The Problem

"In today’s health care system, care is too often fragmented, inefficient, and potentially harmful to patients. Hardworking clinicians want to provide the best care leading to the best outcomes, but the system itself does not always allow for this. Care team members share the patient’s desire to get healthy as soon as possible, but may have different views about how to reach that goal. To help care teams work more closely together, create more efficient processes, and reduce patient harm, many organizations are choosing to implement multidisciplinary rounds" (IHI, 2015).

Aim/Goal

Implement an evidence based approach on the medical/surgical floors to improve patient centered care and effective communication with providers, patients and families about the daily plan of care. Develop a model of care where care providers, in real time can discuss unique factors impacting care as they plan for discharge.

The Team

- Dawn Zaccaria, MBA, RN, Director, Nursing Operations
- Marian Girouard-Spino, MSN, RN, Director, Case Management/Social Services
- Daniel Siao, MD, Director, Hospitalist Services
- Rebecca Blair, MS, MT, Vice President, Experience and Organizational Development
- James Lawson, MS, PT, Director, Rehabilitation/Occupational Health Services
- Rachel Kleiman-Wexler, Pharm.D, RPh, Director, Pharmacy Services
- Mercy Devadoss, MS, RD, Dietitian
- Ginny Allen, Ph.D. Chaplain
- Sharon Demio, Nurse Manager
- Tom Mailloux, Systems Analyst, Information Services
- Roger Orcutt, Programmer/Analyst, Information Services

The Interventions (Select Actions Taken): Started October 2014

- Multidisciplinary taskforce convened and charter developed
- Baseline metrics determined
- Researched and developed model for rounds – rounds flow checklist/process developed and standardized key discussion points
- Identified daily 10 a.m. rounds schedule
- Involved direct care providers
- Developed IT solutions - EMR visual management 'Tracker' to concisely present critical patient information
- Initial pilot (approx. 2 weeks – December 2014) on one medical/surgical unit (2 North) before roll out to other medical/surgical units
- Identified pilot patient population – Hospitalist Service patients

The Results/Progress to Date

Key metrics associated new rounding process (Started December 2014)

<table>
<thead>
<tr>
<th>Measure</th>
<th>GOAL</th>
<th>FY 2014</th>
<th>Q1 FY 2015</th>
<th>January 2015</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharge Information (HCAHPS)</td>
<td></td>
<td>82.2%</td>
<td>93.3%</td>
<td>91.2%</td>
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<tr>
<td>Length of Stay (Days)</td>
<td></td>
<td>3.77</td>
<td>3.60</td>
<td>3.74</td>
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Lessons Learned (Post-Pilot)

- Selected metrics demonstrate favorable improvement towards goal from FY 2014 baseline
- Flat screen TV ‘Tracker’- a helpful tool: central status board / focal point of rounds
- Implement paging distribution list to communicate with rounds participants
- Rapid, early adoption by care team, as rounds created an efficient forum in which to communicate and share key information
- Improve plan of care communication with patients - implement use of key words
- Opportunities to improve use of patient white boards for patient communication & hand-off
- Efficient case review: average time per patient during pilot < 2 minutes

Next Steps/What Should Happen Next

- Identify additional metrics that may demonstrate effectiveness of rounding process, e.g., readmission data, other experience metrics etc.
- Continue to refine IT tracker tool to enhance communication, efficiency
- Spread process and sustain improved performance
- Expansion of rounds to second medical/surgical unit (due 6/15)
- Respiratory Therapy and Surgical PAs added to rounds (completed 1/19/15)
- Consider unit based hospitalists/unit co-management model
- Reinforce use of whiteboards to communicate plan of care to patient and family

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