

SETTING

- Midwestern Inpatient Orthopedic Unit
- Fast-paced 24-bed unit
- High volume of patients: total joint replacements, traumas, & general medical surgical

BACKGROUND

- An estimated **1 in 10** hospitalized patients experiences an adverse event¹
- Communication failures are the common root cause of adverse events²
- Patients want to know and understand their plan of care³
- Nurses' involvement in patient's plan of care leads to improved patient outcomes⁴
- Standard interdisciplinary rounding format with nurse involvement promotes effective communication and facilitates coordinated patient-centered care^{2,4,5}

GLOBAL AIM

The team aims to improve care plan communication among the nurse, clinician, and patients on the Orthopedic Unit. The process begins with the care team rounding on the first day of admission and ends with the patient and nurses' clear understanding of the daily plan of care.

Expected outcomes include:

- Improved nurse and clinician communication regarding patient care plans
- Improved patient satisfaction regarding receiving consistent information

It is important to work on this now because the patients on the Orthopedic Unit have reported receiving inconsistent information from the care team during their stay on the unit and gaps exist among current rounding processes on the unit and best practices.

PROBLEM STATEMENT

Inconsistent rounding, variation in practice, and nursing barriers have contributed to ineffective communication in the Orthopedic Unit. See **Figure A**.

LITERATURE REVIEW

Standardized interdisciplinary rounding leads to:

- Effective communication^{2,5}
- Improved patient experience^{3,4,5}
- Improved patient safety^{2,5}
- Less adverse events^{2,5}

BASELINE DATA

NURSE PRE-SURVEY RESULTS

- 63% of RNs had awareness of clinician rounding time.
- 31% of RNs had recognition of rounding clinician. RNs unaware of which clinician would be rounding.
- 75% of RNs had additional communication with providers. They frequently had to reach out to the clinician by various means (page, phone call, message) to gain clarity of the patient's plan for the day.

NURSE PRESENCE AT ROUNDING

RNs were only present 10% of the time for bedside rounding from September 1st through December 1st.

PATIENT EXPERIENCE

Focus Metric: Did you receive consistent information from all care providers during this visit?

The Ortho Unit was consistently performing below the benchmark of 68%.

Patient Comment: "[This facility] has a major flaw in their basic communication between its staff."

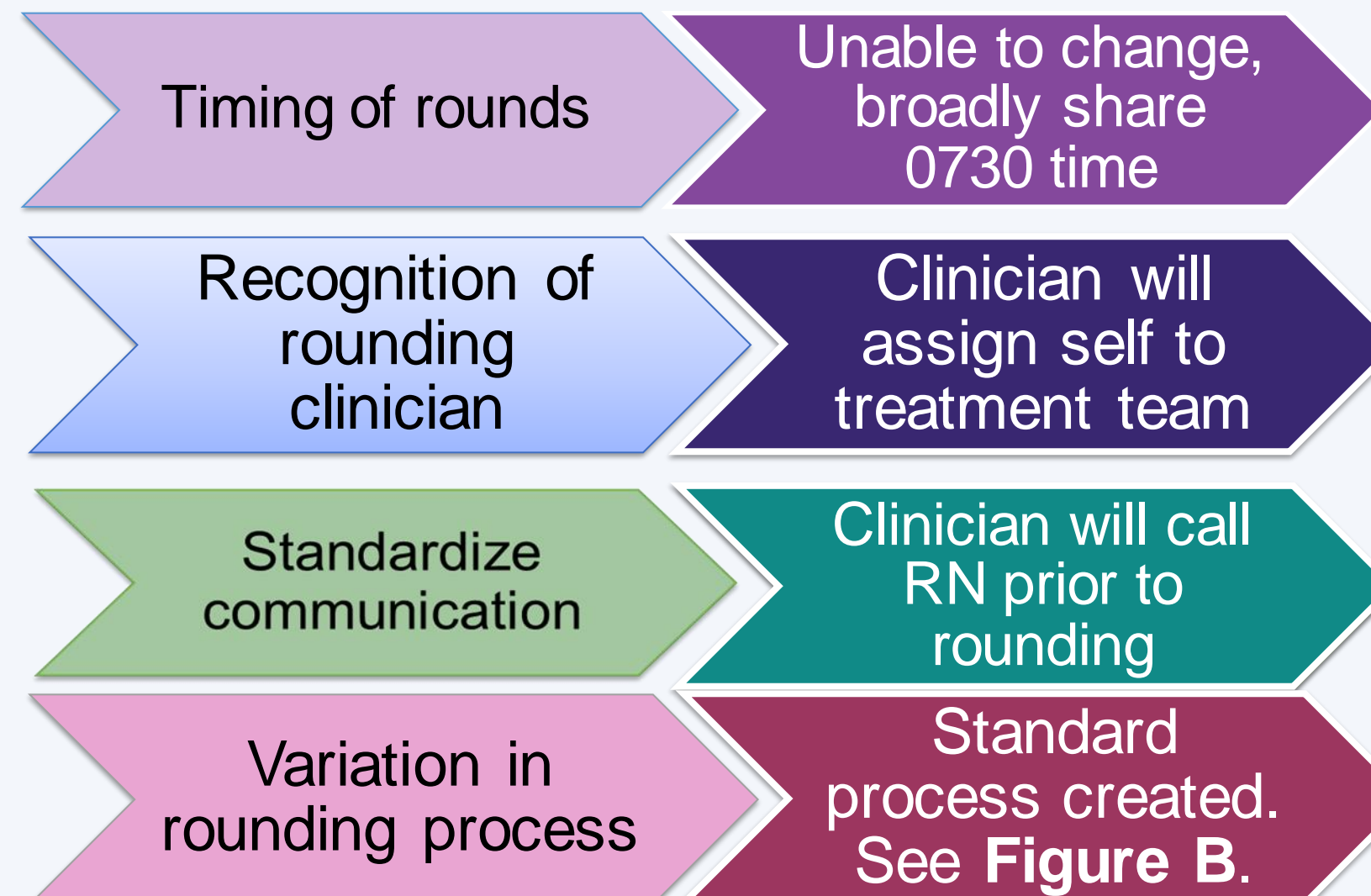
Thus, patients were happy with the level of care that they received but disappointed with the inconsistent communication that they received.

QUALITY IMPROVEMENT TEAM

Leader: CNL student
Members: Clinical manager, Professional Development Nurse, Quality Improvement Nurse, bedside Registered Nurses & Physician Assistants

PLAN

QI TEAM IDENTIFIED SOLUTIONS



Initial Interdisciplinary Rounding Process

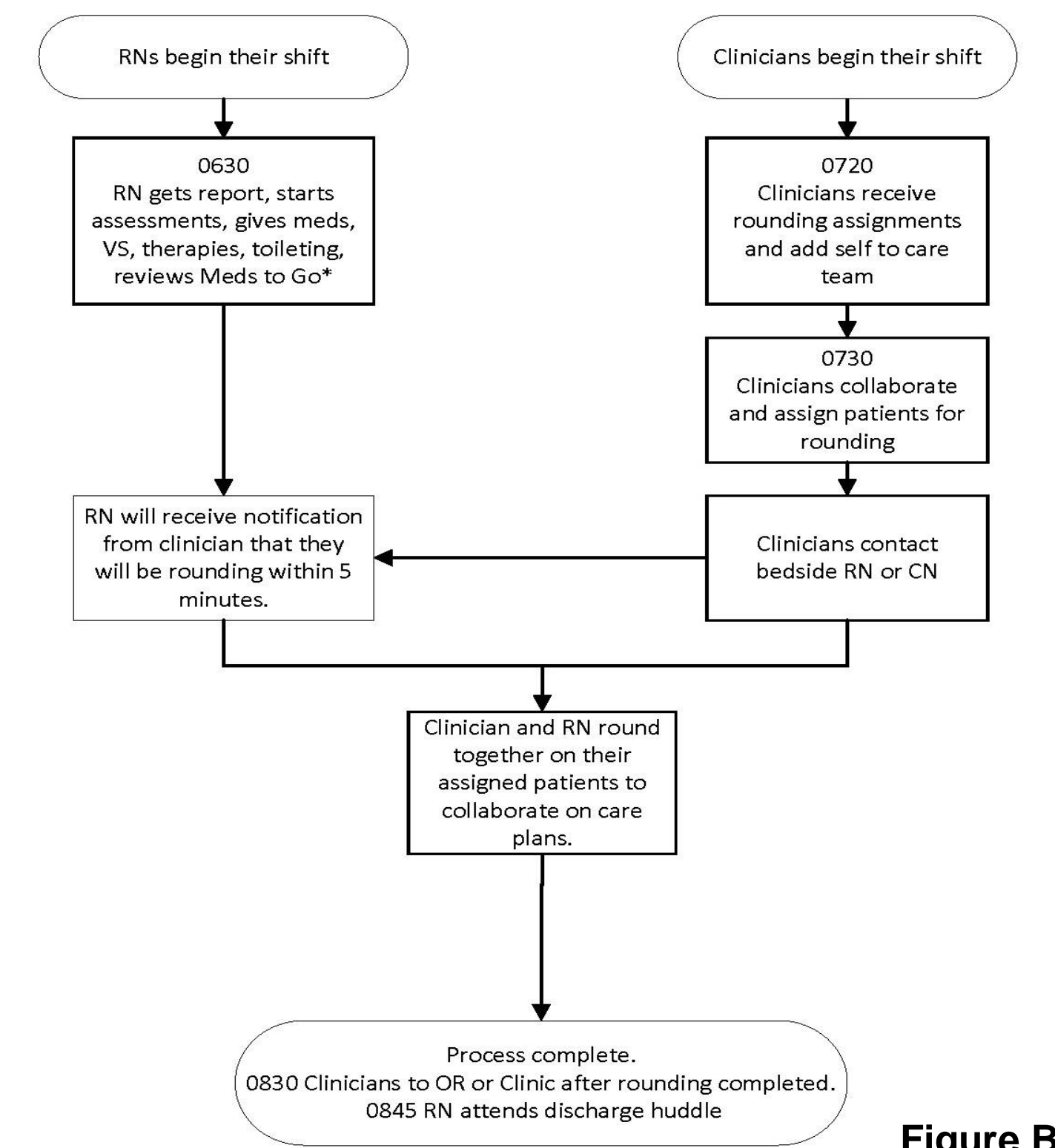


Figure B

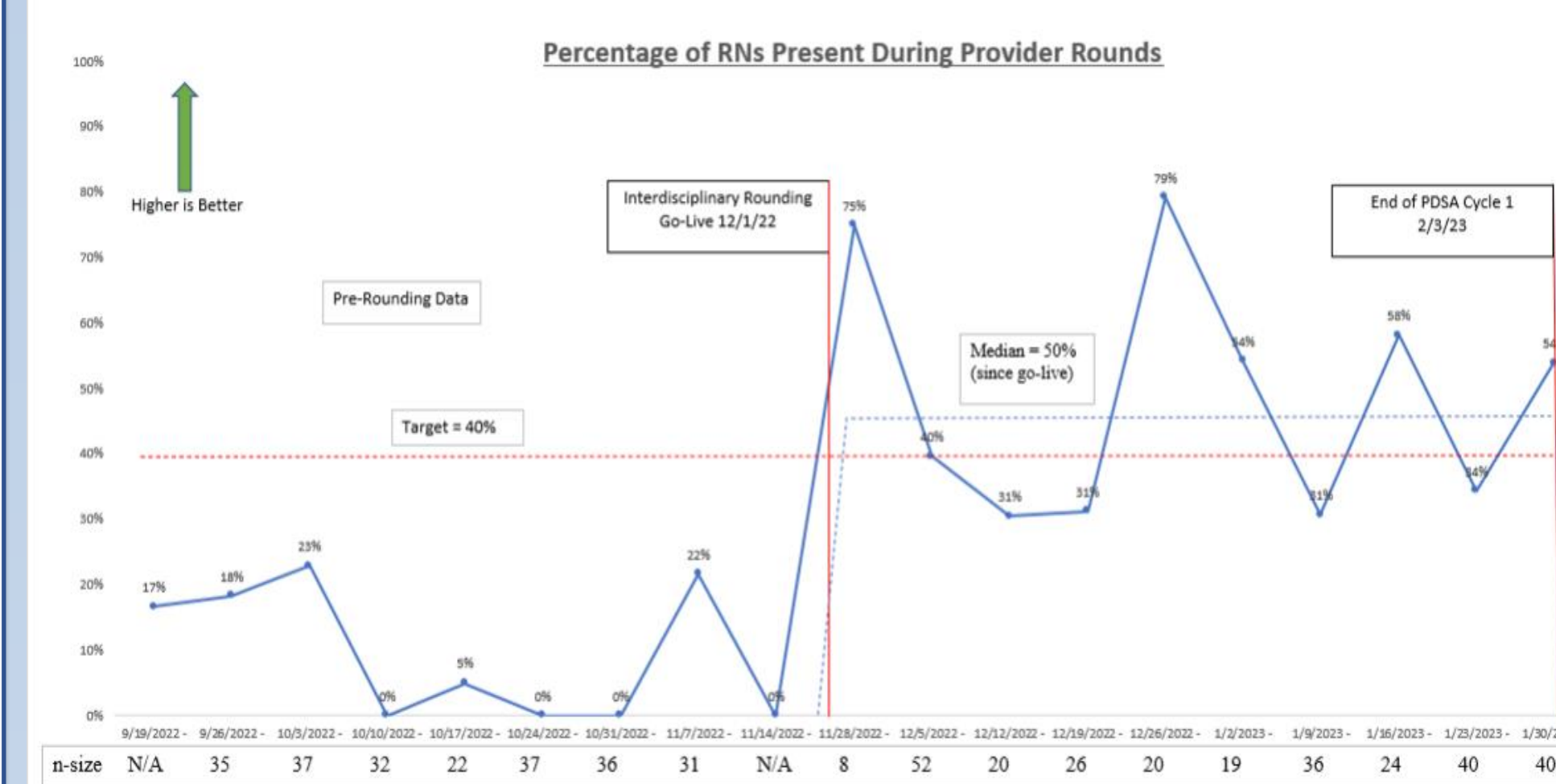
DO

GO-LIVE: December 1

- Daily targeted rounding with RNs and clinicians
- Frequent communication updates in Ortho Unit Newsletter
- Weekly data updates to communication board
- Posted clinician pictures to increase recognition

STUDY

December 1-February 5



PATIENT EXPERIENCE RESULTS

Focus Metric: Did you receive consistent information from all care providers during this visit?

There was minimal improvement. The Ortho Unit started at an average of 52% and finished with an average of 54%, which is still below the benchmark of 68%.

CLINICIAN POST-SURVEY RESULTS

- 50% of the time, clinicians were able to contact RNs by phone prior to rounding
- 100% of clinicians answer never or occasionally getting additional communications from RN's
- 100% of clinicians answer they are somewhat confident that rounding with the bedside nurse has created a more comprehensive plan of care for their patients

ACT

QI Team identified the clinician phone call to individual nurses as primary barrier to completing bedside interdisciplinary rounding
NEXT PSDA:

- Eliminate clinician phone call to individual nurses
- Ortho Trauma Team to contact HUC prior to rounding
- HUC to place rounding information into Ortho Unit message

GO-LIVE DATE: February 6 through April 7, 2023

CONSIDERATIONS

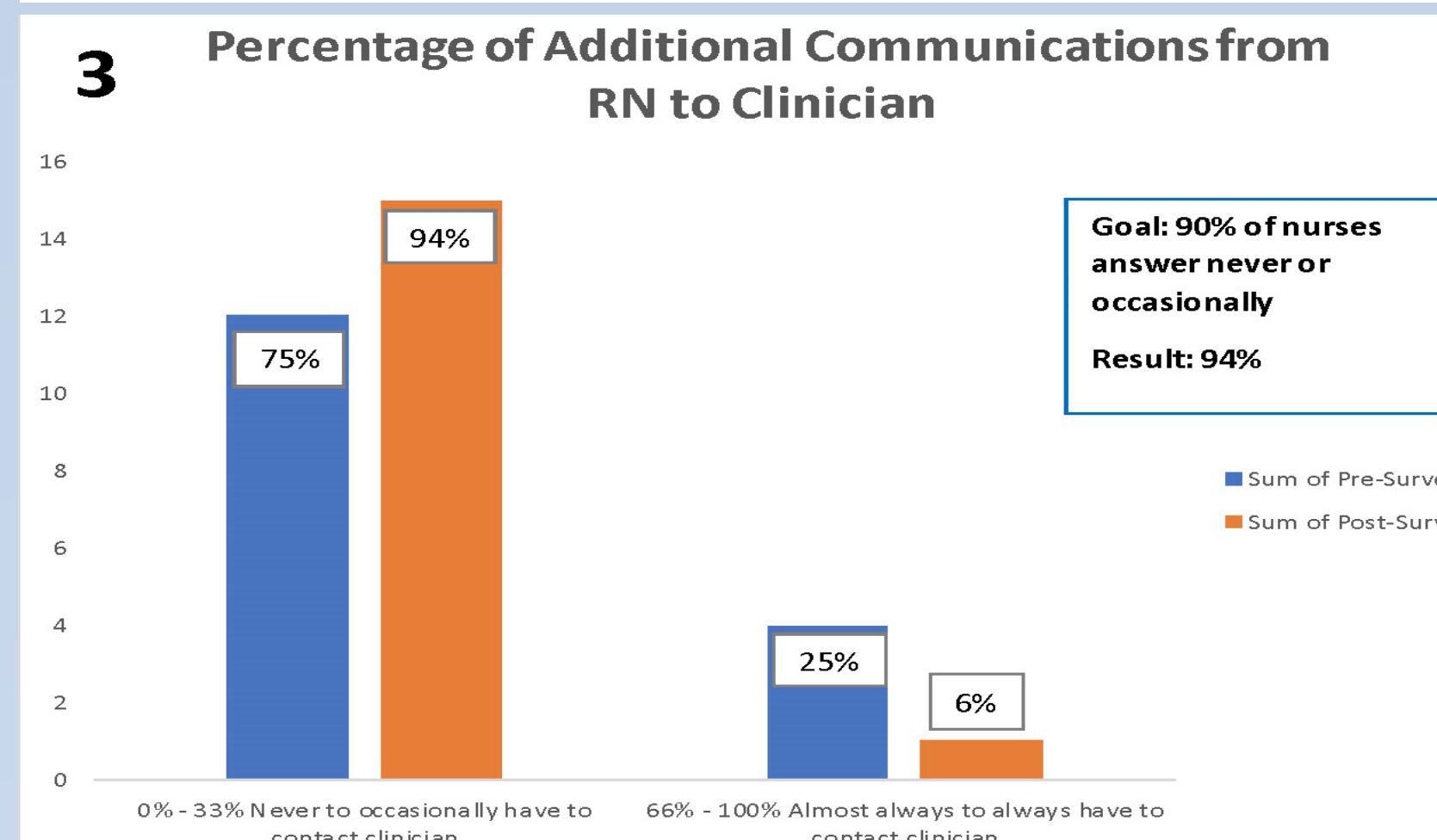
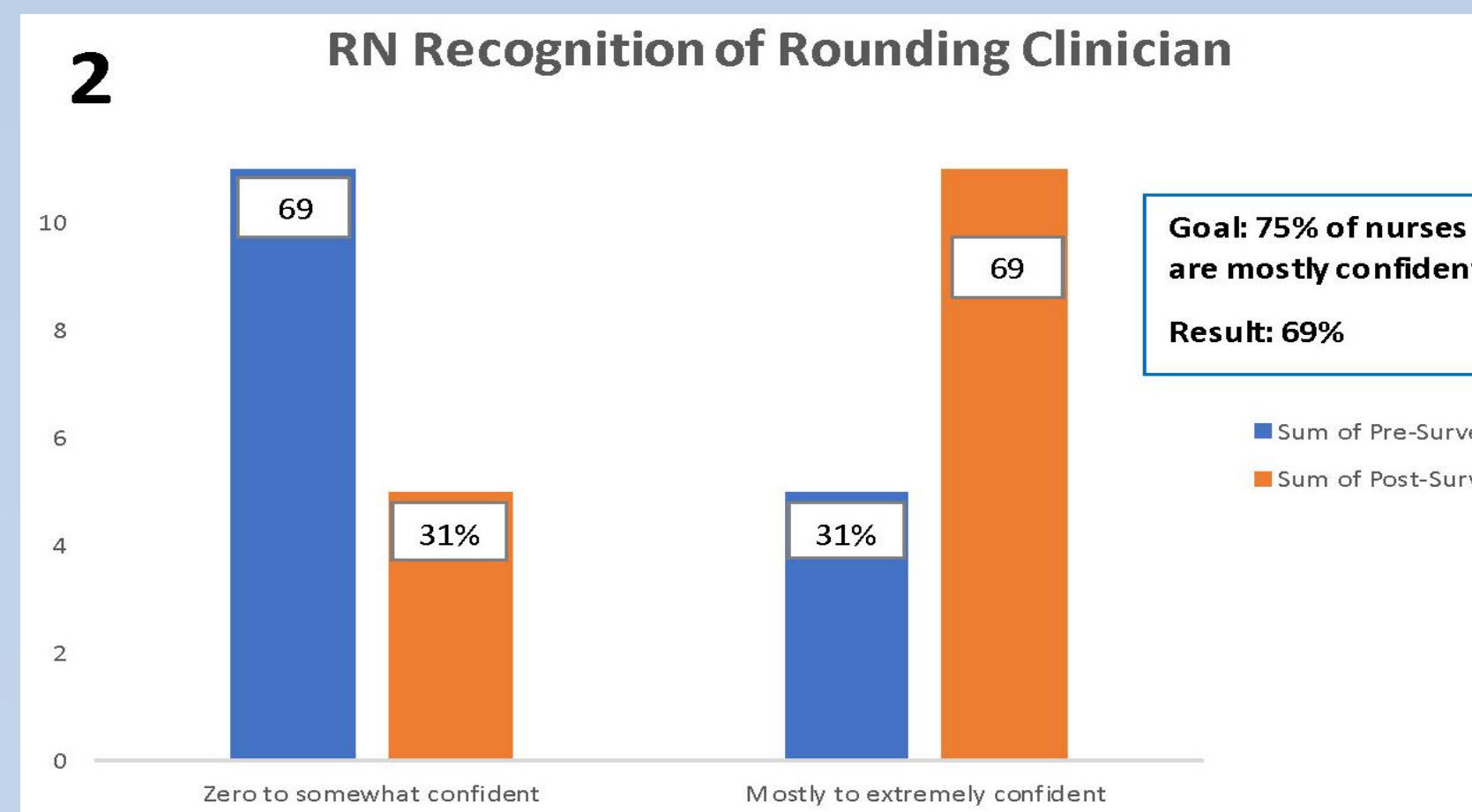
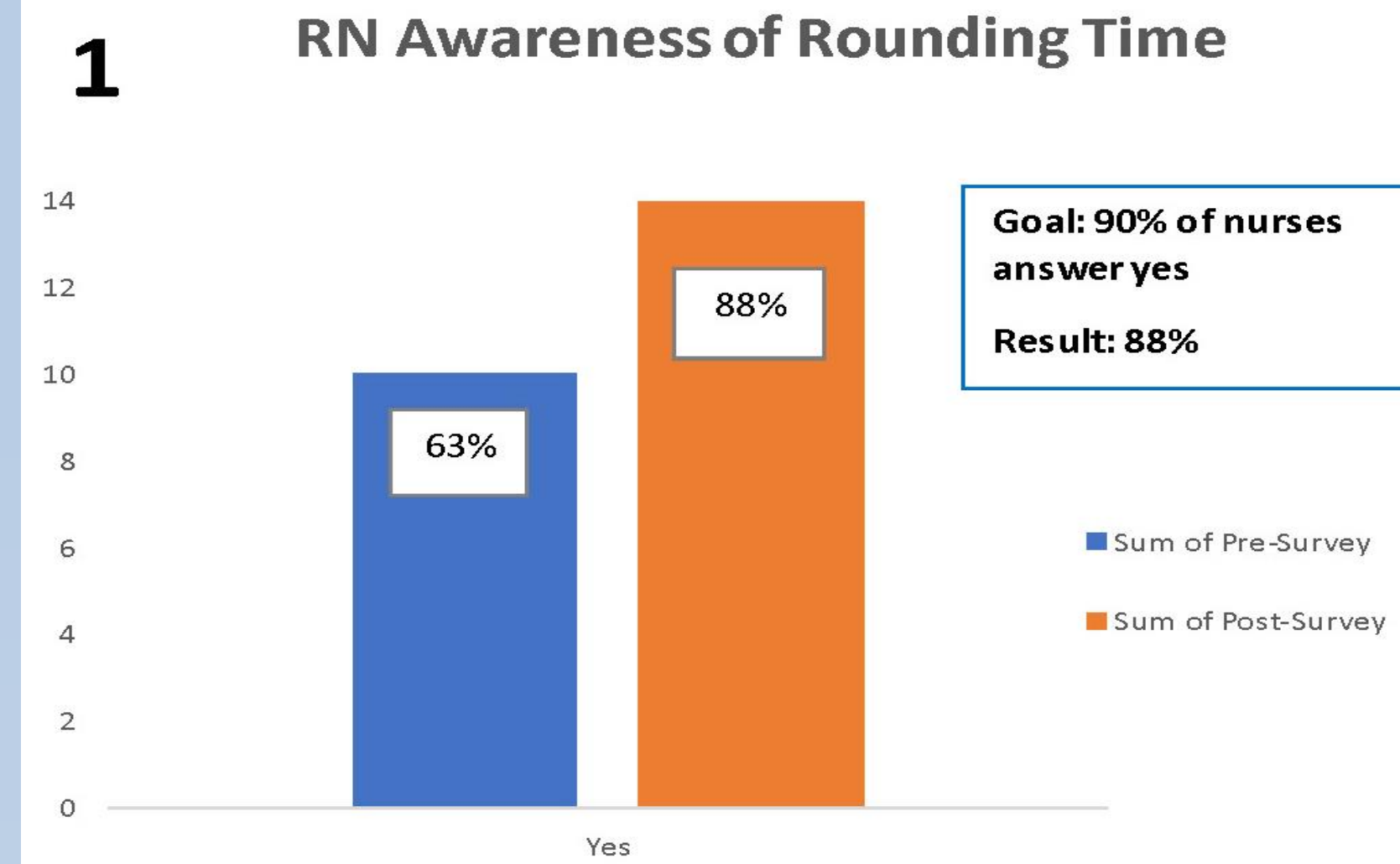
LIMITATIONS:

- Patient experience survey results do not account for mix of populations surveyed
- Average of 6 patient survey results per month is a low response rate compared to total number of patients seen

KEY FINDINGS:

- Effective communication is crucial to providing high quality patient care
- Rounding at the bedside improves care team communication and reduces workflow inefficiencies

NURSE POST-SURVEY RESULTS



DISCUSSION

STRENGTHS:

- 100% response rate with Ortho Trauma Team clinicians
- Engaged RNs and clinicians

CHALLENGES:

- Consistent communication
- Rounding times
- Solidifying the change in practice

FUTURE PLANS:

- Collaborate with Ortho Clinic RNs for trends on follow up phone calls
- Collaborate with Telephone Nurse Advisor RNs for trends in knowledge gaps from patients
- Monitor for increase in patient discharges by 10 am
- Monitor for decrease in patient LOS
- Monitor readmission data
- Expand interdisciplinary rounding to other clinician teams to meet benchmark for patient experience survey

REFERENCES & MORE INFORMATION



ORTHO UNIT COMMUNICATION ANALYSIS

[Fishbone Diagram]

Figure A

STAFF

- Busy with other patients/competing needs
- Unaware of when provider will round
- Unaware of which provider will round
- Not knowing providers
- Inconsistent rounding practice
- New staff or float/travel/agency staff unaware of rounding
- Inability to participate in interdisciplinary rounding
- Dissatisfaction

PATIENT

- Unaware of rounding practice
- Unaware of ability to actively participate in rounding
- Forgets to ask questions when provider is present
- Lacks understanding of care plan and does not seek clarity
- Decreased information retention from medications/anesthesia/pain level
- Inability to participate in interdisciplinary rounding
- Dissatisfaction

Ineffective Communication

- Unable to connect with providers
- Delay in orders
- Delay in notes
- Delay in discharge
- Various modes of communication (phone call/secure chat/page)
- Unclear which provider to contact
- Busy provider schedule (hospital/clinic/OR)

COMMUNICATION/DOCUMENTATION

UNIT/PHYSICAL ENVIRONMENT

- Large, spread-out unit
- Single, private rooms
- Fast-paced unit
- Quick patient turnover
- Short staffing
- Hospital goal of early discharges by 1000

