MHA Quarterly Quality Webinar
Patient Family Centered Rounds
Webinar 4 of 4 in a Series
November 17, 2016
MHA & Children’s Mercy Co-Authored Publications

http://web.mhanet.com/Quality-initiatives-resources.aspx
Sheryl joined the Family Advisory Board at Children’s Mercy Hospital and Clinics as a charter member in 2003. She served as Chairperson of the Board in 2005. Sheryl was hired by Children’s Mercy Hospitals and Clinics as a Family Centered Care Coordinator in February 2008. Her son was diagnosed with ALL Leukemia in 2000 and underwent 3 ½ years of chemotherapy. He has been seen in 22 different clinics and has had 24 surgeries. She has vast experience with both inpatient stays and outpatient clinics. As the mother of four sons, she hopes to improve the health care experience for all children by promoting a relationship in which family members and providers work together to ensure the best service for all families. Sheryl’s background as a Financial Analyst with IBM compliments her role as a parent on staff by allowing her to critically review outcomes and data from patient- and family-centered care initiatives.
After the life changing event of her 13 year old daughter’s cancer diagnosis in 2004, Deej o’s focus changed from running a preschool to helping families who enter the hospital system with their children. Deej o was hired by Children’s Mercy Hospitals and Clinics as a Family Centered Care Coordinator in February 2008 to share her experiences and serve as a voice of the families. Spending over 300 days with her daughter as an inpatient inaugurated her into the health care system while allowing her to maintain the point of view of families. She brings this unique perspective to her job.
Family Centered Rounds: Making Patients and Families the Center of Medical Rounding

Sheryl Chadwick BS
DeeJo Miller BA
Family Centered Care Program Managers

Missouri Hospital Association
November 17, 2016
The Region’s Pediatric Health System of Choice

- 354 beds
- 317,453 outpatient visits
- 185,295 ER/UC visits
- 14,538 admissions
- 18,982 surgeries
- 5,263 transports

*All numbers Fiscal 2015
Experts in Pediatric Care

- 8,000 employees
- 700+ pediatric specialists
- 2,200 nurses
- 1,000+ allied health professionals
- 1,000 volunteers
Objectives

• Define Family Centered Rounds
• Outline goals
• Review history
• Discuss benefits
• Implementation
• Measuring the impact
Family Centered Care

“Patient- and family-centered care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among patients, families, and health care providers.”

Institute for Patient- and Family-Centered Care
Principles of Family Centered Care

- Dignity & Respect
- Information Sharing
- Participation
- Collaboration
Family Engagement Defined

A set of behaviors by patients, family members, and health professionals and a set of organizational policies and procedures that foster both the inclusion of patients and family members as active members of the health care team and collaborative partnerships with providers and provider organizations.

“PFCC Rounds are interdisciplinary bedside rounds conducted in partnership with patients and their families that imbue the principles of patient- and family-centered care. They are a vehicle for improving quality and safety in patient care and for achieving goals and competencies in graduate medical education.”

Goals of Family Centered Rounds

• The goal of family centered rounds is to create an environment where patients, parents, caregivers and hospital staff work together. As partners in the health care team, patients and families help improve the quality and safety of care.

• The team will talk about the patient’s:
  – Medical history
  – Treatment plan
  – Plan for discharge
History of Family Centered Care

Although we all know this, often our practices inadvertently separate the family from the process.
Previous Structure

Classroom rounds

- Members of the team
- Subspecialty rounds
- General pediatrics rounds
- Geographic isolation
PC.02.01.21

The hospital effectively communicates with patients when providing care, treatment, and services.

This standard emphasizes the importance of effective communication between patients and their providers of care, treatment, and services. Effective patient-provider communication is necessary for patient safety. Research shows that patients with communication problems are at an increased risk of experiencing preventable adverse events.
Family Centered Rounds

The AAP 2003 Policy Statement: Family Centered Care and the Pediatrician’s Role

“In hospitals, conducting attending physician rounds in the patient’s rooms with the family present should be standard practice.”
Literature on Family Centered Rounds

- Patients prefer family centered rounds because of greater participation in their care and less anxiety
- Both learners and educators have become more comfortable with experience
- Efficiency and teaching were not compromised
Implementation at Children’s Mercy

• Piloted in July 2006
  – General Pediatric Inpatient Teams

• Typical Team:
  – Family
  – Patient
  – Attending Physician (1)
  – Senior Resident (1-2)
  – Intern (2-4)
  – Nurses (1-2)
  – Social Worker (1)
  – Medical Students (0-3)
Early Failures

- Family Centered Rounds were intimidating for attending physicians
- Residents felt that there was less teaching on Family Centered Rounds
- Residents felt that there was less time to complete the day to day work
Early Successes

- Improved resident/nursing/staff communication
- Nurses feel more valued
  - Part of the team
  - Better understood the plan of care
  - Feel more involved with the plan of care
- Improved workflow for the nurses
- Families seem happy with the experience
- Attendings felt that they were better able to teach and evaluate physical exam skills and communication
- Initial models of success
Current Practice

• Schedule
  10:00 – 11:45, Monday – Friday
  8:00 – 11:00, Weekends

• Process
  – Introduction
  – Ask permission
  – Proceed with discussion
  – Average 6 minutes in a room
Information Sharing

• Tools to inform families
  – Welcome video
  – Orientation by bedside nurse
  – Brochure
  – Hospital handbook
  – Explanation by medical team

• Culture change
  – Standard practice on every unit
  – Consistency for families

• Evolved to nursing bedside shift report
PARTNERING WITH YOUR TEAM

We recognize that the family plays a vital role for the well-being and health of the patient. Families have important information to share with the health care team that will benefit the quality and safety of the treatment and help advance programs, facilities and systems. Core concepts of patient and family-centered care include:

- **Respect and dignity.** Our health care providers listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
- **Information sharing.** Our health care providers communicate and share complete and unbiased information with patients and families in a way that is affirming and useful. Patients and families receive timely, complete and accurate information in order to effectively participate in care and decision-making.
- **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- **Collaboration.** Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

QUESTIONS YOU MIGHT ASK YOUR TEAM

What is my child's diagnosis?
What causes this?
What can I do to help my child feel better?
What signs or symptoms should I look for, and who should I report them to?
What medications does my child need?
What are they for?
If my child is acting differently, how should I report this and to whom?
What do I need to know before my child goes home?
WHAT ARE FAMILY-CENTERED ROUNDS?
The goal of family-centered rounds is to create an environment where patients, parents, caregivers and hospital staff are working together as partners to improve the quality and safety of care. You are partners in the health care team. During Family-Centered Rounds, the team will talk with you about your child’s:
- medical history
- treatment plan
- plan for discharge

WHAT ARE THE PATIENT’S AND FAMILY’S ROLES AT ROUNDS?
As an important member of the health care team, you are encouraged to be an active participant during rounds. At Children’s Mercy Hospital we want to provide you the opportunity to share and engage as active members in your child’s health care plan. We hope patients and family members will speak up and identify things that aren’t working right, which will lead to better and safer care.

WHEN AND WHERE DO ROUNDS HAPPEN?
Rounds are usually between 9 a.m. and noon. The team spends approximately 10 minutes with each patient and family. The family may choose to meet in the hallway outside the room or at the bedside.

WHY ARE THERE SO MANY DOCTORS AT ROUNDS?
Children’s Mercy Hospital is a teaching hospital and that is the reason for the number of people who will be in and out of your child’s room. The attending doctor is responsible for teaching fellows, residents, interns and medical students.

WHO ATTENDS FAMILY-CENTERED ROUNDS?
Parents, caregivers and patients are invited to participate in Family-Centered Rounds. The health care teams are formed depending on the needs of each child. Sometimes there are many members of the team. There may be:
- attending physicians and fellows who are doctors who supervise the whole team
- residents who are in their second or third years of the residency program; they supervise the interns and students
- interns who are in their first year of the residency program
- medical students who are still in medical school
- other team members such as nurses, social workers, dietitians, pharmacists and therapists may join in rounds.

HOW DO FAMILY-CENTERED ROUNDS WORK?
A member of the medical team will present information about your child’s health status to the rest of the team. The medical team will then:
- go over your child’s past medical history
- ask you about the events of the night before
- review your child’s current medical status
- examine your child
- make a plan for the rest of the day.

You are encouraged to ask questions and make decisions together with the team.

If you can’t attend or prefer not to attend Family-Centered Rounds, tell your child’s nurse. The nurse will make sure a member of the medical team meets with you to discuss your child’s care and treatment plan.
Goals of Family Centered Rounds

• Facilitate communication between the families and the medical team
• Integrate the family into the process
• Facilitate communication among the members of the medical team
• Improve bedside teaching and evaluation
• Improve overall care
Do Families Have an Option?
Benefits for Families

• Assists family with healthcare decisions
• Provides better understanding of patient condition and plan of care
• Increases satisfaction
• Offers opportunity to give pertinent information to the healthcare team
Evaluation and Measurement

• Observations
• Family Experience Tracers
• Formal Surveys
## Observation Tool

### APPENDIX E: Bedside PFCC Rounds Observation Checklist

<table>
<thead>
<tr>
<th>Domain</th>
<th>Behaviors</th>
<th>Yes</th>
<th>+</th>
<th>-</th>
<th>0</th>
<th>Observer Notes</th>
<th>Row Total</th>
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</thead>
<tbody>
<tr>
<td>Greeting &amp; Intro</td>
<td>Patient addressed by name</td>
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<td></td>
<td>Team members introduce selves / are introduced</td>
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<td>Team role explained</td>
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<td>Purpose of PFCC Rounds explained</td>
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<td>Body Language</td>
<td>Team forms circle inclusive of P/F</td>
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<td>AR eye-level contact with P/F</td>
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<td>Evidence of Caring/Interaction</td>
<td>AR asks how patient feels</td>
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<td>AR asks about P/F concerns</td>
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<td>AR uses open-ended questions</td>
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<tr>
<td>Respect Shown</td>
<td>AR invites family to talk and asks questions</td>
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<td>AR seeks patients’ perspective</td>
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<td>AR checks understanding with P/F</td>
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<td>AR does NOT interrupt P/F</td>
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<td>AR and team briefly adhere</td>
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<td>Cultural or spiritual needs addressed</td>
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<td>Info Exchange</td>
<td>AR asks questions one at a time</td>
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<td>AR uses understandable language, lay terms</td>
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<td>AR explains technical terms</td>
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<td>AR uses visual and/or written reinforcement</td>
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<td>P/F get information (AR or team member gives info)</td>
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<td>P/F give information to team</td>
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<td>P/F asks questions</td>
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<td>AR answers questions; “will follow-up” response</td>
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<td>P/F Involvement in Teaching</td>
<td>AR asks permission to conduct additional teaching at bedside</td>
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<td>AR or team member asks for P/F feedback</td>
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<td>AR thank P/F for teaching opportunity, “Thank you”</td>
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<td>Decision-making</td>
<td>Patient was asked higher preferences in care plan</td>
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<td>P/F negotiate care plans</td>
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<td>P/F involved in discharge goals</td>
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<td>Departure</td>
<td>P/F informed of next steps</td>
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<td></td>
<td>“Any thing else?”</td>
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<td></td>
<td>“Goodbye”</td>
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</tbody>
</table>

**Observer Notes:**

- Abbreviations: P/F = Patient/Family, AR = Attending/Resident, SW = Social Worker
- MRN = Medical Record Number, CLAS = Culturally and Linguistically Appropriate Services

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The Medical College of Georgia Center for Patient and Family-Centered Care, in association with MCG Health System
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Questions?
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Closing Remarks
Upcoming PFE-Related Events

• Thank you to Deej o and Sheryl for sharing their expertise and experience with MHA members over the past year!!

• MHA will be developing a state-level Person and Family Advisory Council in 2017! More to come!
  ➢ If interested in serving, please contact Alison Williams

• Person and Family Centered Engagement and Activation – 2017 Focus
Contact Information

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