in a Pediatric Intensive Care Unit

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KEYWORDS

- Patient and family-centered care • PFCC • Interdisciplinary rounds • PICU
- Teach-back • Patient-centered care • Pediatric

KEY POINTS

- Patients and their families relate effective communication with quality of care.
- Inclusion of patients and families in interdisciplinary rounds is a component of patient and family-centered care.
- Ensuring that patients and families understand what is discussed during interdisciplinary rounds is necessary to support patient and family-centered care.
- Implementation of a protocol that includes explanation of rounds, prerounding and post-rounding, and shared patient care plan for the day to increase the family's satisfaction and patient outcomes.
- The use of the teach-back method ensures that the family understands the discussions completed during interprofessional rounds and the plan of care for the child.

BACKGROUND

Patient and family-centered care (PFCC), also known as patient-centered care, is recognized as an innovative approach to the planning, delivery, and evaluation of health care. PFCC is grounded in a mutually beneficial partnership among patients, families, and health care providers that recognizes the importance of the family in the patient's life. Inclusion of the patient's primary caregiver in daily bedside rounds with the entire interdisciplinary team is a current standard of PFCC.

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Preparation of the family before interdisciplinary rounds, followed by validation of comprehension of the discussion related to the child and the plan of care after rounds, is extremely valuable, but none of these are frequently provided or even considered. In the pediatric intensive care unit (PICU), the complexity of care, critical condition of the patient, the stress of having a critically ill child, and minimal levels of health literacy make this preparation even more vital.

In the PICU, interdisciplinary rounds are frequently completed outside the patient's room each morning. The interdisciplinary team (consisting of the intensivist, bedside nurse, nurse practitioner, residents, fellow, pharmacist, and respiratory therapist; consulting groups, social workers, and dieticians may also join in daily rounds as required by the patient's condition) gathers to discuss the patient's condition and plan of care. The patient's family is frequently invited to participate with the interdisciplinary team in rounds each day. The process for rounding is fairly standardized: the resident presents a brief history of the patient's condition; conducts a review of medications, laboratory findings, and current problems; and discusses any issues that occurred overnight or in the morning before rounds. When the resident completes the overview of the patients' status, the bedside nurse adds or clarifies any information, and relays any nursing or family concerns. Following the nurse's overview of the patient and discussion of the family's concerns, the respiratory therapist discusses any respiratory treatments or inhaled medications the patient is receiving, and reviews the patient's response to these therapies. After the patient overview is presented, a systematic plan is formulated, orders are written, and then resident education related to disease process or unusual changes is completed by the attending physician, and at that point any unanswered questions from the family or the team are answered. The family is encouraged to participate in rounds as members of their child's interdisciplinary care team. However, in this environment, many family members are uncomfortable revealing their lack of understanding of complicated medical terms. They do not want to interrupt the physician or appear unknowledgeable. Thus, family members' questions may go unanswered because of a lack of understanding or not being asked, or they may misunderstand the plan of care for their child.¹

The scope of the problem is evident through the use of questionnaires mailed to families after discharge from the hospital. Data gleaned from these questionnaires show that caregivers do not understand what was told to them, and that they do not think they had enough input or say in their child's care (Fig. 1).

PFCC supports the inclusion of family as important partners in health care. Enabling family members to fulfill this role in an effective manner requires that they understand their child's condition and the proposed plan of care. A change in current practice is required to support the family's understanding and ability to actively participate in improving their child's care. This article discusses an evidence-based protocol that was developed to improve families' participation and understanding of their children's conditions and plans of care.

LITERATURE REVIEW

PFCC is considered the standard of care in many clinical practice settings and has been widely endorsed by multiple organizations. The Institute of Medicine (IOM), 2001²; American College of Critical Care Medicine (ACCM), 2007¹; and the American Academy of Pediatrics (AAP), 2012³, have publicly endorsed PFCC. The recommendations embedded within these endorsements include several defined responsibilities that outline specific expectations for current practice. The 2001 IOM report, *Crossing the Quality Chasm*, made specific recommendations for changes to the health care

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