

CPI In Rounding (Oncology/Hematology/Surgery)

Hospital “Rounds” are traditionally a way to share valuable patient information and to make decisions about a patient’s care. The process of conducting rounds has not changed much over the years. Often rounds are performed in two parts; doctors discuss diagnoses and recommended treatments, followed by a visit to the patient’s room where the medical team checks on the patient and discusses test results and next steps. The patient is not usually part of the decision making process and is sometimes not informed until the afternoon of decisions the medical team made that morning.

The lack of a standard format for rounding (it’s different depending on the lead doctor) slows down the overall process and limits interactions between staff and patients – leaving families feeling out of the loop regarding their child’s care.

Doctors and nurses at Seattle Children’s Hospital used CPI to change rounds and better meet the needs of patients and families. They created a standard rounding format that includes clear roles for each medical team member and the direct involvement of patients and families. The hospital developed a predictable rounding schedule and reliable tools to increase communication about a patient’s plan of care. Ultimately, these steps resulted in a decrease in the time required for clinical staff to conduct their rounds and increased the involvement of the patient family.



Challenge

- Develop a reliable rounding process to support safety and quality by increasing communication with team members, patients, and their families

Solution

- The rounding format was changed to consolidate the medical staff rounds with the patient rounds, and patients and their families were included in the discussion during rounds
 - Parents know their child best; they know what treatments have worked in the past and now have a say in what treatments could work moving forward
 - Whiteboards were placed in every room to give patients and families visual reminders about the patient’s daily care plan, discharge criteria, and parents could write questions for the medical staff

Results

- By significantly decreasing the time required for rounding, Children’s Oncology providers freed up two to three hours a day per provider
 - This allowed providers to spend more time with patients and families
- The rounding format was standardized through CPI and communication between staff, patients, and family members increased

- As a result of these changes, efficiency during rounding has greatly increased and families participate in the plan of care – and feel their voices are heard
 - In the general surgery department, surveys indicate a 50% improvement in family satisfaction about the care overall
 - Now 89% of families participate in rounds
 - Time required for rounds on the Hematology/Oncology service dropped by 50% within a three year period (2008 – 2010)

[The families] know their child the best, they know what has worked in the past, what could work in the future, so it really is important for us to collaborate and work with them.”

Kristie Page, Clinical Manager for SCCA inpatient care