



Family Centered Rounds Program at Nationwide Children's Hospital

Nationwide Children's Hospital
2010



Family Centered Rounds Purpose

1. Promote better patient care by intentionally engaging parents and patients with the Care Team
2. Provide better care by effective communication within Care Team
3. Improve efficiency of order entry and discharge process for patients

Family Centered Rounds Characteristics

1. Care Team includes attending physician, residents, interns, medical students, advanced practice nurse/nurse clinician, patient's nurse/charge nurse, other allied health care professionals involved in care of patient (pharmacist, dietician, social worker)
2. Discussion of patient's care occurs in patient's room or immediately outside patient's room with available Care Team members and family
3. Portable EPIC computer used to enter orders and discharge information as generated during Rounds

Family Centered Rounds Positives

1. Provide better patient care by improved communication between members of Care Team and with family
2. Involve the family and the entire Care Team (nurses, residents, students, etc) as a Team in the child's care
3. Enhance the culture of safety by promoting Team's members input and communication
4. Improve family/patient satisfaction with Nationwide Children's Hospital's (NCH) care

Family Centered Rounds Positives

5. Improve efficiency of order entry and discharge process for patients
6. Allow Faculty to model methods to engage with family/patients during Family Care Team Walk Rounds
7. Improve Care Team members satisfaction with rounds including better understanding of plan for the day
8. Provide nurses with more interaction with residents and medical students

Family Centered Rounds Concerns

1. Rounds will be too long
2. Family will hijack rounds
3. Family will be concerned about the medical discussion – unable to talk about differential diagnosis and hypothetical issues
4. Nurses will not have time to participate

Family Centered Rounds Time Line for Implementation

1. Presentations to Nursing Senate and Medical Divisions first quarter 2009
2. Trials by Floor Teams first/second quarter 2009
3. Regular use on Wards and in ICU's by July 2009
4. Reinforcement Educational Efforts to Faculty and staff in 2010

Family Centered Rounds Evaluation

1. Use on by all Floor Teams by July 2009
2. Addition of evaluation questions to Monthly evaluations:
 - a. Rotation – “Rounds were effective to provide quality care to patients”
 - b. Faculty – “Faculty member devoted appropriate time on rounds to meet needs of patients, families and trainees”

Family Centered Rounds Physician Advocates

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