Enhancing the Practice of Family Centered Rounds for Parents and Providers in Pediatric Hospital Settings

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Photo: www.hopkinsmedicine.org
Family Centered Rounds (FCR) – Opportunities & Challenges

- Family Centered Rounds
  - important aspect of daily inpatient care.
  - allow for collaboration between patients, family members and the healthcare team, incl. residents and medical students.
  - **Not well-defined and not practiced consistently across services or settings.**
- Johns Hopkins’ Health System strategic initiative to be a leader in patient and family centered care including attention to the patient experience.
Study and Research Plans

• Research Questions
  ▪ To more fully define family centered rounds, esp. the structural and process factors, in a pediatric hospital
  ▪ To understand parents’ experiences, or outcomes, with family centered rounds

• Obtain support & access to Family Centered Rounds from key leadership
  ▪ Physician champions (2) of Patient and Family Centered Care incl. Director of Pediatric Residency and Physician in Pulmonary Medicine
  ▪ Nurse Managers (4) – four general inpatient floors
  ▪ Parent Advisor on Staff – piloted and introduced observational processes to residency teams)
Methods

• **Observational/Ethnographical approach**
  - 14 weeks
  - 3 medical teams: 2 general pediatrics and 1 pulmonary subspecialty team
  - Multiple healthcare providers, e.g. attending physicians, nurses, pharmacists, case managers, 4 rotations of residents/medical students
  - Patients and family members on 4 general med/surg floors
  - FCR toolkit and observation form (https://www.hipxchange.org/FamilyRounds)

• **Qualitative Interviews**
  - Parents who participated in FCR
Results (Observations) – 304 patient encounters with rounds

Table 1. Health Care Provider Presence during all FCR (n=304)

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Patient encounters n (%)</th>
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<tbody>
<tr>
<td>Attending physician</td>
<td>183 (60.2)</td>
</tr>
<tr>
<td>Fellow&lt;sup&gt;a&lt;/sup&gt;</td>
<td>78 (25.7)</td>
</tr>
<tr>
<td>Senior Resident</td>
<td>295 (97.0)</td>
</tr>
<tr>
<td>First Year Resident</td>
<td>298 (98.0)</td>
</tr>
<tr>
<td>Medical Student</td>
<td>170 (55.9)</td>
</tr>
<tr>
<td>Nurse</td>
<td>260 (85.5)</td>
</tr>
<tr>
<td>Social Work</td>
<td>84 (27.6)</td>
</tr>
<tr>
<td>CRNP&lt;sup&gt;b&lt;/sup&gt;</td>
<td>76 (25.0)</td>
</tr>
<tr>
<td>Case Manager&lt;sup&gt;c&lt;/sup&gt;</td>
<td>129 (42.4)</td>
</tr>
<tr>
<td>Clinical Customer Service</td>
<td>68 (22.4)</td>
</tr>
<tr>
<td>Coordinator</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>129 (42.4)</td>
</tr>
</tbody>
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Notes: <sup>a</sup>Pulmonary rounds only.  
<sup>b</sup>One general pediatrics team only.  
<sup>c</sup>Included pulmonary team and case managers assigned by floor/unit.

Table 2. Family Participation in FCR (n=304)<sup>a</sup>

<table>
<thead>
<tr>
<th></th>
<th>Participated n (%)</th>
<th>Did not participate n (%)</th>
<th>Not Available n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother</td>
<td>150 (49.3)</td>
<td>17&lt;sup&gt;b&lt;/sup&gt; (5.6)</td>
<td>137 (45.1)</td>
</tr>
<tr>
<td>Father</td>
<td>66 (21.7)</td>
<td>9 (3.0)</td>
<td>229 (75.3)</td>
</tr>
<tr>
<td>Other</td>
<td>15 (4.9)</td>
<td>12 (3.9)</td>
<td>277 (91.1)</td>
</tr>
</tbody>
</table>

Notes: <sup>a</sup> Participation by any family member = 187 (61.5%) of FCR. Both mother & father participated together 37 times (12.2%) of FCR.  
<sup>b</sup>Two mothers were not invited to FCR.
Results (Observations)

Figure 1. FCR Activities When Families are Present (n=187)
Results (Interviews with 31 parents)

- Theme #1: FCR support shared decision-making with parents.
  - They were pretty respectful of me and my knowledge of him [the child]. ...They didn’t just talk around me or about him, they actually included me...I think that I was part of the decision making.... It makes me, as a parent, feel like I’m not being kept out of the loop.... They are making me feel like I’m being a part of his care. (mother of a 7-month old child)
Results (Interviews with 31 Parents)

- Theme #2: FCR are important for information sharing and effective communication with everyone involved in a child’s care.
  - It’s important for me to learn….I don’t want to go home…still doing the same things and we’re back here again with the same exact problem ….That made me love it [FCR]. (mother of a 6-year old child)
  - They are a team, working with one child, I feel like they should all be able to communicate with each other without a problem…. Neuro tells me one thing, pediatrics tells me another thing…During rounds, they should have a person from each team be here so everyone can understand….And I feel like that’s a problem sometimes. (mother of a 5-month old child)
  - I don’t know if it would be beneficial to do an evening [FCR]. …if family is here, the patient is here, they have involvement….That’s a lost opportunity possibly by not doing that evening round, update, mini-round…. (father of an 18-year old child)
  - It’s nice to see that everybody is informed and…on the same page. I think that if it was just a few people, you would go back to that game when you were a kid, “telephone.” (mother of a 3-year old child)
Results (Interviews with 31 parents)

• Theme #3: Parents valued the presence of their child’s bedside nurse during FCR.
  
  ▪ *I think maybe his nurse would be good….she knows him best of the medical providers. The nurse is with him 24/7.* (mother of a 2-year old child)
  
  ▪ *The bedside nurse is optimal because she knows the day to day things, the bedside activities and what happened…or if the family has specific questions.* (mother of an 8-year old child)
Results (Interviews with 31 parents)

• Theme #4: Parents needed orientation to and information about FCR so they could participate as desired.
  
  - I would put a bra on, and I would have time to get awake, freshen up….Our schedules are off. I haven’t even washed my face, brushed my teeth – I need to be aware and awake….If I’m not all the way awake…it might not be safe – I may give the wrong answers to questions….I may not fully understand what they say. (mother of a 2-year old child)

  - [The team is] too large….If they know how many people are going to be on the team and ask me if I want all the team to come in….or maybe [have] less people….letting parents know the size of the team and giving [them] choices. (mother of a 20-month old child)
Results (Interviews with 31 parents)

- Theme #5: Provider behavior affects parents’ perceptions of respect and care.
  - She referred to our son as [name], not just as our x-week old…. She humanized him….Now he is a person and not just a x-week old male…or even referring to us by name. (father of a 6-week old child)
  - I remember faces better than I do names….So it’s probably going to take me a couple of times to actually remember everybody [re: team introductions]. (mother of an 8-year old child)
  - As the parent, watching how they interact with her and how she was interacting back to them and happy and laughing with them, and they tried to do things to make her laugh. They make her feel comfortable…. (mother of a 6-year old child)
Recommended Strategies to improve Family Centered Rounds

- More education and training for residents and medical students re: FCR
  - Simulations and role playing for medical students and residents. (*June 2018*)
- Consider a FCR checklist to standardize the process and increase FCR actions.
- Sporadic audits and walk-arounds for real-time observations and feedback (*ongoing*)
- Explore resources and strategies to support bedside nurses’ presence in FCR.
  - *Discussed with nurse managers September 2018*
- Increase communication between subspecialists for children with complex conditions.
- Consider evening and weekend formats of FCR, e.g. bedside shift report.
  - *Some inpatient units are starting to provide bedside shift report (September/October 2018).*
- Better orientation to FCR for parents, e.g. door hanger signs for patients’ rooms.
  - *Door hanger signs not fully supported, but some units are using signs for bedside shift report.*