

Bedside Report: An Opportunity to Talk With Patients and Families, Not Just About Them

Char Catt MS, RN, VP Clinical Services

In June 2015, the hospital implemented an initiative to move care-giver shift report from the nursing station or conference room to the patient's bedside. This project required much pre-planning and communication with the staff about what bedside report means to both the clinical staff and the

patients and families. A team of staff along with a parent advisor met for four months to develop the specifics of the bedside report. They defined the typical "script" for the handoff and also addressed scenarios where variations from the usual process would be needed.

Prior to implementation, staff participated in a brief survey to help the design team determine current practices. Feedback from the survey found staff were frequently going to the bedside when there was a change of caregiver to assess IV sites and dressings, but the biggest opportunity was engaging the patient and family in the handoff dialogue. The philosophy of bedside report is to have the off-going and on-going nurses and respiratory care staffs give report with the patient and family members as active participants. Patients see and hear from the



professionals providing their care, and families have the opportunity to verbalize questions or concerns. Families feel more informed about the care plan and less anxious, since there is a greater sense that everyone is "on the same page."

The benefits to bedside report can be looked at from two different perspectives: (1) patient safety and (2) the opportunity to involve the patient and family in the care and care planning processes. Many organizations report that bedside report is a gift of time for the nurses, even though at first there is the perception that it will take more time. Bedside report usually takes less time because staff are more focused and many tasks are accomplished during this time that free up time later in the shift. While at the bedside, the off-going and on-going nurses update the white board, check the IV lines and other equipment, and review the medications and other orders for accuracy.

Initial feedback from staff as well as patient and families has been very positive.

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This has been an opportunity to discover potential risks for errors and fix them before they reach the patient. Patients and families also report feeling more engaged and involved in their own care or the care of their child. One mother said, “Bedside handoff is great because it helps my daughter see the nurse who will be taking over and meet him/her before they come into the room to do a procedure. It puts my daughter at ease.” On one of the units, staff were standing outside of a 9-year-old patient’s room starting to give report and the patient commented, “Ladies, can you come into my room so I can hear what you are saying?” Both are evidence that report at the bedside is valued by our families.

Change is difficult and we continue to work on perfecting this process. From the initial survey, we found our biggest opportunity was to enter the room and engage the family in the handoff process. We need your help to reinforce and encourage this when you or your child is hospitalized. It is an expectation that you should always be asked to participate. If this doesn’t happen and you would like to be more involved in bedside report, please discuss with your caregivers or the unit manager. Together we can assure you and your child feel safe, included and satisfied.

Residing at Ronald McDonald House

Vicki Chappellear, RMH Family Liaison Manager

Did you know the world’s largest Ronald McDonald House (RMH) sits across the street from NCH? We serve families from all over the United States as well as international families.

In 2015, RMH served nearly 4,500 children by providing their families with 35,000 nights of accommodation. Due to the continued growth of NCH and our mission to serve the families of critical patients, we recently made some changes to our eligibility requirements.

A family must live more than 35 miles away from NCH, pass a background check and be directly involved in the care of the child. Families may stay the night before an early morning appointment or admission, however the appointment or arrival time must be before 9 a.m. in order to be eligible to stay.

All room requests must come from the hospital.

To request a room, please speak with an NCH staff member about placing your referral online through ANCHOR.



Partners in Care, Partners in Hope 2015 Award Recipient

With the assistance of Linda Stoverock, NCH’s Senior Vice President and Chief Nursing Officer, 7-year-old Chloe Christman announced Dr. Melissa Chung as the 2015 recipient of the Partners in Care, Partners in Hope Award of Excellence in Family Centered Care.

Chloe’s family nominated Dr. Chung for her proactive approach to Chloe’s quickly progressing disease along with her collaboration with the family, colleagues and her team.

Michelle Christman stated, “Chloe underwent brain surgery one month to the day of discovering she had this deadly disease. Without this quick action, our daughter would have experienced a full blown stroke that could not only rob her of her quality of life, but her life itself.”

The nomination letter showed all the core concepts of family centered care: dignity and respect, information sharing, participation and collaboration. It also showed through a simple act what the life-saving surgery has meant to Chloe.

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Michelle indicated, “When you see your child’s face light up in times of adversity because of the sight of Dr. Chung or one of her many friends, the feeling you get is beyond words. And when your child wants to dress up and be Dr. Chung for Halloween, it is even more priceless!”



Dr. Chung receives her award from the Christman family.

Each year, the award recipient is given a handcrafted award made by a local artist with a connection to NCH. This year’s artist was Mike Major. He is a sculptor, author, illustrator and father to Annie Urbanek, a NCH music therapist. He is a professional visual artist with more than 35 years of experience and his award was titled, “With Heart.”

The sculpture is made of layered embossed paper and is hand painted on 100 percent cotton handmade Arches paper. It is the type of sculpture he worked with originally in New York in graduate school. This piece brought to mind the generosity of heart and quality of care received and the reason for the award. He believes the design, which is Victorian in nature, conveys the spirit of kindness and beauty of relationships.

The award selection committee had several standout nominations this year and a very difficult choice had to be made. You can find the nominees for this year’s award listed on the Partners in Care, Partners in Hope page of NationwideChildrens.org. You will also find the Christman family’s full nomination letter posted there.

Deadline for the 2016 nominations is December 2, 2016.

Find Support Through Connecting Families Mentor Program

Meredith Brink, LISW

Have you ever wanted to connect with another parent whose child’s diagnosis is the same as your child’s? Have you ever wished you could talk with someone who could relate?

The Connecting Families program enlists volunteer family mentors to provide peer-to-peer support to other families of children with similar diagnoses, treatments, surgeries or life-situations. Through mentor-mentee relationships, families learn they are not alone.

If you are interested in becoming a Connecting Families Mentor, please complete an application on our website, NationwideChildrens.org/Connecting-Families.

Or, if you would like to have a mentor, call (614) 722-6747.

If you have questions or just want more information please email Meredith Brink at: ConnectingFamilies@NationwideChildrens.org Every family deserves the opportunity to connect with someone who has walked a similar path.

Special Education Advocacy: Behavior Plans - October 8, 2016

Join us on October 8 from 9 a.m. to noon in Nationwide Children’s Education Center!

Registration will begin in summer 2016. **For updated information, please visit NationwideChildrens.org/Social-Work.**

You can also email CommunityEducation@NationwideChildrens.org or call (614) 355-0662.

Special Education Advocacy: Individualized Education Plans (IEPs)

This past October, NCH held the first Special Education Advocacy program focused on becoming an effective partner for your child's IEP. Experts from State Support Team Region 11, Office for Exceptional Children and Disability Rights Ohio were featured.

Attendees learned how to write effective IEPs with measurable goals and objectives, how to advocate for the child and the steps to take when in disagreement with the child's IEP. The last 40 minutes of the program allowed attendees to interact with the experts and ask IEP-related questions.

[To view the full Special Education Advocacy: IEP video, go to NCH.DataServ.tv and scroll through the Course Catalog to select "Special Education Advocacy."](#)

Non-English Speaking Families Can Now Contact Nationwide Children's Directly

Bethany Glick, LISW-S Endocrinology

NCH Interpreter Services recently started a program through Pacific Interpreters called the Direct Interpreter Access Line program, commonly referred to as the Direct DIAL Program. This program provides families with limited English proficiency (LEP) with direct access to interpreters who can then place calls directly to hospital staff.

Prior to this program, unless patients and families called Central Scheduling, they did not have direct access to a phone interpreter. Nine different languages have an individual phone number assigned to each for families to access someone in their identified language (see list on page 5).

The idea for this program came out of a pilot study completed by Endocrinology in which 60 patients and families with LEP were surveyed about ease of communication with the department. Most of the patients and families reported difficulty reaching staff without direct access to an interpreter was a significant barrier. Many families reported utilizing the emergency room or urgent care to address medical questions or concerns due to their inability to contact Endocrinology to ask a medical question which may have led to unnecessary acute care visits. Many individuals also reported waiting until their next appointment to have their concerns addressed which could have led to poorer health outcomes.

The feedback received from families in the pilot study is consistent with research on language barriers in health care. It has been found that language barriers are associated with lower access to health care and often result in increased medical costs, lower use of preventative care, misdiagnosis, increased testing, poor patient adherence, increased acute care visits and decreased patient satisfaction (Chang & Fortier, 1998; Masland, M.; Lou, C. & Snowden, L., 2009; Millman 1993;).

Endocrinology piloted the Direct DIAL Program with patients and families from May through July of 2014. Sixty patients and families were then surveyed regarding their satisfaction with the DIAL program. It was found that:

- *94.12 percent indicated the program helped them to reach Endocrine staff more directly to communicate their needs*
- *93.3 percent indicated the use of the direct dial program helped to resolve medical or treatment questions*
- *93.75 percent indicated being highly satisfied or satisfied with the program, with 0% as unsatisfied or very unsatisfied*
- *100 percent indicated they would recommend the continuation or expansion of the DIAL program*

Many Endocrinology staff members reported the DIAL program increased their ability to effectively communicate with patients and families as well as their ability to understand the needs of the patient.

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The results of the Endocrinology pilot study influenced the hospital-wide expansion of the DIAL program and are in alignment with the hospital's strategic plan.



There needs to be continued conversation surrounding language barriers and needs of individuals with LEP.

More information on the DIAL program can be found on the Hospital Interpreter web page.

Dial a number below for an interpreter to connect you to NCH staff and interpret for you.

Spanish	(877) 295-5817
Somali	(800) 213-1001
Arabic	(877) 329-0152
French	(888) 898-1299
Japanese	(888) 400-7741
Mandarin	(888) 641-5054
Cantonese	(866) 876-7177
Portuguese	(888) 781-5284
Nepali	(866) 876-6948

Additional languages are available. Please dial (866) 863-8740 and select from the following options:

1. Albanian
2. Cambodian
3. Farsi
4. German
5. Italian
6. Korean
7. Russian
8. Turkish
9. Vietnamese

Sounds of Love in Early Childhood: *Music Therapy Class Helps Your Baby Grow*

This research-based music therapy class helps aid in your baby's growth and development. During music and play activities, parents have the opportunity to learn new ways to help their baby grow!

The class is led by certified music therapists with special training in NICU Music Therapy who tailor the classes to meet each child's developmental needs.

Classes are 45 minutes long and are held every Wednesday morning for six weeks. The program is free to our NICU follow-up families and families from the community are asked to pay \$30 for each six-week session.



Visit [NationwideChildrens.org/NICU-Followup-Program](https://www.nationwidechildrens.org/NICU-Followup-Program) for more class information and to download a brochure.

Getting on the Same Page: Family Care Conferences

Dr. Garey Noritz, Complex Healthcare

It's no secret that medicine these days is complicated. This is especially true when it comes to many of the childhood diseases that bring children to NCH.

Often, patients need a team of doctors and other professionals to provide the expert care that is needed. While it is great that your child has access to the most specialized care possible, it can be a challenge to keep a large team on the same page as we work to treat your child.

A family care conference can be an important tool to exchange information, make sure your voice is heard and review your goals for your child.

A family care conference can be requested by a child's parents or any member of the team taking care of the child. Sometimes the care conference is needed to exchange information amongst the team and family; sometimes it is because a decision needs to be made, such as which type of treatment should be pursued. It is especially important for situations in which there are several available options and the team and family must weigh the benefits and risks of each treatment.

Typically, your social worker will arrange the care conference, at a time that fits your schedule and the schedule of the doctors and other professionals on your team. We usually set aside an hour for the family care conference. The family might want to request certain people be included who know their child and situation well, such as a chaplain or child life specialist. The family can also bring additional family members or friends for support. It is often useful to have a support person take notes so the parent can concentrate during the conference.



Family care conferences can often be emotional, as we discuss critical decisions made for your child. We are all here to support you and we all want what is best for your child. This is how we ensure we are all on "the same page" when caring for a child with complex problems.

Worth the Watch

Just two years old at the time, Zoey Jones was told she would need a heart and lung transplant for her failing organs, a complication due to the single ventricle heart defect she was born with. She was referred to NCH where they began to prepare for a transplant, when a second look in the catheterization laboratory (cath lab) led doctors to believe her heart and lungs were strong enough to avoid transplant altogether.

[Visit NationwideChildrens.org](https://www.nationwidechildrens.org) and search *Zoey* watch a video of her story.