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# Improving Communication through Collaboration: Nurse-Physician Rounding

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# Contents

<b>IDENTIFYING A PROBLEM</b>	<b>A CULTURE OF PATIENT CENTERED CARE</b>	<b>A COLLABORATIVE APPROACH</b>	<b>RESULTS</b>	<b>POST EPIC ROLLOUT</b>
Background Gaps in Interdisciplinary Communication	HCAHPS Scores Value Based Purchasing	SWOT Analysis Rounding Outline & Process	Performance Enhancing Communication Staff Satisfaction	Technology as a Barrier Future Sustainment Plans
01	02	03	04	05

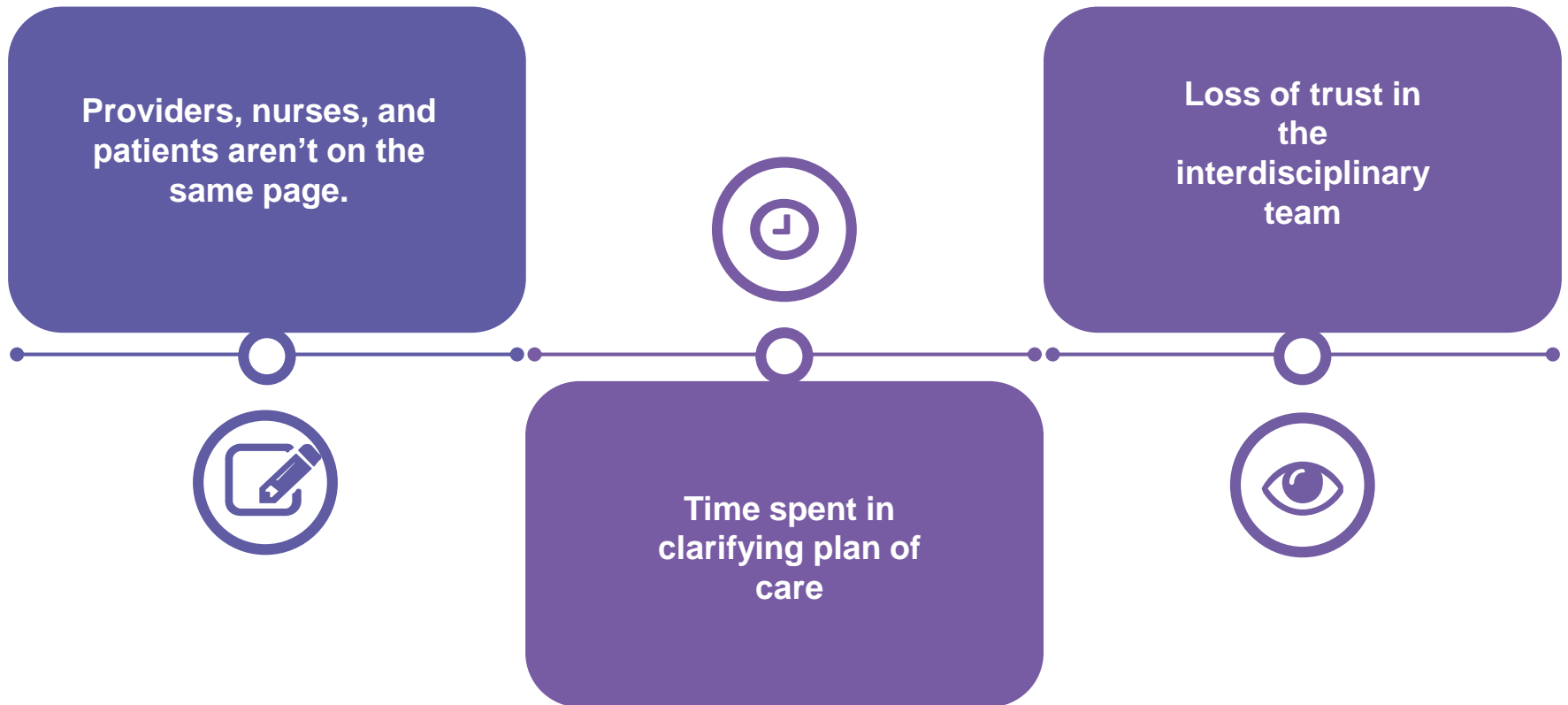
# Identifying a Problem

# Background

- The diversity of the patient population and demands of the unit lead to multiple physician teams rounding throughout the day.
- Physician rounding often occurs without the nurse or without discussion of a plan of care with the nurse which leads to confusion and delays in patient care.
- Inadequate communication is identified as a crucial factor for delays in care, increased medical errors, decreased patient satisfaction, and poor patient outcomes (Rimmerman, 2013).

# Gaps in Interdisciplinary Care

Delay in provider notes and orders



# Culture of Patient Centered Care

## Institutional Practice



### Bedside Shift Report

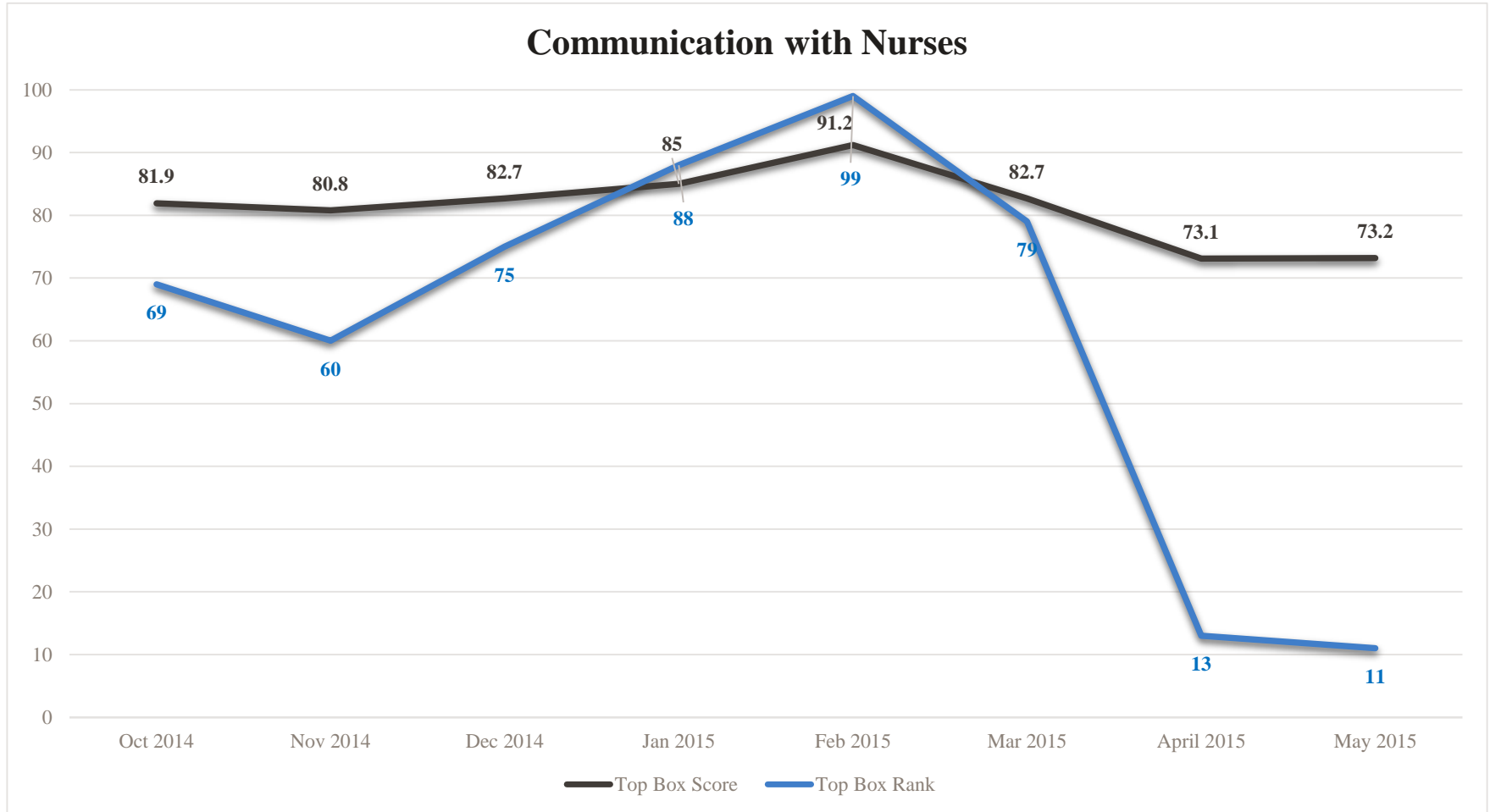
- Implemented in 2012



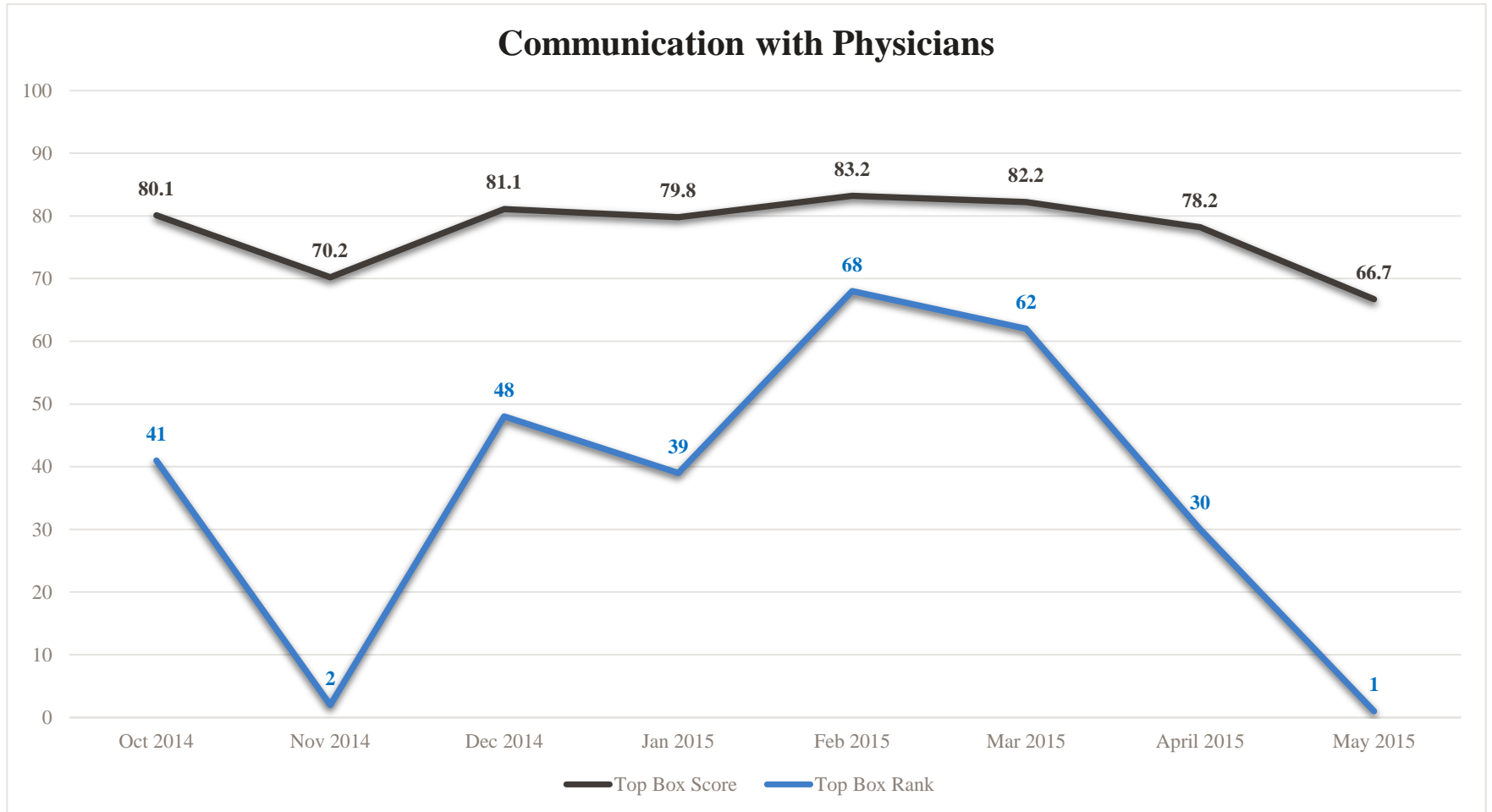
### Occasional Rounds with Physicians

- Unstructured
- Inconsistent

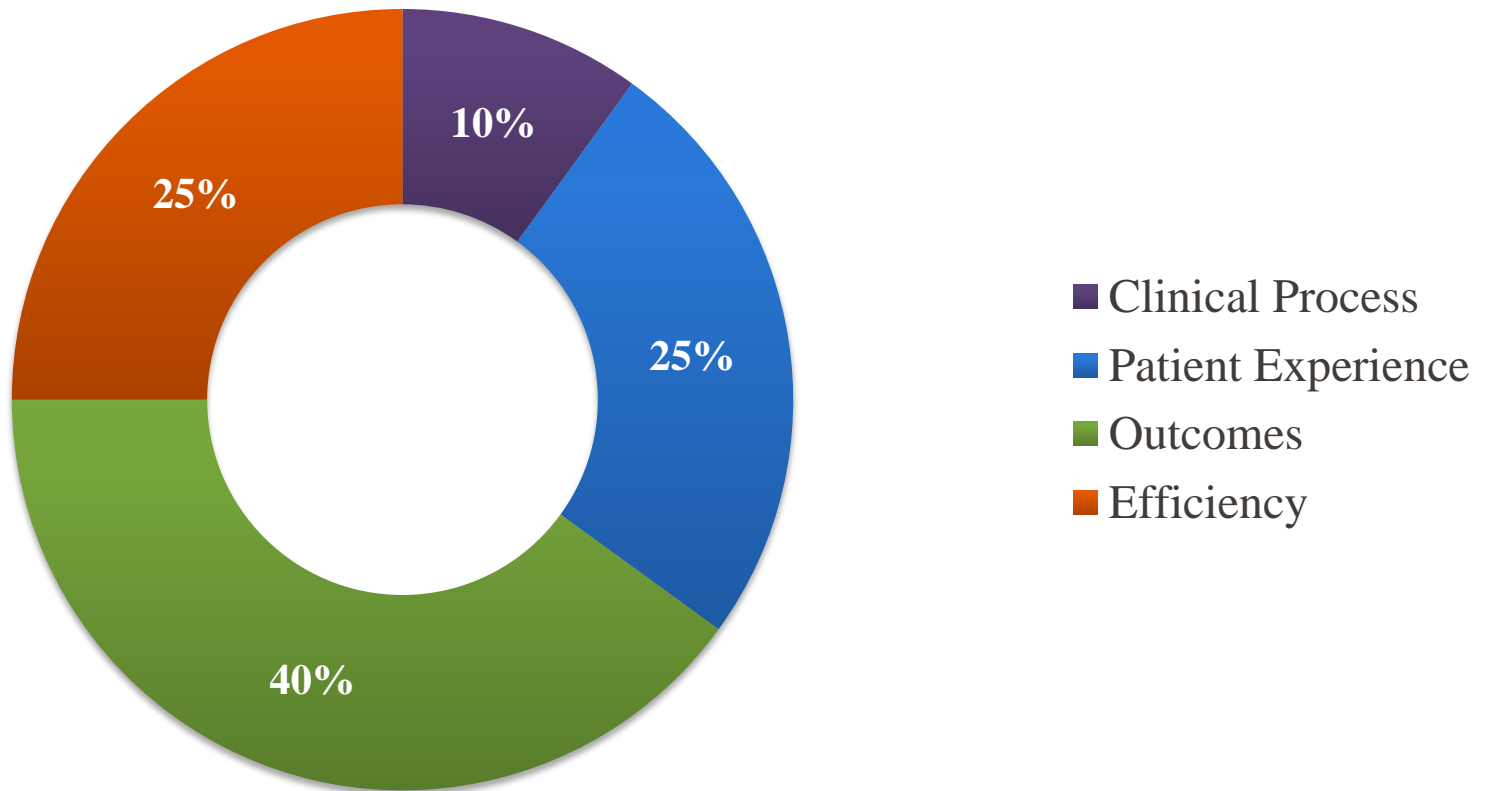
# Communication with Nurses HCAHPS Scores



# Communication with Physician HCAHPS scores



# VBP Incentive Payments: An Area for Revenue Growth



# A Collaborative Approach

# Project Aim

**01** Improve communication between healthcare providers and patients to improve:

- quality of care delivered
- sustain safety
- increase efficiency.

**02** Increase patient satisfaction by 10% within 3 months of implementation in the domains:

Communication with Nurses  
Communications with Physicians



**03** Create a structured Nurse-Physician rounding system

# SWOT Analysis



## Strength

- Enhance communication
- Expedite care
- Clear plan of care
- Reduces delays
- Enhances physician/RN relationship
- Reduces confusion
- Less “leg work” (texting, paging, callings, etc)
- On-the-spot clarifications
- RN input
- Patient advocacy
- “Bridges the gap” (communication)

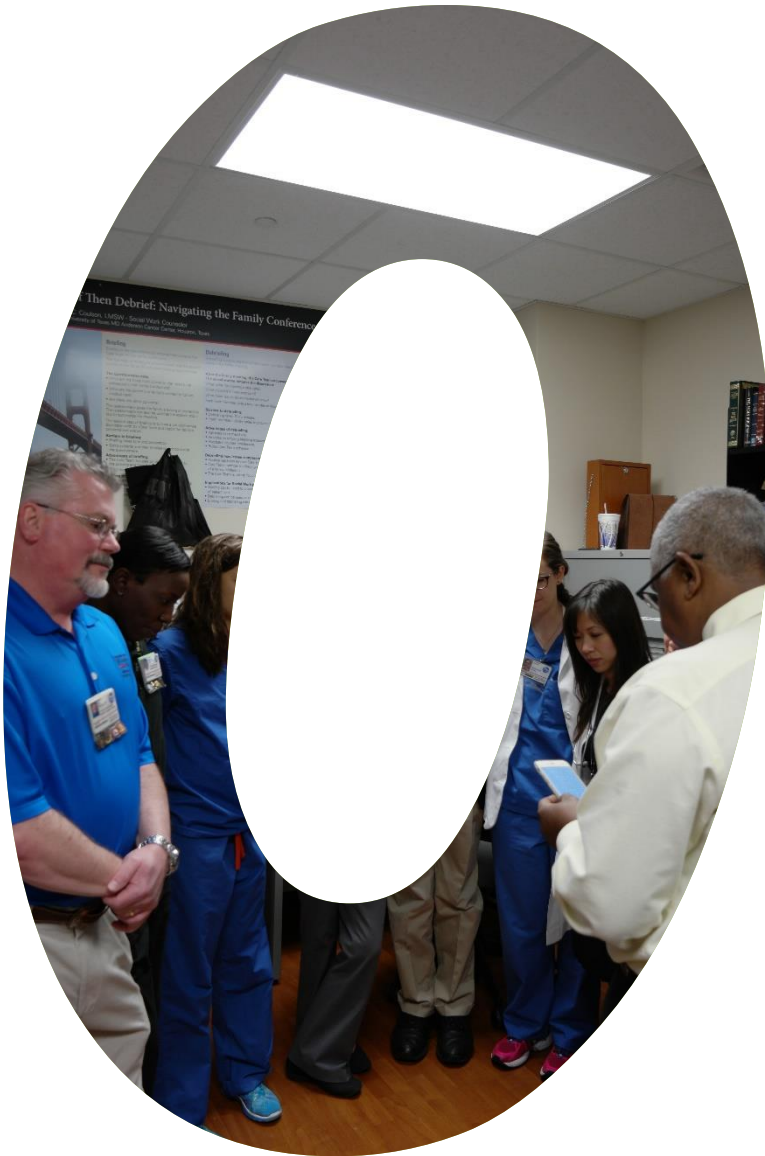
# SWOT Analysis



## Weakness

- Inconsistent rounding times
- RN busy with other tasks
- RN may think of it has time consuming
- Disruptions during crucial conversations.
- Multiple services/consultations: Difficult to decide which team to round with
- Communication when team does not contact nurse. GIM resources (MD rounding without MLP)
- Inconsistency with teams
- Explaining procedures to the patient (Nurse left to complete process after provider has spoken to the patient)
- Press Ganey question
- Closing the loop when providers have spoken to the consulting service without communicating to nurse

# SWOT Analysis



## Opportunity

- Comprehensive understanding of plan of care
- Resource to the provider
- Reminders to write orders
- Provider communication to the nursing staff (close the loop)
- Engaging the patient in the plan of care when expecting a consulting team
- Using the white board
- Utilizing other members of the team
- Relationship building
- Can the team s make contact with the nurse
- MD to ensure a nurse rounds when consulting or when the MD is in the room
- Provider liaison

# SWOT Analysis



## Threat

- Lack of participation
- Physician engagement or buy in
- Resistance to change (another thing to do)
- Intimidation factors (bullies)
- Comfort level with interpersonal communication and knowledge level

# Rounding Outline

## Preparation: Nurse and Physician

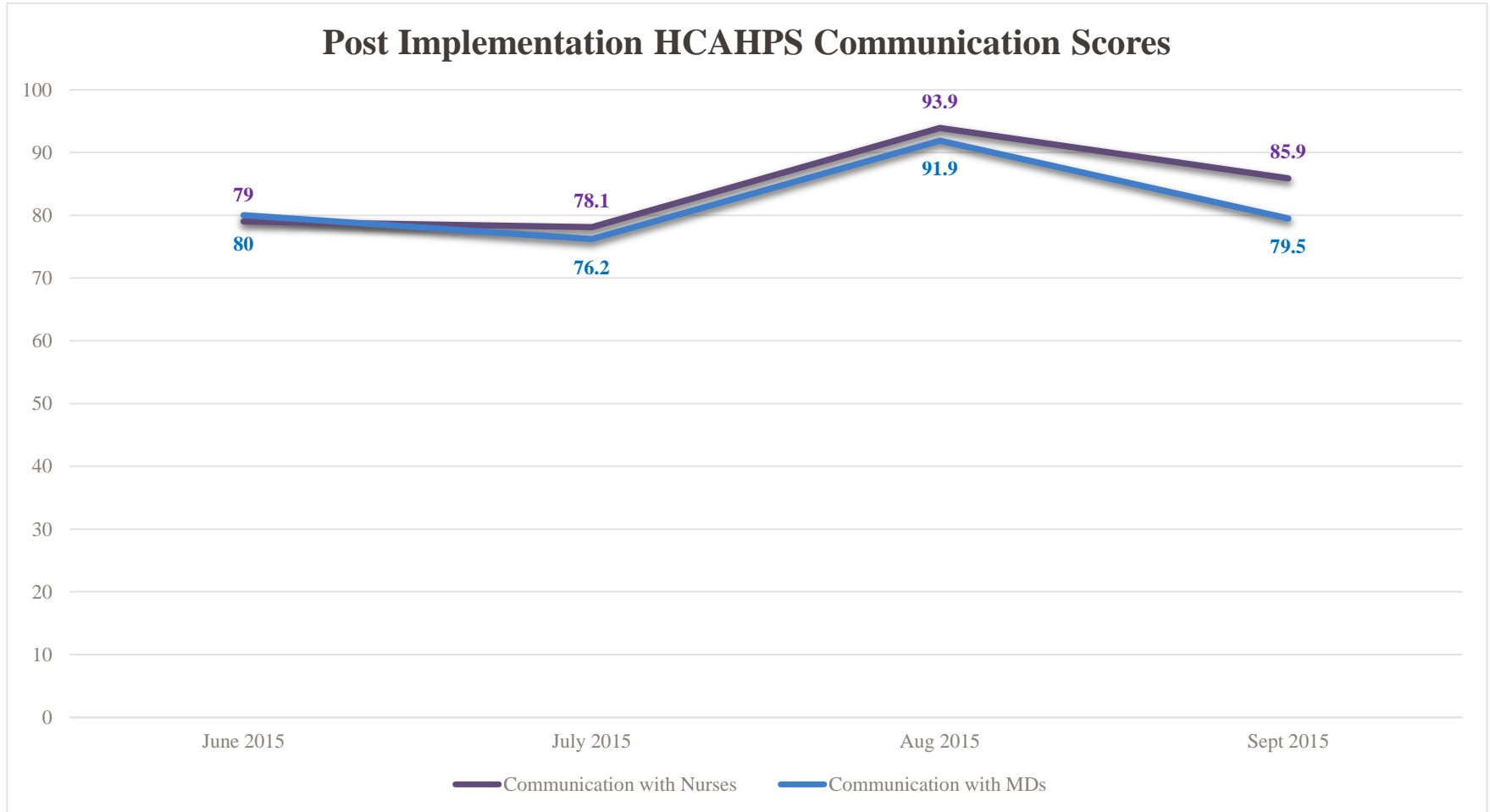


# Rounding Process

- Physician arrives on unit and alerts nurse for first patient to be rounded on
- Nurse communicates arrival using Vocera & notifies the PSC if they are rounding in the room
- Nurse and physician discuss patient briefly before going into the room
- Nurse and physician follow outline while in the room to prioritize patient and staff informational needs
- Nurse and physician leave the room (nurse may leave early only in case of an emergency)
- Nurse notifies the next nurse via Vocera to begin process again for the next patient

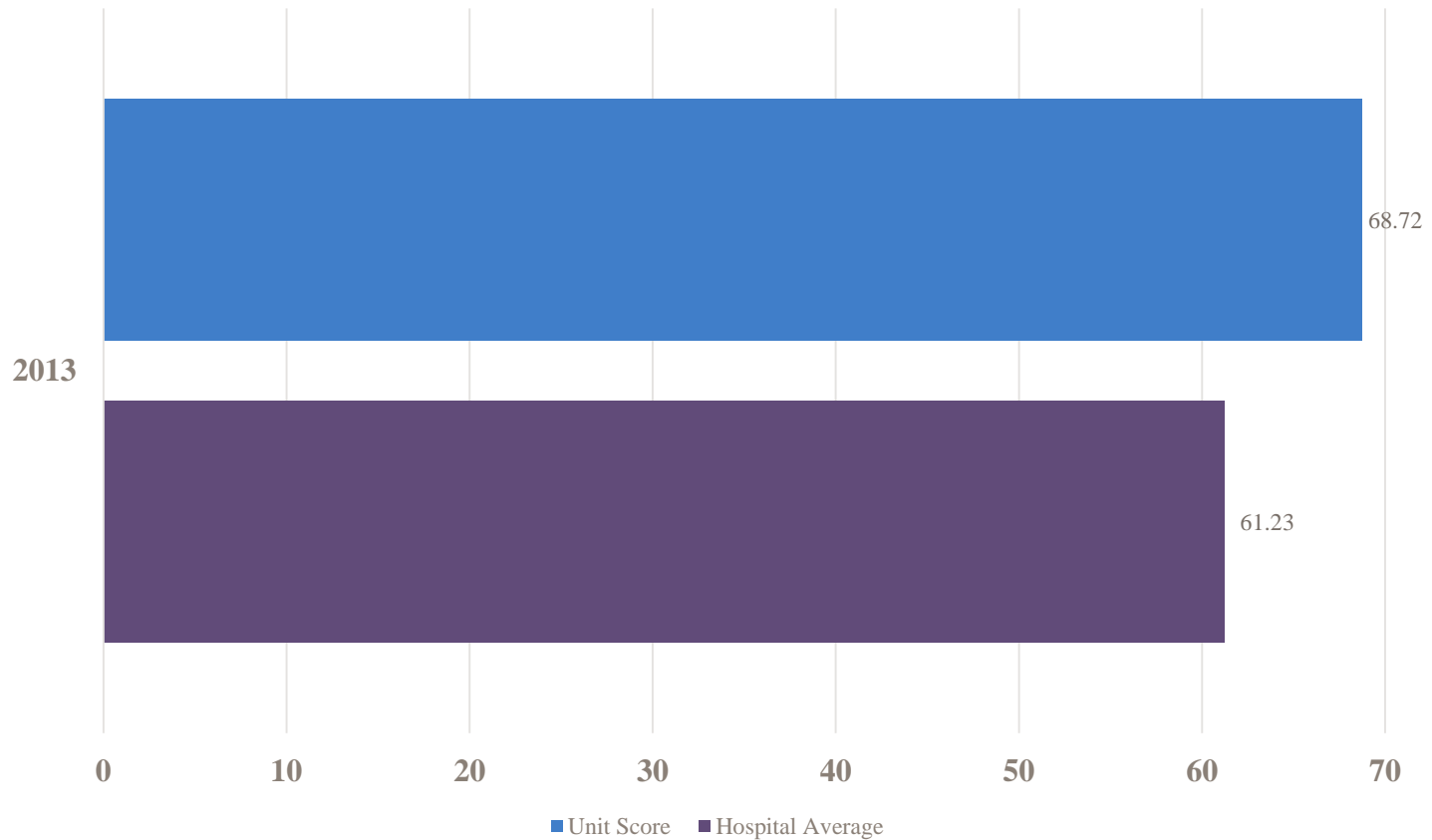
# Collaboration Results

# Communication Scores



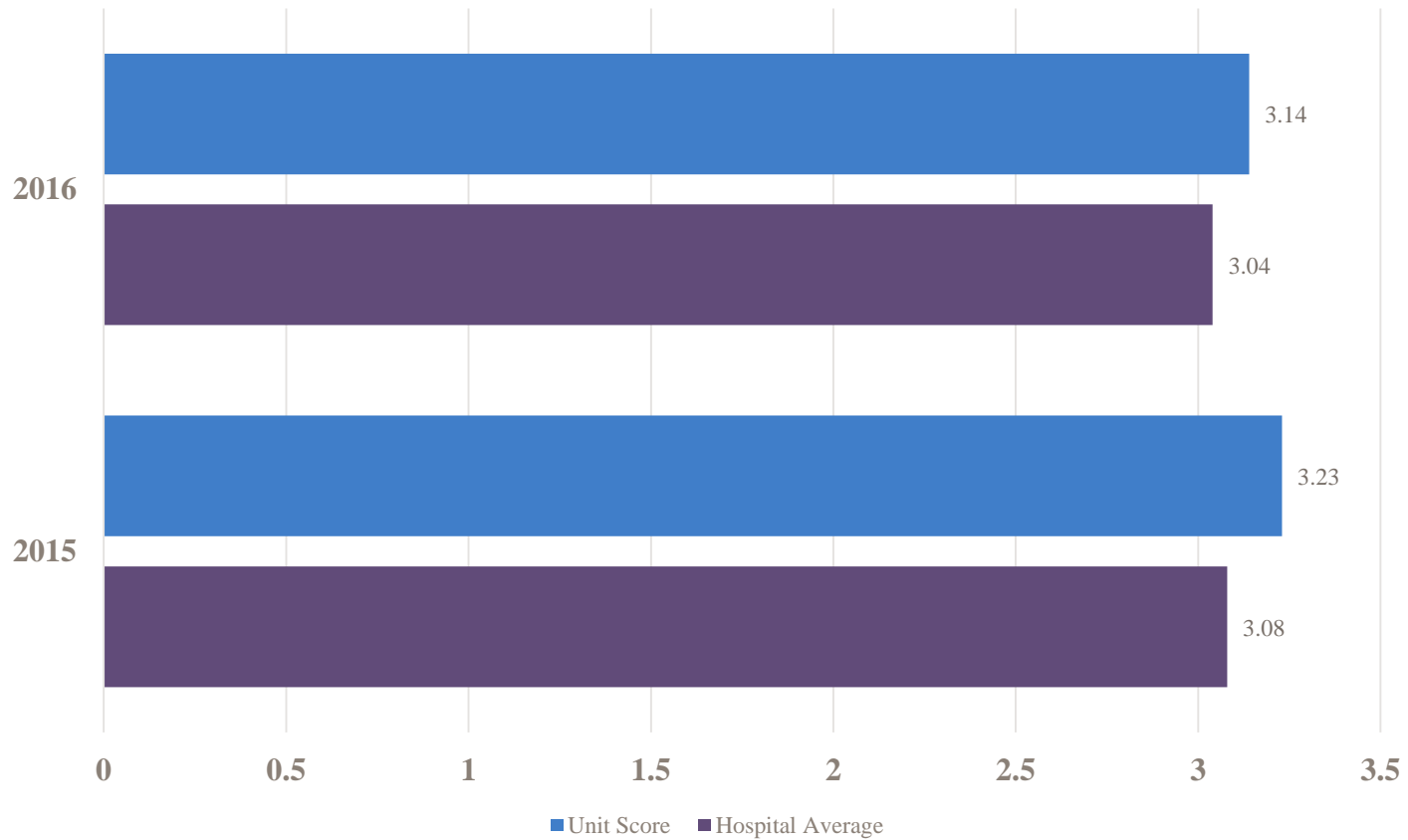
# Staff Satisfaction: NDNQI RN-MD Relationship Scores

## RN-MD Relation Scores—Pre-Implementation



# Staff Satisfaction: NDNQI RN-MD Relationship Scores

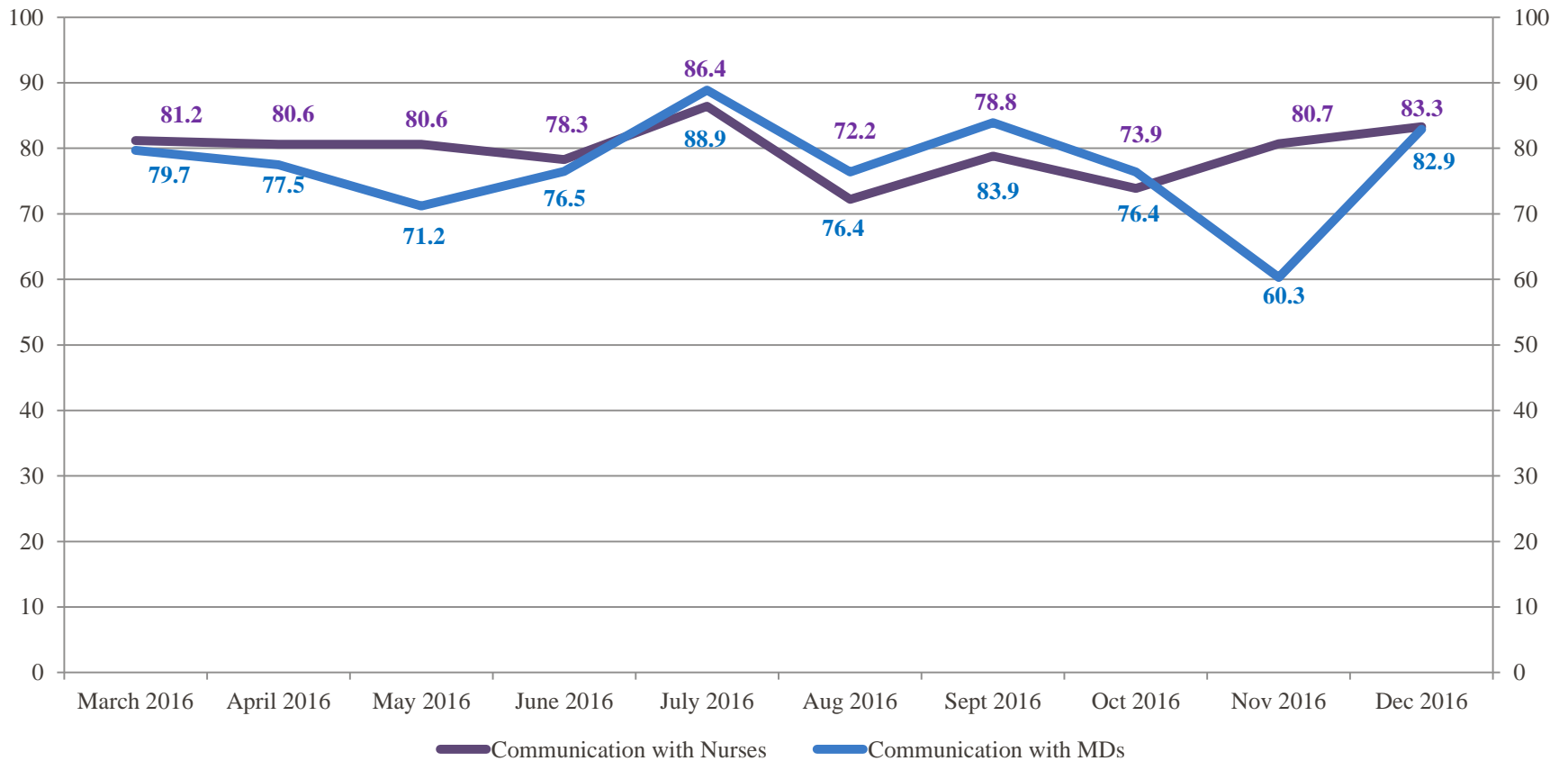
RN-MD Relation Scores—Post Implementation



# Post Epic Rollout

# Technology as a Barrier

## Top Box Scores



# Future Plans

## Sustaining Effective Communication



Reinforcing Communicating with  
WoWs



Revamping Rounds



New EHR



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