Family Participation in Rounds

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

Map Phase: Acute

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Plan

Literature Review: A review of the literature from 1996-2004 was performed in Medline using the following combined keyword searches: family participation, parent participation, medical rounds, rounds (see Literature Review). This review revealed a current lack of systematic research on the specific topic of family participation in medical rounds. This issue has been addressed in some of the existing literature on family-centered care; however, much of this literature is not specific to the NICU setting or to the critical care arena. A 1999 MCN article by Kassity and Lockbridge provides a fairly comprehensive and concise summary of both pro and con arguments for the specific question of whether families should participate in patient rounds in the NICU.

Baseline Practice: The NICQ2002 team examined our baseline practice around family participation in rounds and determined the following:

- Families are frequently present when the medical team is rounding on their baby(s). Family presence on rounds has been accepted in our NICU for several years.
- Rounds in our NICU include both forms—Clinical Rounds and Teaching Rounds—depending on patient acuity and team composition.
- A baseline survey of families to determine their overall satisfaction with rounds indicated that, for those families that do participate in rounds, it is a generally positive and valuable experience (see Pre-Survey & Pre-Survey Results).
- Upon discussion, it was the overall perception of the NICQ2002 team that there is currently some inconsistency among families concerning their individual level of awareness of the details of medical rounds (i.e. when do rounds occur; that families are welcome; what topics are discussed in rounds, etc.). We currently have no systematized mechanism for informing families about the existence of rounds—they potentially learn about rounds through a variety of means (For example: a brief description of rounds is currently included in “The NICU Experience” booklet that is given to every set of parents at the time of admission; many families are given a brief verbal
description of the rounds process as part of their admission orientation to the unit, however, this information is not presented in any standardized format).

- The limited physical space in our unit results in close proximity of individual patient bed spaces. This raises concerns among some team members regarding patient confidentiality during rounds if families and visitors are present.

**Do**

**Problem Statement:** Although our unit has a several-year history of accepting parent participation in rounds, there is a lack of data collection regarding how well the current process functions as well as an apparent lack of systematic information-sharing with families about the rounds process.

**Aim:** Active participation of families in NICU daily rounds and improved data collection regarding performance in this area.

**Practice Change(s):** Based on the information discovered in the existing literature as well as the results of data collected as part of this project, our team plans to institute the following practice changes:

1. Improve the visibility/accessibility of written materials that describe rounds for families in clear and welcoming terms.
2. Acquaint all members of the health care team with recommendations from the Institute for Family-Centered Care on “Applying Family-Centered Concepts to Bedside Rounds”.
3. Institute use of a “Jargon-Buster” flag that could be given to families when the team is rounding. The parent(s) can raise this flag as an easy and gentle mechanism for alerting the team to those moments when they are using medical jargon that the families do not understand.
4. Create a “Confidentiality Statement” for parents to sign.

**Study**

**Baseline Measures**

- A survey was distributed to a small sample of families to ascertain family satisfaction with current practices around family participation in rounds (see Survey and Baseline Results).
- The Care Provider Survey on Family-Centered Care was distributed to the staff. Results of this survey were reviewed in terms of their relevance to the issue of family participation in rounds (see Care Provider Survey Results).
- Data was collected on the current frequency of family participation in rounds (see Baseline Frequency of Family Participation in Rounds).

**Planned Post-Implementation Measures**

The team plans to repeat all three baseline measures after planned changes have been implemented.
Literature Review


Family Participation in Rounds Survey

Families, we want your input! Please complete the following survey and return to the “How’s Your Baby” survey box at the Nurses’ Station.

1. Do you attend rounds (morning discussion about your baby at the bedside)?
   □ Yes  Please continue to #2.
   □ No  Thank you for your participation, please return survey as directed above.

2. Do you feel welcome on rounds?  (circle one)  
   Always  Sometimes  Never

3. Do you feel comfortable sharing information about your baby during rounds?  
   Always  Sometimes  Never

4. Do you feel comfortable asking questions about your baby during rounds?  
   Always  Sometimes  Never

5. Does the information you hear on rounds help you understand your baby’s condition and plans?  
   Always  Sometimes  Never

6. What would make rounds more helpful for you?

7. Comments:

Family Participation in Rounds: Baseline Survey

Total # of families surveyed = 6
N= 5 (the total # of families answering ‘Yes’ to Question #1)
Care Provider Survey Results

A total of 94 responses from staff were received to the question:

“Units should be open to families during medical/teaching rounds”

These responses are summarized as follows:

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>2%</td>
</tr>
<tr>
<td>Disagree</td>
<td>9%</td>
</tr>
<tr>
<td>Somewhat disagree</td>
<td>15%</td>
</tr>
<tr>
<td>Neither agree nor disagree</td>
<td>7%</td>
</tr>
<tr>
<td>Somewhat agree</td>
<td>11%</td>
</tr>
<tr>
<td>Agree</td>
<td>17%</td>
</tr>
<tr>
<td>Strongly agree</td>
<td>33%</td>
</tr>
</tbody>
</table>

Baseline Frequency of Family Participation in Rounds

General Information
- Information was collected for 11 days: 9 weekdays, 2 weekend days.
- Daily census ranged from 7-15 with 1 set of twins.
- Families were present during rounds:
  - Mean 32%
  - Median 27%
  - Range 0% - 67%
- 75% of families reported that they were informed of rounds by an MD or RN during their first few days (and they were encouraged to attend)
- 25% of families reported that they discovered rounds by accident (visiting their infant when rounds were happening)