Improving Communication through Collaboration: Nurse-Physician Rounding

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Identifying a Problem
Background

- The diversity of the patient population and demands of the unit lead to multiple physician teams rounding throughout the day.

- Physician rounding often occurs without the nurse or without discussion of a plan of care with the nurse which leads to confusion and delays in patient care.

- Inadequate communication is identified as a crucial factor for delays in care, increased medical errors, decreased patient satisfaction, and poor patient outcomes (Rimmerman, 2013).
Gaps in Interdisciplinary Care

Delay in provider notes and orders

Providers, nurses, and patients aren’t on the same page.

Time spent in clarifying plan of care

Loss of trust in the interdisciplinary team
Culture of Patient Centered Care
Institutional Practice

Bedside Shift Report
- Implemented in 2012

Occasional Rounds with Physicians
- Unstructured
- Inconsistent
Communication with Nurses HCAHPS Scores

![Communication with Nurses HCAHPS Scores](chart.png)
Communication with Physician HCAHPS scores

![Graph showing Communication with Physicians scores from Oct 2014 to May 2015. The top box score ranges from 41 to 80.1, with the highest score in Dec 2014. The top box rank shows a trend from 41 in Oct 2014 to 1 in May 2015.](image-url)
VBP Incentive Payments: An Area for Revenue Growth

- Clinical Process: 10%
- Patient Experience: 25%
- Outcomes: 40%
- Efficiency: 25%
A Collaborative Approach
Project Aim

01 Improve communication between healthcare providers and patients to improve:
   • quality of care delivered
   • sustain safety
   • increase efficiency.

02 Increase patient satisfaction by 10% within 3 months of implementation in the domains:
   Communication with Nurses
   Communications with Physicians

03 Create a structured Nurse-Physician rounding system
SWOT Analysis

Strength

• Enhance communication
• Expedite care
• Clear plan of care
• Reduces delays
• Enhances physician/RN relationship
• Reduces confusion
• Less “leg work” (texting, paging, callings, etc)
• On-the-spot clarifications
• RN input
• Patient advocacy
• “Bridges the gap” (communication)
Weakness

• Inconsistent rounding times
• RN busy with other tasks
• RN may think of it has time consuming
• Disruptions during crucial conversations.
• Multiple services/consultations: Difficult to decide which team to round with
• Communication when team does not contact nurse. GIM resources (MD rounding without MLP)
• Inconsistency with teams
• Explaining procedures to the patient (Nurse left to complete process after provider has spoken to the patient)
• Press Ganey question
• Closing the loop when providers have spoken to the consulting service without communicating to nurse
Opportunity

- Comprehensive understanding of plan of care
- Resource to the provider
- Reminders to write orders
- Provider communication to the nursing staff (close the loop)
- Engaging the patient in the plan of care when expecting a consulting team
- Using the white board
- Utilizing other members of the team
- Relationship building
- Can the team make contact with the nurse
- MD to ensure a nurse rounds when consulting or when the MD is in the room
- Provider liaison
SWOT Analysis

**Threat**

- Lack of participation
- Physician engagement or buy in
- Resistance to change (another thing to do)
- Intimidation factors (bullies)
- Comfort level with interpersonal communication and knowledge level
Rounding Outline

- Preparation: Nurse and Physician
- Review of issues and test results
- Update Current Status
- Interdisciplinary Care
- Summarize Plan of Care
Rounding Process

• Physician arrives on unit and alerts nurse for first patient to be rounded on

• Nurse communicates arrival using Vocera & notifies the PSC if they are rounding in the room

• Nurse and physician discuss patient briefly before going into the room

• Nurse and physician follow outline while in the room to prioritize patient and staff informational needs

• Nurse and physician leave the room (nurse may leave early only in case of an emergency)

• Nurse notifies the next nurse via Vocera to begin process again for the next patient
Collaboration Results
Communication Scores

Post Implementation HCAHPS Communication Scores

- Communication with Nurses
- Communication with MDs

June 2015: 79
July 2015: 78.1
Aug 2015: 93.9
Sept 2015: 85.9

June 2015: 80
July 2015: 76.2
Aug 2015: 91.9
Sept 2015: 79.5
Staff Satisfaction: NDNQI RN-MD Relationship Scores

RN-MD Relation Scores—Pre-Implementation

2013

Unit Score
Hospital Average

68.72
61.23
Staff Satisfaction: NDNQI RN-MD Relationship Scores

RN-MD Relation Scores—Post Implementation

- **2015**
  - Unit Score: 3.23
  - Hospital Average: 3.08

- **2016**
  - Unit Score: 3.14
  - Hospital Average: 3.04
Post Epic Rollout
Technology as a Barrier

Top Box Scores

Communication with Nurses

Communication with MDs
Future Plans

Sustaining Effective Communication

- Reinforcing Communicating with WoWs
- Revamping Rounds
- New EHR
References


References


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