

Families on Rounds

PBP: *Create opportunities to dialogue about the infant's condition and the family's concerns and observations*

Map Phase: Acute

Source: Joe DiMaggio Children's Hospital

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Including our NICU families on weekly rounds at Joe DiMaggio Children's Hospital, was only initiated in May of 2004. When first mentioned a year prior, the concept was met with great resistance by the majority of the health care team. Many feared that families being present could possibly impede the rounding process.

Traditionally, multidisciplinary rounds are conducted on Monday mornings. During that time, each infant's progress and treatment are discussed. Until recently, all family members were asked to leave the unit. After discussion with other NICUs within the Vermont Oxford Network, members of the staff felt that it would be beneficial for our unit to begin including family on rounds. Our goal was to improve the trust between the family and the health care team, by providing them the opportunity to listen to the entire team discuss the care and treatment of their infant.

Prior to initiating the *Family on Rounds* program, our Family-Centered Care Team, in conjunction with our Family Advisors, developed a series of surveys to determine the effect *Family on Rounds* might have on families and staff. Separate surveys for family and staff, both pre and post rounds, were administered.

As expected, our families welcomed the concept of being present during rounds. When surveyed, the majority of staff indicated that family members should have access to and understanding of all information pertinent to their infants care. The main concerns, however, were confidentiality, increased time to discuss each infant and the accuracy of information discussed with the family present.

Our plan was to alter the present process as little as possible. To avoid delays, all family members were asked prior to rounds, to save specific questions for later in the day, when our physician had the time to spend with them, one on one. Following the completion of each infant's presentation, family members were asked, "Is there any area of your infant's care that was left out?"

Confidentiality was maintained by discussing infants with families at the bedside first. Families of infants not being discussed were asked to temporarily step out of the room.

This process has worked relatively well. Upon evaluation post rounds, our families felt that being present gave them a better understanding of their infant's status and treatment. Most importantly, it allowed them the opportunity to be more involved in their infant's care.

The NICU staff, when surveyed, admitted that many of the fears that they had prior to *Family on Rounds*, were not an issue. The primary concern was improving the process of maintaining confidentiality. Moving family members in and out, during rounds, proved to be an inconvenience. Our Family-Centered Care Committee plans to meet with our family advisors to develop plans for improving patient confidentiality. One idea already has been to distribute stereo headphones to families whose infant is not being presented at that time.

In conclusion, while our *Family on Rounds* initiative is still in its early stages, it appears to have had a positive impact. Both family and staff view it as a giant step towards improved family-centered care, and will work together to improve the process.