

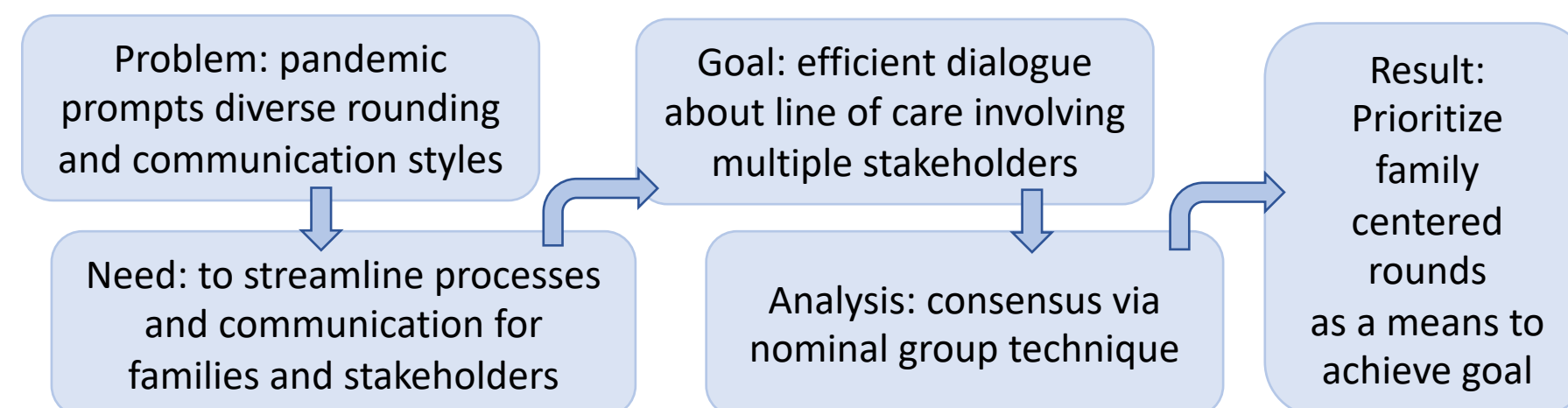
Keeping The Family Front And Center: Compliance Practices To Ensure Effective Interdisciplinary Bedside Rounds At A Tertiary Medical Center

Greenblatt LB., MD; Sharma S., MBBS; Massaro J., DO; Zou S., BS; Pathak I., MD
 Department of Pediatrics, Staten Island University Hospital – North

INTRODUCTION

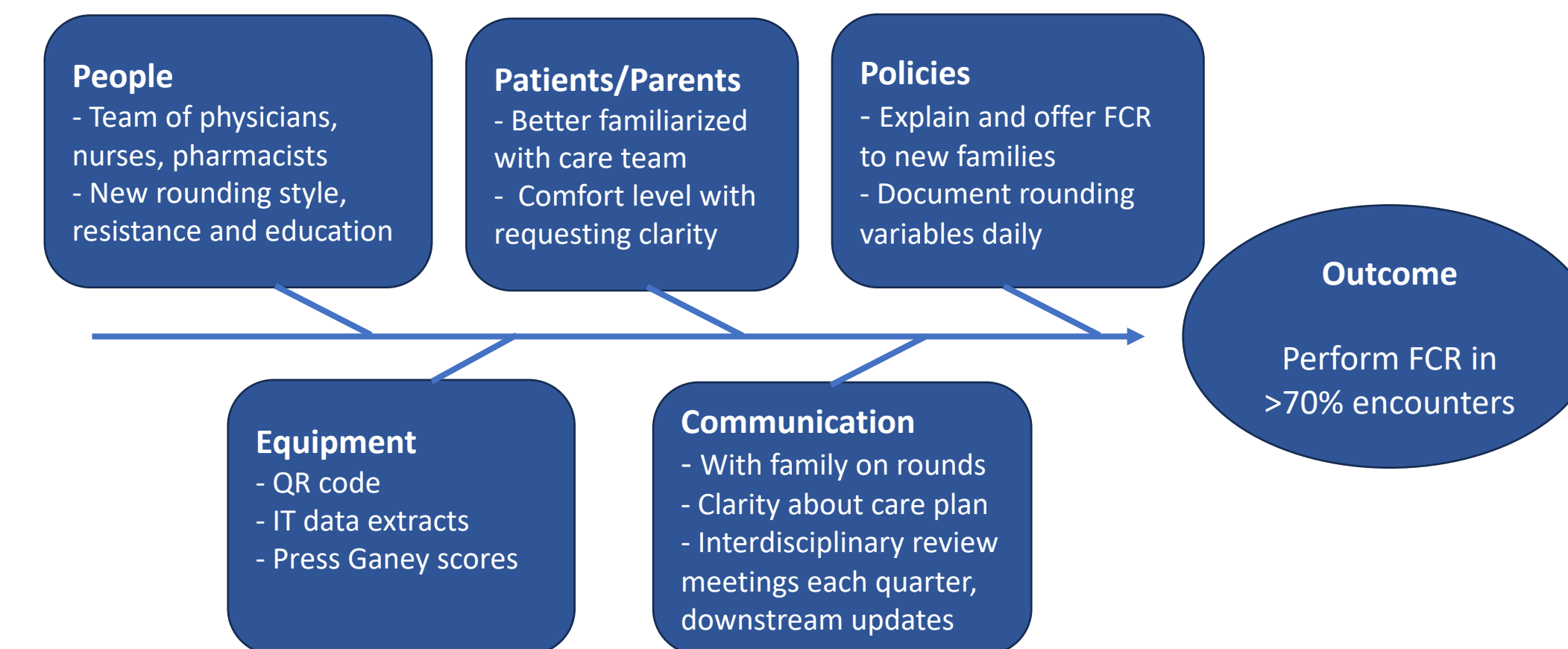
- Family Centered Rounds (FCR), endorsed by the AAP as early as 2003, recognize the family as the child’s primary support
- An opportunity to provide open communication and timely care, informing all stakeholders of comprehensive care plans, minimizing errors and delays
- Goal of streamlining varied rounding styles on our inpatient unit, increasing patient and family satisfaction
- SMART Aim**
 Involving nursing and pediatric teams leadership to achieve 70% compliance with Family Center Rounds (FCR) on the Pediatric Inpatient unit by March 2023 (over 12 months).

METHODS

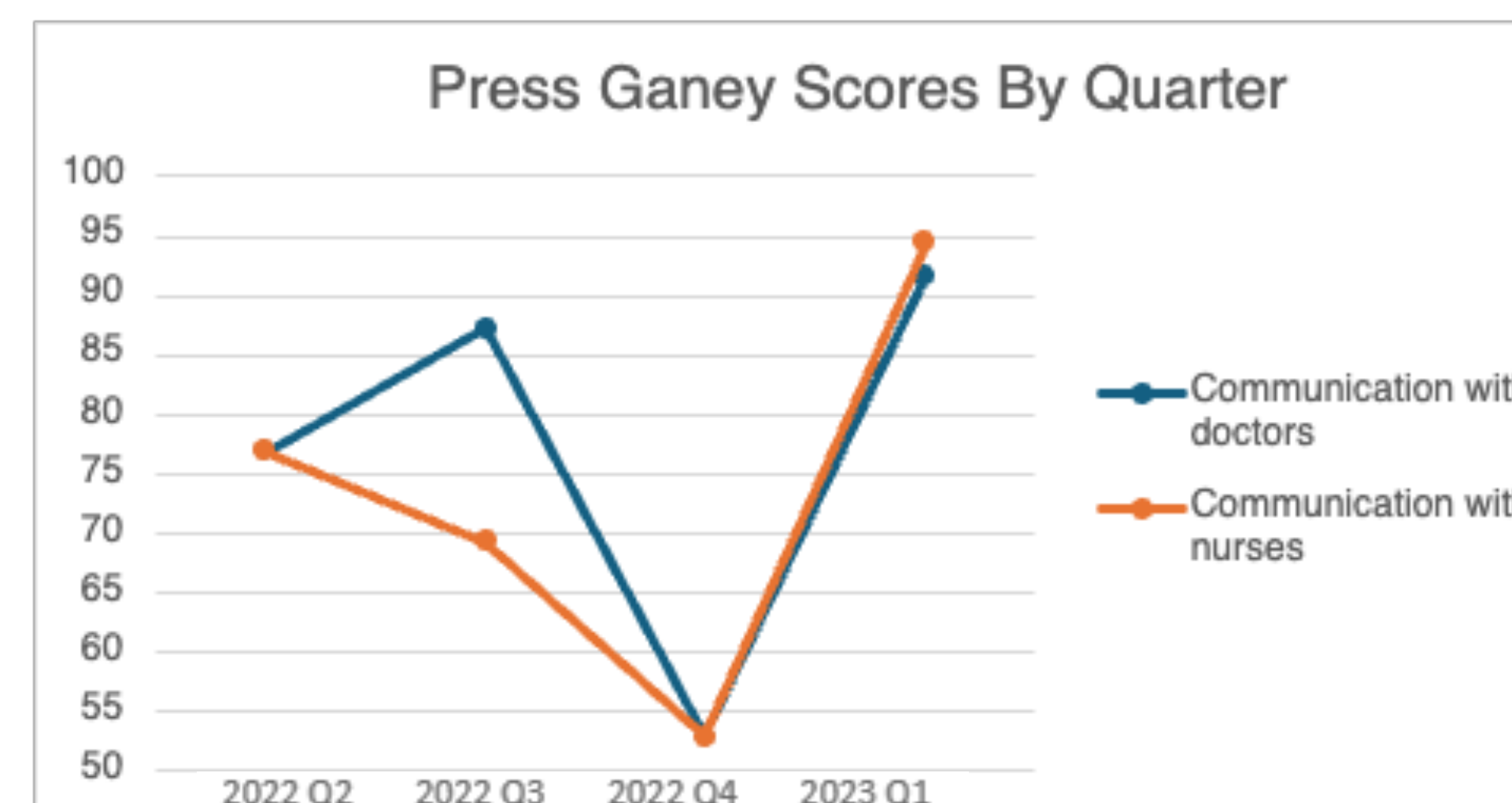
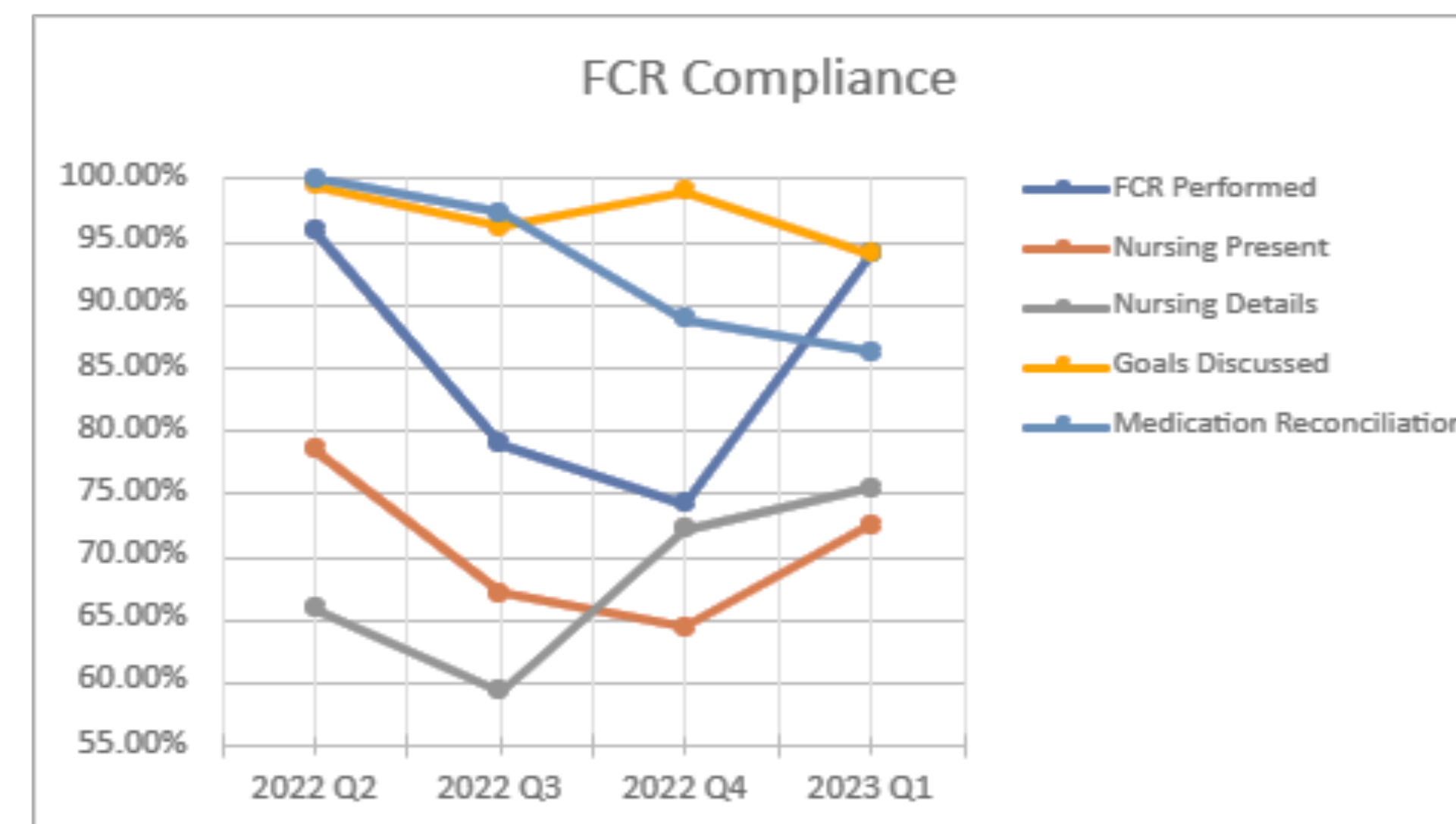


- Inclusion Criteria: Floor admission to hospitalist’s service between start of Q2, 2022 and end of Q1, 2023
- Exclusion Criteria: Isolation precautions, parental refusal
- Daily rounds documented by residents using QR code, data analyzed during quarterly interdisciplinary meetings, while monitoring concurrent Press Ganey scores
- Variables used to evaluate progress:
 - FCR completed
 - Nursing presence
 - Nursing details
 - Goals discussed
 - Medication reconciliation
- Quarterly PDSA cycle incorporated into workflow

RESULTS



→ FCR performed in 81% of encounters (range: 74.2-95.9%)



CONCLUSIONS

- Demonstrated that the primary objective of 70% compliance can be met
- Quarterly interdisciplinary meetings were instrumental in facilitating improvements seen by the final quarter of study, with improvement in Press Ganey scores
- Press Ganey scores follow trends in compliance with FCR and presence of nursing, possibly influencing communication scores with doctors and nurses alike
- Strengths: patient care, family satisfaction, team dynamics and limiting medical errors
- Limitations: single center study with variable staffing and patient acuity
- Barriers: family refusal, unfavourable staffing ratios, seasonal illness patterns impacting patient census and need for prompt room turnover, need for isolation precautions
- Opportunities: initiating dialogues about reservations, integrating telecommunication into rounding practices, refining rounds periodically to reflect needs of stakeholders

REFERENCES

- Committee on Hospital Care; Family-Centered Care and the Pediatrician’s Role. Pediatrics. September 2003; 112 (3): 691–696.
- Knighton AJ, Bass EJ. Implementing Family-Centered Rounds in Hospital Pediatric Settings: A Scoping Review. Hosp Pediatr. 2021;11(7):679-691.
- Rappaport DI, Cellucci MF, Leffler MG. Implementing family-centered rounds: pediatric residents’ perceptions. Clin Pediatr (Phila). 2010;49(3):228-234.
- Rea KE, Rao P, Hill E, Saylor KM, Cousino MK. Families’ Experiences With Pediatric Family-Centered Rounds: A Systematic Review. Pediatrics. 2018;141(3):e20171883.

Available upon request.