Interdisciplinary Team Member and Patient/Family Involvement in Bedside Rounding

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Abstract

Including nurses in daily rounds allows for continuity of care and clarity of the care plan between all members of the interdisciplinary team. Research has shown that when nurses were notified about rounds in advance, their participation increased from 44.4% to 73%. Unfortunately, nurses rarely participate in daily rounds, creating issues related to miscommunication and disorganized care that comes with the absence of rounding as a team. The purpose of our project is to educate others on the importance of involving all members of the care team in daily rounds. We created an educational session to present to a pediatrics class which includes a PowerPoint presentation and a post-presentation survey. We discussed the importance of involving all members of the patient care team in daily rounds, with an emphasis on nursing involvement. The expected outcome is for nurses to participate in bedside rounds and have the confidence to speak up. The students will complete a post-presentation survey after gaining knowledge of the importance of interdisciplinary rounds and express their willingness to participate in bedside rounds.

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In the healthcare setting, communication errors and the lack of coordination and collaboration between healthcare professionals yield poor patient outcomes. Interdisciplinary bedside rounding is an effective way to improve patient outcomes and communication between interdisciplinary teams. Bedside rounding is defined as, interdisciplinary teams coming together at the bedside to provide purposeful information to one another about the patient and their care. Interdisciplinary bedside rounds include physicians, nurses, pharmacists, dieticians, patients, and their families. Physical therapists, occupational therapists, speech pathologists, social workers, and lactation specialists may also participate in interdisciplinary bedside rounding. Healthcare professionals should work together as a team, rather than independently to provide patient care. Team effort is vital to providing safe and effective care to improve patient outcomes and communication between interdisciplinary teams.

When interdisciplinary teams collaborate, it allows for the sharing of new information and ideas for patient care. This coordination of care also helps identify issues and concerns, promotes discussion about goals and interventions, and facilitates discharge planning. Interdisciplinary bedside rounding prevents medical errors and adverse events. Bedside rounding provides patients and families a chance to ask questions and present any concerns they may have. Bedside rounding greatly improves patient outcomes. The participation of nurses in bedside rounding is of utmost importance as they monitor and provide care to patients consistently, throughout the day. It is crucial for nurses to be made aware of when bedside rounds are being conducted so they can be present and advocate for their patients. Patient review times are significantly shorter and communication is more fluid and effective when all members of the interdisciplinary team are present. Having specialists in each area allows for more efficient plans

of care. Collaboration between physicians and nurses showed a reduction in ordering unnecessary tests and treatments, along with decreased costs, decreased negative patient outcomes, and increased nurse retention. Patients have a better understanding of post-discharge plans, medication changes, and their underlying medical conditions. Improved communication afforded by interdisciplinary rounds resulted in better and more timely discharge planning and continuity of care. Structured interdisciplinary bedside rounding increases the recognition of medical and behavioral problems, as well as social and financial needs that put patients at risk of readmission. Interdisciplinary rounds, when performed regularly, not only provide the multiple perspectives desired but also reduces the communication barriers between disciplines. It also frees up time for dialogue and allows for the exchange of knowledge between disciplines and patients. Families have voiced that being included in interdisciplinary rounding helped them better understand their family member's plan of care. Interprofessional rounding has been found to reduce fragmentation and improve outcomes and communication between staff members, patients, and families.

While there are many benefits to bedside rounding, it is important to consider the barriers. Taking these barriers into consideration allows healthcare professionals to recognize what needs to change in order to execute bedside rounding efficiently. Common barriers include nurses not being notified when rounds are being conducted, duration of rounds, conflicting schedules between interdisciplinary teams, limited space in small rooms, and lack of training regarding residents and students. The largest barriers were related to time consumption. There are ways to address this issue. These include decreasing patient-physician ratios and pre-scheduling patient rounding times. To improve time-wise and better structure bedside rounding, a rounding "checklist" was created and utilized in a study. The team used this checklist during

rounds to ensure that key topics were discussed. The lack of face-to-face interaction is frequently at the origin of communication disintegration and dissatisfaction. When nurses are not present during rounds, they lose the opportunity to advocate for the patient and be informed of modifications to the patient's plan of care. Nurses can utilize rounds for clarification of information and receive updates about their patients. This helps nurses provide the highest quality care to patients.

In the pediatric setting especially, the family's perception of bedside rounding is a key factor in regard to the patient's plan of care. It is crucial for healthcare professionals to be aware of the vocabulary they are using to explain the patient's condition and to know their audience. Research has shown that parents often do not ask for clarification when healthcare professionals use medical jargon. Children require very simple explanations for them to understand what is being said and done. Parents who participated in bedside rounds reported that they felt more involved in the care for their child and the decision-making process. The parents also expressed that they felt more inclined to trust the physicians and nurses caring for their child when they were included in bedside rounds. Facilitating family-centered rounds in the pediatric population increases patient and family satisfaction across the board. In contrast, not every patient views bedside rounding as beneficial. In the article, "Bedside Interprofessional Rounding: The View From the Patient's Side of the Bed", the authors focused on patients' perceptions of bedside rounding. One patient stated, "Nothing stood out because they all stand behind the doctor and don't add anything. They all had something they could have said but didn't" (Burdick, 2017, p. 25). To ensure that patients understand each interdisciplinary team member's contribution, explaining the role of each team member may allow patients to better understand their plan of

care and promote patient interaction during bedside rounding. This allows patients to be fully immersed in their care plan and the decision-making process.

When all interdisciplinary members are present, it yields the greatest patient outcomes. Nurses specifically need to be present to build rapport with patients and families while providing continuity of care. “Findings demonstrated that when nurses were notified in advance, their participation in rounds increased from 44.4 to 73%. Length of stay decreased from 2.5 days prior to the project to an average of 2.10 days during the project. Scores on inpatient satisfaction surveys increased from 82.4 to 92.2%, and nursing communication improved from 83.3 to 95.65%” (Jiménez, Swartz, and McCorkle, 2018, p. 49). These findings reiterate the importance of the participation and presence of nurses during rounds. In a separate study conducted on a twelve-bed medical and surgical intensive care unit, nurses led the rounds. This change was implemented because physicians often conducted rounds in the morning when nurses were busy completing initial assessments and administering medications to patients. This confliction in schedules led to nurses receiving critical information later in the day, long after it was pertinent (Strathdee, 2019). Nurses spend the majority of their day in patients’ rooms. This spending of time with patients, allows nurses to collect details about the patient and identify crucial changes in the patient’s condition. The study found that when families were present during rounds, they better understood the treatment plan and yielded greater satisfaction with the physician. Physicians who participated in this study were initially concerned that including nurses and family members in bedside rounding would increase the length of daily rounds. This concern, however, was proven invalid. “It has also been shown that rounds on average can take 1-3 minutes during this study and the concern was that it would take longer to include the family and more people but it was shown that involving the family in rounding helped to decrease the

amounts of phone calls and questions later in the day asked by the family" (Strathdee, Montesa, and Davidson, 2019, p. 18).

Many studies have discovered new and improved ways to promote interdisciplinary rounding in the pediatric hospital setting. In the article, *"*A Quality Improvement Initiative to Achieve High Nursing Presence During Patient- and Family-Centered Rounds", an electronic survey was administered to staff on a single medical care unit to identify barriers to nurse involvement in patient and family-centered rounds. During these seven months, two "plan-do-study-act" cycles were implemented. The first being an educational workshop that promoted nurse presence in rounds. The second cycle implemented a hands-free communication system for the rounding team to contact the nurses five minutes before the start of rounds. The findings suggested that there were no changes in nurse attendance after the workshop, but changes occurred after the implementation of the hands-free communication service. Nurse attendance rose from 30% to 80%, which would identify this as an effective change of practice that could be implemented to ensure more interdisciplinary team member involvement in patient and family-centered rounds.

Another study discussed in the article, "Improving Situation Awareness and Patient Outcomes Through Interdisciplinary Rounding and Structured Communication*",* follows three patient review strategies on three medical-surgical units over nine months. The implementation of mobile, paper and electronic use of SBAR were compared to determine the most effective strategy moving forward. This experiment was conducted because it has been shown that the SBAR structure for rounding leads to more consistent and structured patient reviews. SBAR stands for situation, background, assessment, recommendation. It establishes a common language and expectation which reduces discrepancies in communication between healthcare professionals

as well as creates a structure and short cut for communication while maintaining comprehensive clarity. Structure, consistency, and familiarity afforded by SBAR facilitated improved situation awareness and benefited the patients and staff. This standardization also improved collaboration amongst the interdisciplinary teams. When each member was well informed and effectively collaborated through shared mental models, such as SBAR, collective situation awareness was achieved. Due to the implementation of electronic SBAR, the HCAHPS scores for the participating units increased by 15%. This suggested that the use of electronic SBAR was another effective way to improve communication and involvement during interdisciplinary rounding.

In the article, *"*Effects of an Educational Workshop on Pediatric Nurses' Attitudes and Beliefs About Family-Centered Bedside Rounds*",* a workshop was conducted utilizing planned behavior to encourage nurses from Alberta Children's Hospital to actively participate in bedside rounds. The participants in this study completed a pre-test and post-test surrounding the workshop to determine the effectiveness of using planned behavior. There was a slight, but not significant increase in nurses' behavior. This finding suggested that in order to increase nurses' behavior, complex nursing skills and knowledge of communication would be required. Providing education to promote the development of collective nursing knowledge regarding family-centered rounding early-on in practice, encouraged participation. This promotion also placed focus on the attitudes and cultural norms amongst the nursing community which improved the value of nursing input. Adjusting the behavior of healthcare professionals was one of the biggest driving factors in changing practice, which explains why it was encouraged to implement an education plan for all members of the interdisciplinary team on the importance of everyone's role in rounding.

In the article, *"*A Quality Improvement Project to Increase Nurse Attendance on Pediatric Family Centered Rounds", a forty-bed pediatric ward in Boston, Massachusetts conducted a study with the goal of increasing nurse attendance on hospital family-centered rounding to 80% in three months. The study also focused on investigating the relationship between nurse to patient ratios and nurse attendance, as well as assessing the change in perception toward family-centered rounding. This was accomplished by asking a focus group to identify barriers to nurse involvement in family-centered rounding and using their input to create four, resident-led "plan-do-study-act" cycles to implement followed by a post-cycle survey to assess changes in perception. The first cycle involved the intern calling the nurse before rounds. This cycle showed no notable change. The second cycle implemented had the senior resident call the nurse before rounds. This was decided under the assumption that nurses would be more receptive to a senior resident whom they have worked with previously. This cycle was the most successful, increasing nurse attendance to 75%. The third cycle executed the practice of 'block-rounding', where the physician team rounded on all of the nurse's patients in a row. The nursing staff was satisfied with this technique overall, but attendance fell to 41%. This decline in nursing attendance was largely due to the time consumption of rounding on all of their patients in a row. This took time away from providing much needed care to patients. The fourth and final cycle implemented had senior residents call five minutes prior to the start of rounds, which allowed the nurse time to complete what they were doing. With the implementation of this modification, nurse attendance increased by 70%. The most effective intervention was having senior residents call the nurse right before or five minutes before the start of rounds. There was an insignificant difference between the senior resident calling the nurse right before or five minutes before the start of rounds. It is notable to mention that there was no significant correlation between patient to nurse

ratios and the attendance of nurses in rounds. During the post-test survey, 98% of respondents found it beneficial for nurses to be involved in rounds. The steps that followed after the conclusion of the study in this particular setting, further engaged nurse leadership and reanalyzed nurse workflow in the morning to develop additional strategies that may be used to ensure nurse participation in rounds.

Interdisciplinary rounding should be implemented when providing the highest quality care to patients. It is of utmost importance that nurses participate in bedside rounding. To ensure that healthcare professionals involved in the patient's care remain on the same page, a member from each interdisciplinary team should be present during rounds. Each team member's presence is vital to patient care and allows for clarification and communication between all disciplines. This, in turn, reduces medical errors and improves patient outcomes and satisfaction of care.

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