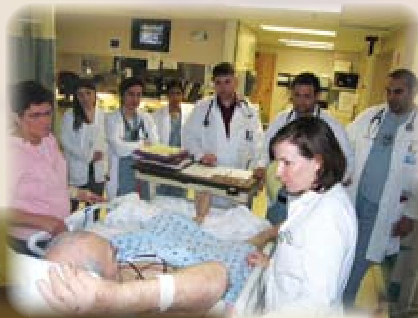
Navigating Patient- and Family-Centered Care Rounds:

A GUIDE TO ACHIEVING SUCCESS



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Navigating Patient- and Family-Centered Care Rounds:
A GUIDE TO ACHIEVING SUCCESS

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Patricia Sodomka
1950-2010

To Pat, patient- and family-centered care visionary, pioneer, leader and advocate.

You remain our steady PFCC beacon.

Produced by the MCG Center for Patient- and Family-Centered Care as part of the Picker Improving Patient Rounds Project. The Picker Institute Inc. is an international non-profit organization that supports research in the field of patient-centered care.

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We thank the participating patients and their family members that made the Patient- and Family-Centered Care Rounds possible. Many thanks also to the flotilla of volunteer patient advisors involved in all aspects of this Project.

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Note: All quotes are from PFCC Rounds participants (patients, family members, nurses, students, residents and physicians) unless otherwise noted.

INTRODUCTION

Guide. \gīd\ *n.* a device for steadying or directing the motion of something *v.* to direct in a way or course[1]

This guide provides fundamental steps and strategies enabling attending physicians and healthcare leaders to develop, implement and sustain interdisciplinary Patient- and Family-Centered Care (PFCC) Rounds at the patient's bedside. The ultimate goal is to optimize patient care quality and safety in partnership with patients and their families while enabling and engaging attending physicians, residents and students in teaching and learning through a PFCC lens.

Foundations of this guide originate from the Medical College of Georgia's (MCG) pioneering work in partnering with patients and their families in every step of the healthcare process. This partnership solidified during development of the Children's Medical Center and was subsequently implemented in the Neurosciences Unit and other clinical care services. These guidelines reflect a continuous body of work that advances patient-centeredness, promotes patient/family participation and provides direction to enhance the training experience for faculty, junior physicians and medical students as well as other health professions students and practitioners. In keeping with PFCC principles of patient and family engagement, these guidelines incorporate patient advisor suggestions and preferences.[2]

It makes a big difference when doctors will listen. We don't feel neglected. Families and patients don't feel like we're fighting a battle. I don't have to seek out the doctor each day. With the doctor listening I don't have to hit my head against a brick wall to get quality care."

Patient's daughter

The guide answers these fundamental questions:

- Why adopt PFCC Rounds?
- How do we plan and implement PFCC Rounds?
- How will patients benefit from PFCC Rounds?
- How do PFCC Rounds align with our graduate medical education goals?
- How can we measure the impact of PFCC Rounds?

> *"The way forward has to be through partnership and collaboration. This work begins with dialogue; powerful conversation."*
>
> Margaret Murphy, Member
> Patients for Patient Safety Strand, World Health Organization, World Alliance for Patient Safety

The diagram on page 13 provides an at-a-glance roadmap for your transition into patient- and family-centered care through PFCC Rounds. As with any guidebook, the *Navigating Patient- and Family-Centered Care Rounds: A Guide to Achieving Success* offers way finding. Portions of this guide may be directly applicable to your situation and organization while other sections may be less relevant, but the roadmap can be tailored to your needs.

> *"Improving patient rounds is more than an ideology that should be shared between faculty and students. It should be modeled and practiced in the care setting."*
>
> Walter Moore, M.D., September 13, 2008

PFCC PRINCIPLES

Dignity and respect:

Listen to and honor patient and family perspectives and choices. Incorporate their knowledge, values, beliefs and cultural backgrounds into care planning and delivery.

Information sharing:

Communicate and share complete, unbiased information with patients and families in affirming and useful ways. Give timely, complete and accurate information that helps them participate effectively in care and decision-making.

Participation:

Encourage and support patients and families in care and decision-making at the level they choose.

Collaboration:

Invite patient and family collaboration with healthcare leaders in developing, implementing and evaluating institution-wide policies and programs, facility design, professional education and care delivery.

WHAT ARE PFCC ROUNDS?

PFCC Rounds are interdisciplinary bedside rounds conducted in partnership with patients and their families that imbue the principles of patient- and family-centered care.

They are a vehicle for improving quality and safety in patient care and for achieving goals and competencies in graduate medical education.

MAKING THE CASE FOR PFCC ROUNDS

Bedside teaching rounds are under-utilized despite the optimal setting to actively engage patients and families in a care partnership, to teach students and to model compassionate care and information exchange.[3-4] PFCC Rounds complement the Institute of Medicine's six aims to improve health care in which care is safe, effective, efficient, equitable, timely and patient-centered.[5]

PFCC Rounds can also help academic medical centers and health systems advance evidence-based National Patient Safety Goals established by The Joint Commission to solve problems in healthcare safety.[6] By promoting staff communication and patient involvement, PFCC Rounds can potentially improve medication safety and prevent infection. For example, the National Patient Goal #13, "Encourage patients' involvement in their own care as a patient safety strategy," is relevant because participatory interdisciplinary rounds foster communication between caregivers and patients/families as well as among caregivers. They enable patients and their families to share relevant information, raise questions and voice concerns about safety.

PFCC Rounds can also help prepare hospitals for The Joint Commission accreditation assessments. Requirements to demonstrate "effective communication, cultural competence and patient- and family-centered care" are scheduled to be implemented in early 2011.

"I want Dr. M to know rounds are wonderful. It's like taking a step back where the doctors listen to the patient and the families or you won't be treating the whole patient. I may see things you haven't seen."

"If you know who I am, then I can ask for information and check on my mom."

Patient's daughter

Shift Gears and Paradigms

The race is on to transform health care from a disease-centric and physician-centered model to a model that incorporates the patient's perspectives, needs and preferences *(Table 1)*. This model helps level the playing field by engaging patients and their families as equal partners in care, exchanging information with them in useful and understandable ways and encouraging and supporting their involvement.

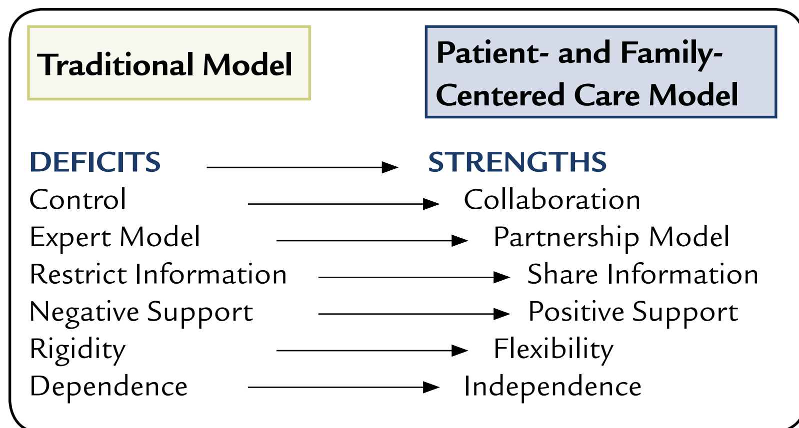


Table 1. Healthcare Paradigm Shift to Patient- and Family-Centered Care

Several organizations are helping drive this shift. The Picker Institute supports patient-centered care research, education and information dissemination and offers eight guiding principles:

- Respect patient's values, preferences and needs. Patient's views and experiences are integral to improvement efforts.
- Coordinated and integrated care.
- Information, communication and education.
- Physical comfort and a clean, safe environment; accessibility by family and friends.
- Empathy and emotional support; alleviation of fear and anxiety.
- Involvement of family and friends.
- Continuity of care and smooth transitions.
- Access to care.

The Institute for Healthcare Improvement (IHI), working to transform care at the bedside[7] through greater patient-centeredness, proposes two innovative ways to test new ideas:

- Create teams including patients with the authority to act and transform care.
- Develop multidisciplinary rounds involving patients and family members, customizing care to patients' values, preferences and expressed needs.

The Institute for Family-Centered Care,[8] Planetree, Inc.,[9] the Agency for Healthcare Quality and Safety (AHRQ) and the MCG Center for Patient- and Family-Centered Care provide recommendations and promising practices to design a patient- and family-centered healthcare system. Federal requirements for Culturally and Linguistically Appropriate Services (CLAS)[10] provide additional fuel for meeting patient and family needs.

… healing ceremony done when someone is bad off sick and they need some help…"

"It's a form of prayer."

Patient's daughter

PFCC principles and core concepts should be incorporated into daily patient care at the bedside and beyond, and simultaneously taught and modeled to all medical students and residents. MCG Health, Inc.'s PFCC Behavioral Standards of Care (page 43) implements the four basic PFCC principles into practice and reinforces their application at the patient's bedside.

POSITION PFCC IN GRADUATE MEDICAL EDUCATION

Medical education is re-calibrating its compass towards greater patient and family participation in teaching and care. PFCC Rounds reinforce the Institute of Medicine (IOM) recommendations to enhance patient care and safety through improved health professions education. The recommendations specify educating all health professionals to render patient-centered care as members of interdisciplinary teams using evidence-based practice, quality improvement approaches and informatics.[11]

The Accreditation Council on Graduate Medical Education's 2008 and 2009 design conferences explored PFCC integration into resident training:

- "What does PFCC mean for graduate medical education and vice versa?"

> *"PFCC Rounds provide the best setting for faculty to observe behaviors and skills of learners practicing in the "real world", allowing for objective and timely feedback."*
>
> Javier A. Gonzalez del Rey, M.D., M.Ed.
> Cincinnati Children's Hospital Medical Center

> *"The best thing about PFCC Rounds is it includes collaboration between the doctor and the nurse."*
>
> *"Nurse participation should be standard."*
>
> MCG students

- "How does PFCC help residency training achieve our competencies?"
- "How do we develop knowledge about how ACGME competencies can achieve PFCC?"

The PFCC paradigm complements graduate medical education's emphasis on team performance in delivering quality patient care in educational settings.

Leading hospitals practice new models of bedside rounds that meet residents' and students' educational needs, while engaging patients and their families, particularly in pediatric settings.[12-13] In adult care settings, residents and students will benefit from a PFCC approach to rounds that meet graduate medical education goals and objectives to develop

patient care skills, promote interpersonal and communication skills with patients and their families and with interdisciplinary colleagues, facilitate evidence-based medicine and increase professionalism opportunities. Involving patients and families in rounds at the bedside, knowing what is important to them (such as team member introductions), recognizing patients' roles in the teaching process and communicating faculty empathy will fuel the transition from physician-centered to patient-centered rounds.[4, 14]

The now generation of patients know and have access to the Internet. So now we are trained to be able to answer their questions and clarify information."

MCG student

The American Board of Internal Medicine (ABIM) involves patient advisors in strategic planning to advance team-based care for the chronically ill through health professions education and training. Recent IOM recommendations to redesign continuing education for health professions emphasizes improving patient quality and safety and inter-professional collaboration also supports patients' and clients' involvement in healthcare practitioners' professional development.[15] These recommendations are congruent with the PFCC approach to health care.

ESSENTIALS

> *PFCC Rounds are more likely to be successful where visiting hours are not restricted and where family members are not considered visitors."*
>
> Pat Sodomka, MCG Health, Inc. Senior Vice President for Patient- and Family-Centered Care

Institutional Resolve and Requirements

Implementing PFCC Rounds requires leadership support and the will to carry out PFCC-oriented quality improvement initiatives. An institutional educational best practice would be to create institutionalized standards for PFCC Rounds. If your healthcare system lacks PFCC behavioral care standards, developing them is a fundamental step. Refer to the MCG Health, Inc. Patient- and Family-Centered Care Standards (page 43) as a guide.

Administrative support requiring and advancing the participation of the whole staff in PFCC signals leadership commitment. Buy-in from both physicians and nurses is essential in introducing a change in care practices. Include nurse leaders and managers from the start.

PFCC Professional Development

Providing PFCC education and professional development opportunities for health-system administrators, managers, attending physicians, hospitalists and front-line staff, including nursing and professional support services, will strengthen PFCC care practices and support a framework for your PFCC Rounds journey.

Valued by Medical Educators

A successful implementation of PFCC Rounds at an institution, in a unit or on a service requires endorsement by attending physicians, the department chair, the academic leadership and the ACGME's Designated Institutional Official (DIO). A way to demonstrate the value of PFCC Rounds to them is to emphasize the tool's role in helping residents achieve general graduate medical education competencies in patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and systems-based learning. Patients also value their role of helping teach doctors-in-training and recognize the potential impact of PFCC Rounds.

> *Instead of the family seeing one doctor at a time, with the team the family and doctors are on the same page; collaboration of team and families."*
>
> MCG nurse

Interdisciplinary Teams

A key element of PFCC Rounds is the teamwork required of physicians, nurses, allied health professionals, social workers, discharge planners, pharmacy staff and residents. Team members are assigned roles and complete

> *It's important to have the nurse present [during rounds]; adds efficiency."*
>
> MCG resident

their assignments during rounds (i.e., orders, discharge summaries, prescriptions, etc.). Patients and their designated family members should be embraced as members of the team.

Patient/Family Participation Roles

Patients and their families should be informed, both verbally and in writing about PFCC Rounds. The invitation to participate should include the purpose of rounds, when to expect the team and their role as part of the team. Attending physicians, residents, students, nursing staff, a designated staff member or a PFCC coordinator/facilitator can extend the invitation and orient them to PFCC Rounds and resources.

Minimize Distractions

Actively listening and responding to patients and family members are direct ways to convey dignity and respect, a core PFCC precept. Altering the physical environment by turning off televisions and silencing phones and pagers enhances a respectful and focused atmosphere during rounds.

Schedule Rounds

Maintaining a regular schedule for bedside rounds benefits patients and families, the interdisciplinary team members, residents and students. Allow a two- to two-and-a-half hour window for PFCC Rounds so family members will know when they can have access to the care team. Early rounds, such as a 9:30-11:30 AM window, facilitates the discharge process.

A PFCC Rounds schedule will need to be negotiated. Whether rounding in the morning or the afternoon, the key is to establish a consistent time frame.

The window of time [for PFCC Rounds] is very practical; allows for family/patient to understand that there is a time frame and not a specific hour… We understand if they're not there around 9:30 we won't get frustrated. They've got other duties."

Patient's daughter

Contiguous Geography

Patient placement can facilitate or fragment team cohesiveness and workflow. Bedside PFCC Rounds are best done with a multidisciplinary team if patients are placed in one geographical location or in contiguous locations. A proximate location for rounds:

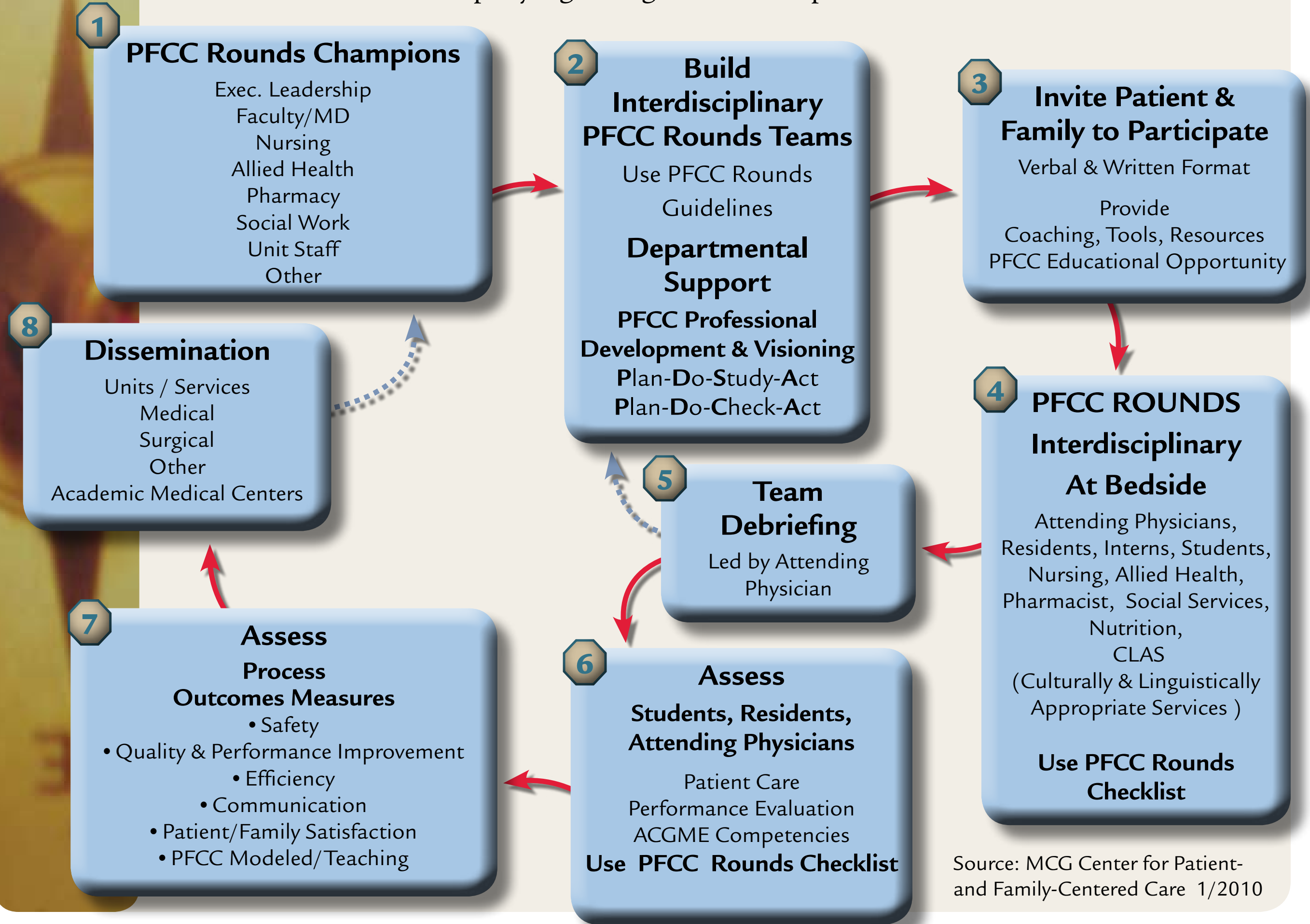
- Aids team consistency among nursing staff.
- Saves transit time between rounds with patients.
- Familiarizes physicians with the operational activities and personnel of the units.

Sustaining PFCC Rounds

Engaging patients in PFCC Rounds even if the family member is not present maintains the patient's involvement, emphasizes your institution's commitment to PFCC, demonstrates the importance of PFCC Rounds to learners and buttresses the interdisciplinary team approach. Modify rounds based on the patient's current clinical condition.

EIGHT STEPS TO IMPLEMENTING PFCC ROUNDS

The eight basic steps proposed in this guide build on your existing patient care resources and strengths to help you successfully initiate, achieve and assess PFCC Rounds and the accompanying changes. These steps are shown in the flow chart below.



Source: MCG Center for Patient- and Family-Centered Care 1/2010

STEP 1
Identify and Cultivate PFCC Champions

STEP 2
Build Interdisciplinary PFCC Rounds Teams

STEP 3
Invite Patients and Family to Participate in Rounds

STEP 4
Engage in Bedside PFCC Interdisciplinary Rounds

STEP 5
Team Debriefing and Reflective Practice Led by the Attending Physician

STEP 6
Assess Students, Residents and Attending Physicians Using the PFCC Rounds Observation Checklist

STEP 7
Assess Process and Outcomes Measures

STEP 8
Disseminate PFCC Rounds

STEP 1. Identify and Cultivate PFCC Champions

Every healthcare organization, medical service and unit has physicians, nurses, allied health professionals, staff and administrators who embody characteristics of patient- and family-centered care and who cultivate trusting and caring relationships with patients, peers and subordinates. Engage these role models as PFCC ambassadors to help facilitate your transition to a PFCC model and to chart your course for establishing PFCC Rounds.

Step 2. Build Interdisciplinary PFCC Rounds Teams

The shift towards a PFCC model of care requires a common vision of ideal care that includes patients and families as partners and a shared, agreed-upon roadmap of how to reach this ideal. Help teams build their relational infrastructure through regular (weekly) opportunities to reflect, converse and enhance their understanding of each other and their disciplines in giving care.[16] We also recommend the Plan-Do-Study-Act (PDSA) or the Plan-Do-Check-Act (PDCA) Improvement Process, which can easily be applied to your implementation of PFCC Rounds and reflective practice. Departmental support is vital.

“*It's great that you have the nurse in [with team]. If the nurse is in the room she knows exactly what's going on –no questions asked. Everyone is on the same page.*”

Patient's husband

“*While although I feel that most physicians and students instinctively already possess the [PFCC] qualities you are trying to teach, I guess some need this type of reinforcement to make them better doctors. Overall it improves the physician's skills and the family's knowledge base, anxieties, fear and/or misunderstandings.*”

MCG student

“*PFCC Rounds increase teamwork between hospital staff.*”

MCG student

Engage Medical Faculty/Attending Physicians

Engage department faculty and staff in a PFCC visioning process that includes strategic planning for PFCC Rounds standards. Teach fundamental PFCC principles, interdisciplinary case studies and the patient's perspective to navigate your route.

In small group working sessions address:

- How does our plan for PFCC Rounds meet the core principles?
- How does our plan reinforce ACGME competencies?
- How do we want our teams to function?
- How will we know if our PFCC Rounds are making a difference in our patient's care?
- What metrics should we use?

"Sit down together to converse on how to give better care to patients through conversation between disciplines…Create an environment where people are represented. Listening to the patient may change the care."

Paul N. Uhlig, M.D. , M.P.A.
University of Kansas School of Medicine-Wichita

Who to Include in Rounds? Take a Multi-disciplinary Approach

Work towards inclusion and optimize involving as many of the patient's healthcare providers as possible. Don't sweat it if not all of the patient's care team members are able to attend, but do develop the sense of the invitation and work to make people feel welcomed. Interdisciplinary team members can include:

- Physicians and hospitalists
- Residents and students
- Nurses
- Patients and their family members
- Pharmacy staff
- Discharge planner
- Case manager
- Social worker
- Nutritionist
- Allied health specialists warranted by patient's condition
- Clergy
- Certified medical translators as needed

Step 3. Invite Patients and Family to Participate in Rounds

There are multiple avenues to invite patients and families to participate in PFCC Rounds before and during the hospital stay. Use your Web site and marketing materials to inform the public about PFCC Rounds.

Invite inpatients and their families in person, supplementing the encounter with reader-friendly materials such as a flyer or brochure (see page 45). Tailor the information to appropriate literacy levels and language. Use this invitation to explain concepts of PFCC and pave the way for active participation.

- Nurses, physicians, residents or assigned unit personnel can extend the invitation to patients and their families.
- Address confidentiality issues in semi-private rooms.
- Coach patients and their families about what to expect during rounds and how they can participate.
- Encourage them to ask questions or voice concerns and to write down the questions/answers.
- Provide tools to facilitate information exchange and understanding. A whiteboard and markers in the patient's room, a pre-printed sheet with prompt questions, a spiral-bound notebook, Internet access and computers in the room or loaned laptop computers are useful aides.
- Active participation during rounds facilitates informed decision making by patients/families and members of the care team. The open exchange of information enables all members of the team, including patients and family members, to better understand the patient's condition, medicines, clinical services and the treatment plan as well as the patient's preferences and values. These steps enrich the patient's/family's experience, optimize patient safety, expedite discharge preparations and care transitions and help streamline rounds over time.

I like the way you are doing things here. This is more contact with the staff than we have ever had. It offers so much more information and I felt my concerns were heard. Other places I only got to talk to a doctor once. I like this whole approach. I think the program is good."

Patient's son

Step 4. Engage in Bedside PFCC Interdisciplinary Rounds

Prepare Students and Team Members for Bedside Rounds

Residents and students as well as all members of the interdisciplinary team will benefit from a PFCC tutorial and orientation that conveys the core concepts, outlines PFCC Practice Standards and illustrates how these principles and practices dovetail with graduate medical education goals. Ideally this tutorial will include a patient advisor/family faculty to convey the patient's perspective.

- Review the PFCC Rounds Observation Checklist with residents and students. (See page 44)
- Solicit examples of PFCC behaviors and contrast them with non-PFCC behaviors such as not listening to the patient, interrupting and talking about the patient in the third person while they are present, etc.
- Discuss how to modify and transform non-PFCC behaviors.
- Include a question-and-answer exchange with a patient advisor/family faculty and attending physicians.
- Assign specific roles before rounds begin.

It inspires a little more confidence in me to know that you've got all of those people working on his case, because no one is perfect in any situation. The more people you have looking at it, the more ideas and opinions you have."

Patient's wife

I like hearing what the doctors are saying. It makes all the difference in the world. Doctors and nurses coordinate things together. You solve a lot of problems if patients and families are informed.”

MCG nurse

Attending Physicians Model PFCC

The attending physician can engage in teamwork during PFCC Rounds by inviting comments and perspectives from other team members. The patient and family members should be invited to ask questions and be listened to. After rounds and before leaving the patient's room, ask if there are additional questions. Summarize and clarify next steps or follow-up procedures. Helping patients and their families know what to expect helps build trust and eases uncertainty.

An interdisciplinary team approach to patient rounds enriches the exchange of information from different disciplines involved in the patient's care, coordinates treatment-planning and goal-setting and optimizes communication of the plan. All team members can model and reinforce PFCC. Attending physicians have opportunities to reinforce and clarify the residents' explanations to patients and family members. The team builds on the information provided to help patients or family members understand the patient's condition.

Not as bad as I thought it would be. [PFCC Rounds] Makes for better communication between doctors and nurses and that makes for better care.”

MCG nurse

Important for nurses to round with the patient so they know what is going on. Nurses' presence is good because it makes them work as a team… Teamwork in the health field is important.”

Patient's husband

Include Nurses' Perspectives

Nurse participation in rounds enhances perspective about the patient's condition and the plan of care. During PFCC Rounds, nurses often clarify the administration of medications and add valuable information and insights about the patient's condition or progress, but their involvement is often under-utilized.

Caution: Don't conduct nursing procedures or administer medications during rounds, unless they are part of the teaching process. The goal is to minimize distrations.

Use Introductions

Do not underestimate the importance of introductions for patients and families during PFCC Rounds. Do not assume that patients know the difference between a resident, a student and an attending physician. Follow the **N-O-D** (Name-Occupation-Duties/Role) approach.

Sometimes you have a slew of doctors come through and you don't know who they are. If they have been introduced, you know them."

Patient's daughter

Patients and family members appreciate introductions, particularly during the first few days of the hospital stay or when new team members come aboard. Once patients and family members are oriented to the team, introductions may become unnecessary. Take your cues from the patient.

Introductions are equally important for members of the multi-disciplinary team, particularly at the onset of each rotation. Taking a moment to introduce incoming residents/students with nurses, for instance, helps build a friendlier work environment. Scheduled team meetings and investing in the team's relational infrastructure will facilitate group cohesiveness and teamwork.

Use the PFCC Rounds Observation Checklist

The PFCC Checklist is an evidence-based tool to score the presence or lack of specific behaviors that demonstrate PFCC principles. These principles are listed as "Domains" on the checklist. Additional domains include: body language,[17] environmental considerations and participation in teaching.[12]

PFCC behaviors refer to patients,[14] learners and clinical practices stated in the MCGHI PFCC Standards of Care, as well as standardized metrics from the Press Ganey and the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Surveys.

The tear-off card at the back of this guide and the sample checklist (page 44) are effective teaching tools. Duplicate, laminate and distribute the tear-off card to all team members for easy reference. Access this card from the MCG and the Picker Institute's Web sites.

Talk With, Not About Patients

Direct your conversation, patient report, questions and answers directly to patients and their family members using first person language. Be mindful of your body language and convey warmth and friendliness in your interactions with them.

Team Size

Consider patient and family preferences, the room size and competing schedules when determining the size of your team. A planned and coordinated interdisciplinary rounds' schedule strategy minimizes conflicts.

Step 5. Team Debriefing and Reflective Practice Led by the Attending Physician

The attending physician is the ideal person to facilitate the debriefing. This is where much education transpires, so engage in a teachable moment after *each* rounds session while the encounter is fresh on the mind. This is a crucial opportunity for the attending physician to model professionalism and communication skills or to review the residents' clinical performance. Debriefing also enables residents/students to talk about the experience, seek clarification and raise questions. Effective debriefing requires an allotment of time immediately after bedside rounds and a private place[18] but can occur in the hallway if mindful to respect patient privacy.

Use the debriefing to reflect on the patient/family/team interaction and the multi-disciplinary team process.

- Were the patient's/family member's concerns addressed?
- How might we improve our interactions or the communications/information exchange with this patient and family?
- Was the team aligned with PFCC goals?

Attending physicians should initiate weekly meetings for reflective practice and support consistent opportunities to build and maintain the team's relational infrastructure by exploring:

- How are we working together as a team?
- How can the team relationship be even better?
- What were some of the challenges we faced and how can we resolve them?
- How can we reinforce ACGME competencies?
- Revisit your Plan-Do-Study-Act or Plan-Do-Check-Act goals and enhance your planned approach to change.

These activities allow the team to operate at their maximum and favorably impact the quality of patient care. Setting a climate and tone that allows team members to express themselves as part of the reflective process demonstrates respect for the team and enables the team to function in a new capacity.

The way he talked to her, he smiled. He gained her confidence that she is doing better and I liked that. Rounds – I like that every family member has an opportunity to be a part of this program. To voice your opinion and listen to what you have to say and what mother [patient] has to say."

Patient's family member

Use the checklist to evaluate rounds and the resident or intern."

MCG student

As a result of PFCC, I intend to: *Inquire more at the level of patient understanding."*

MCG student

Step 6. Assess Students, Residents and Attending Physicians Using the PFCC Rounds Observation Checklist

PFCC Rounds can simultaneously embody the best of educational and patient care practices. The PFCC Rounds Observation Checklist spotlights specific patient- and family-centered care behaviors. Its use as an evaluation tool is a two-way street. Use the checklist for:

- Immediate feedback about patient care to residents, students and attending physicians.
- Global assessment at the end of a rotation.
- Part of a house staff clinical performance evaluation.
- Resident orientation.
- Modifying current evaluation tools used by residents and students.

Students and residents can use the checklist to evaluate the effectiveness of the attending in modeling the delivery of PFCC-based health care.

As a result of PFCC, I intend to: *Always involve family in care of patient."*

MCG student

Rounds were very informative. They're going to make sure I have all the instructions about what I will need to do to take care of [patient]. They showed care because they were concerned... They answered my questions, very helpful. I'm glad I was able to participate... They made sure I understood what they were saying... Overall I'll give them an "A"."

Patient's wife

Step 7. Assess Process and Outcomes Measures

Implementing PFCC Rounds is a quality and a performance improvement initiative and can be assessed as part of your Plan-Do-Study-Act or Plan-Do-Check-Act improvement process. Identify appropriate outcome measures and recalibrate your efforts based on the results and your goals. Examine how your team is working to achieve care and teaching goals.

Rapid Response Survey

To ascertain an immediate impact of PFCC Rounds, conduct a rapid response survey of participating patients/families, members of the interdisciplinary team, residents and students by the end of the first month. Share these results with the team, identify improvement strategies, implement them and repeat this process within three months.

Safety and Service Delivery Metrics

Compare pre- and post-PFCC Rounds outcomes using more global metrics for an entire service or unit. Seek the advice of a biostatistician to aid in a data collection plan to ascertain direct cause-and-effect results. Useful metrics include:

- Length of stay and associated costs.
- Readmissions.
- Patient safety data – medical errors, medication errors.
- Patient satisfaction using Press Ganey Survey PFCC bundle questions and HCAHPS.
- Improvement in discharge times.

Using these measures requires comparable statistics for baseline and intervention time frames and a sizeable intervention group, such as an entire unit, not just a single team. Pilot your PFCC Rounds daily for not less than six months per unit to yield an adequate sample size.

Efficiency and Work Flow Analysis

Anecdotally, MCG nurses participating in a PFCC Rounds project perceived that they paged physicians/residents less frequently to clarify orders and patient care plans. It is technologically feasible to measure workflow by quantifying text messages and pages pertaining to patient care, but this is a labor intensive endeavor that would likely necessitate additional staffing to gather and analyze the data. Tailoring an information technology application to mine this data will streamline the process.

Caution: If you initiate PFCC Rounds at the level of a single team, you should collect comparable control data.

Step 8. Disseminate PFCC Rounds

PFCC Rounds embody an organizational and practitioner commitment to a PFCC model that invites patients and their families to be engaged in the exchange of information and the provision of care. Spreading this practice requires an investment in change management, resources and personnel.

- Start small, pilot, then spread.
- Share findings from the pilot with the team, troubleshoot, re-strategize and move forward.
- Convene champions in other units and follow Steps 1-7.
- Begin with services and units where the leadership supports PFCC Rounds and investment is most likely to succeed. Build on successes. Enlist these champions to share their PFCC transition stories with others.
- Encourage patient involvement in all phases of PFCC Rounds development and planning by enlisting patient advisors to help with the design.
- Incorporate an interdisciplinary approach to PFCC Rounds planning as part of your quality/performance improvement initiatives and processes.
- Share your results and processes for achieving PFCC Rounds inside and outside your health system through publications, presentations, learning labs, classrooms and Web sites.

[PFCC Rounds] As great as usual. I just appreciate the attention; all of our questions were answered.

It feels like someone actually cares. It doesn't have to be major things, sometimes it's the little things that make a difference."

Patient's family member

PUT THE NEW GENERATION OF HEALTHCARE PROVIDERS ON A PFCC COURSE: TEACHING RESIDENTS AND STUDENTS

PFCC Rounds enable teaching and learning, support health professions education that is patient-centered, promote evidence-based practice, engage interdisciplinary teams and can incorporate informatics. Teaching at the bedside using information technology can consist of:

- Accessing electronic Personal Health Records (ePHR).
- Conveying immediate lab results to patients.
- Using computers on wheels to update medical records, make appointments and request tests.
- Helping patients access Web-based information.
- Using Webcams to include remote family members in rounds.

PFCC Rounds strengthen Graduate Medical Education requirements and offer an efficient example of teaching while working, particularly when team members have assigned roles.[12] Furthermore, patients and their families participate in PFCC Rounds because they value helping teach residents and medical students during bedside rounds.

> *"...these interns, doctors-to-be, this is a good opportunity for them to learn bedside manners... the young doctors need to develop that. Getting questions answered relieves anxiety."*
>
> Patient's daughter

Use the PFCC Rounds Observation Checklist (page 44) and the PFCC Guidelines Card to supplement the house staff clinical performance evaluation and the student evaluations in the following areas:

- **Data gathering and assessment:** Assembling pertinent information from family members, caregivers or the patient.
- **Demonstrating patient care skills:** Including patient presentation and incorporating a bio-psychosocial approach to understanding the patient within a broader context of mental, physical and social well-being.
- **Demonstrating medical knowledge:** Observing residents' or students' ability to convey complex medical information, procedures or lab results in a way that patients and their family members can understand.
- **Practice-based learning and improvement:** Teaching medical students and other healthcare professionals.
- **Professionalism:** Demonstrating respect for patients, colleagues and paraprofessionals; showing honesty with patients, colleagues, paraprofessionals and charting; modeling responsible behavior during rounds.
- **Interpersonal and communication skills:** Illustrating humanistic and therapeutic relationships with patients and families (bedside manners) and establishing effective relationships with them.
- **Systems-based learning:** Discharge planning and coordinating patient care.

> *"Students need to hear the patient's and family's story and see PFCC Rounds in action to take with them."*
>
> Patient's daughter

ENGAGING PATIENTS AND FAMILIES

Benefits of engaging patients and their families in rounds include:

- Improved communication through information-sharing that improves understanding of the patient's condition for the patients and their families, as well as for physicians and other members of the care team.
- Shared responsibility in patient care including goal-setting and decision-making.
- Increased patient/family satisfaction.

Information exchange is a two-way street between patients and caregivers. Family members can offer perspective about how the patient is progressing. They illuminate changes in a patient's mental status or a change in condition. For instance, a physician's alarm at seeing a severe open wound on a new patient can be alleviated by the family member's observation and comment: "Oh, that looks so much better."

> "*Communication. It keeps out the confusion and it helps the family. If you don't tell them, they begin to worry and fret. If the nurse doesn't hear, she doesn't know. Communication is the key... Communication will enhance the doctors and the nurses. It will help nurses and doctors.*"
>
> Patient's husband

Doctors-in-training and attending physicians play a key role in educating patients and their family members about health/illness issues and contribute to their understanding by explaining procedures, physiological processes and technical terms. While this may be challenging at times, the benefits of patients and families participating during bedside rounds outweighs these challenges.

> "*The biggest impact family-centered care has had on my practice [is] the way I take care of my patients that makes the difference.*"
>
> MCG physician graduate

Negotiating Care

Caution: When patients and their family members are empowered as partners in care, the interpersonal dynamics can pose challenges.

Family members' or patients' preferences for a certain procedure, refusal to accept recommended procedures, following the advice of a medically trained family member who is not present during rounds and opinions about their care can add a layer of complexity to interpersonal dynamics and care, potentially frustrating everyone involved. Negotiations and differences of opinion are also possible when discussing discharge plans during rounds.

I like that every family member has an opportunity to be a part of this program. To voice your opinion and listen to what you have to say and what mother [patient] has to say... The doctor has made himself more available to us... He took the time to say "Happy Valentine's Day"."

Patient's son

If we disagree, tell me why. We get the why with PFCC Rounds."

Patient's daughter

Actively respond to patients and their families during rounds using the **LEARN** process.

- **L**isten.
- **E**xplain.
- **A**cknowledge there may be differences.
- **R**ecommend (treatment and care).
- **N**egotiate: How can we (doctor and patient/family) work together?

Coaching

Use coaching to give patients and families guidelines for participating in PFCC Rounds and being mindful of team schedules. Coaching beforehand will help reduce care team concerns about workflow and time constraints.

- Include a description of rounds, the purpose and timeframe.
- Provide suggestions for optimizing the PFCC Rounds experience.
- Give patients/families tools and resources to facilitate their involvement and help streamline rounds.

Encourage family members to use resources that enable them to update one another on the patient's

> *Hospitals should provide a log book to families. That way, whoever is in there can share the information with other family members."*
>
> MCG student

condition and to facilitate communication with care team members. Encourage tools and techniques, both low-tech and high-tech, that enhance the two-way flow of information between patients/families and caregivers and that support note taking and recording questions/answers. Consider using or providing:

- Three-ring binders, spiral-bound notebooks, journals and white boards.
- E-mail access and Web-based personal care pages.
- Electronic personal health records (ePHR), which are on the verge of becoming mainstream.
- Lap-tops, Web cameras and cell phones to promote involvement of long-distance family members in PFCC Rounds.

CarePages lets families and patients create free Web site pages so they can share updates, distribute photos and access resources. Visit *www.carepages.com/mcghealth*.

Coaching Tools and Support for Patients and Family Caregivers

- Use the Doc Talk Card (page 46)
- *Questions are the Answer* patient safety materials developed by the Agency for Healthcare Research and Quality offer patient question lists on topics about prescriptions, medical tests, diagnoses, treatments and surgery recommendations in preparation for medical appointments and inpatient stays. *www.ahrq.gov/questionsaretheanswer*
- National Caregivers Association educates, supports, empowers and advocates for caregivers caring for loved ones with chronic illness or disability. *http://thefamilycaregiver.org/about_nfca*
- Refer patients to reliable Web-based resources.

MCG volunteer patient advisors take on diverse roles, from advising on the construction and redesign of clinical facilities to sharing a patient's perspective in the classroom and at faculty/staff training sessions. Patient advisors participate in quality improvement initiatives, conduct research including data collection and analysis and serve as contributing authors for newsletters. For more information about patient advisors, visit the MCG Center for Patient- and Family-Centered Care Web site, *www.mcg.edu/centers/cpfcc* or *www.cpfcc.org*. MCG PFCC Learning Labs offer training on developing patient/family advisory councils.

Engage Patient Advisor Observers During PFCC Rounds

MCG's Improving Patient Rounds Project involved patient advisors as team members at every step, from reviewing and endorsing the Picker Institute's grant application to rounding with the team and scoring the rounds interaction using the PFCC Rounds Observation Checklist. They debriefed the care team, gave feedback from the patient's point-of-view and spoke with patients/family members. This guidebook is enriched by their suggestions.

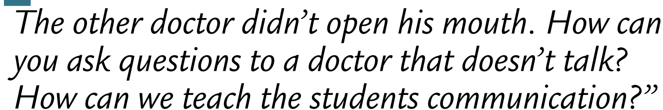
Engaging patient advisors as observers during PFCC Rounds requires a cadre of 8-10 patient advisors. Roles and responsibilities, a clear picture of required time commitments and training should be conveyed to the participants. They will also need:

- Background checks as part of their patient advisor role.
- Compliance with institutional training requirements for conducting human subjects research e.g., HIPAA, Collaborative Institutional Training Initiative (CITI).
- Required immunizations such as tuberculosis and influenza.
- Scheduling coordination.
- Substitutes.
- Follow-up, debriefing and support.

DETOURS AND CHALLENGES

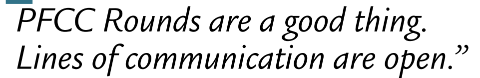
Navigating intricacies of patient care, team dynamics, revolving doors of resident and student rotations and teaching during interdisciplinary bedside rounds is challenging. Coordinating rounds that fit team and family members' schedules is an added dimension to be proactively resolved. A solid framework for conducting PFCC Rounds includes these key ingredients:

- Scheduled rounds in the patient's room.
- PFCC-trained and committed attending physicians/residents.
- PFCC-oriented interdisciplinary team members.
- PFCC Rounds standards.



"The other doctor didn't open his mouth. How can you ask questions to a doctor that doesn't talk? How can we teach the students communication?"

Patient's daughter



"PFCC Rounds are a good thing. Lines of communication are open."

MCG student

Engaging Attending Physicians Who Resist Adopting PFCC Rounds

Approach: Take a collaborative approach to resistance to change. Involve physicians from the rounding teams in planning the PFCC Rounds intervention, not just once or twice through focus groups but as members of the planning team. Understanding reticent physicians' reservations and working to overcome their hesitancy helps build the framework for changing rounds. Departmental leadership and support can be used to encourage buy-in and overcome physicians' concerns about participating in PFCC Rounds.

Flux in Residency Programs

1. **Shifting team composition.** The fluid nature of staggered schedules among residents, students and attending physicians on a service complicates team composition and dynamics.

   Approach: A standardized approach to PFCC Rounds can help provide consistency in care. The fluidity of rotations reinforces the importance that all department physicians, hospitalists, nursing staff and allied health professionals be grounded in PFCC principles and practices; consider investing in change management by identifying a PFCC Rounds coordinator/facilitator. This may be the case manager, discharge planner, social worker or unit personnel.

2. **Multiple services on a unit.**

   Approach: Multiple services on a unit complicate the implementation of PFCC Rounds and require consistent facilitation of team members.

3. **Large team size.** A large team of 12-15 members in the room makes it hard to have intimate one-on-one conversations with patients.

   Approach: Usual routines of rounding with everyone depend on the circumstances and preferences of patients/families. A team size of seven to eight plus the patient and a family member may seem more manageable and efficient. Also gauge patients' responses to the size of the team.

4. **Time required for PFCC Rounds.** Although PFCC Rounds can save time in the long run, they usually take longer with new patients and can increase the time of rounds by 20%.[12]

   Approach: Allow 10-15 minutes per PFCC Rounds encounter. As patients' and family members' questions are answered they gain a better understanding of the patient's condition. Their fears and concerns are allayed and the rounding time is typically shortened.

   To help manage staff concerns about workflow and efficiency, consider designating a PFCC coordinator, a resident, student or unit staff who can assist the patient and family through coaching and help prepare them to participate in rounds. Assign roles to team members prior to rounds.

5. **Frequency of PFCC Rounds and adherence to ACGME duty hours. Daily? Every other day? Weekends?**

   Approach: This is not an "either/or" situation but an "and" situation.

   - Adhere to house staff duty hour requirements recognizing that it is important to meet the needs of the patient and family members.
   - Limit conversation as appropriate.
   - Arrange for follow-up.
   - Share the ground rules with patients to help them be mindful of time constraints.

   Attending physicians, nursing staff or students who are not constrained by duty hours can return to the patient and family to answer additional questions or provide needed support as appropriate.

6. **Balancing patient and family needs with other responsibilities**

   Approach: Training on how to end a conversation diplomatically and scripting for this kind of dilemma can be added to the providers' toolkit.

   - Designate a nurse, resident, attending physician or staff member to answer any additional questions.
   - Ask the family to write down questions ahead of time and prioritize.
   - Ask which family member will be the main spokesperson for the patient and ask him/her to keep other family members informed.
   - Coach patients and family members about what to expect during rounds and remind them of time constraints.

Interpersonal Dynamics During Rounds

1. **Sensitive psychiatric or medical issues** can be very difficult to present at bedside.

   Approach: You may elect not to present rounds at the bedside with suicidal patients. Alternatively, a smaller team including a family member, the attending physician, primary resident, student, nurse, psychiatry/behavioral health provider and social service staff may be more appropriate for rounding under these circumstances.

   Approach: For sensitive medical issues, ask patients for permission to discuss topics before PFCC Rounds, if family members are present.

2. **Addressing patients' hesitancy to speak up in a team setting.**

   Approach: Consider patients' privacy and dignity concerns. Ask if they would like time alone with a team member and, if so, set this up and respond to the issues voiced. This helps build trust and an understanding of the patient's needs.

Knowing what is going on, you can go home and sleep a little better. Now I wish they had this [PFCC Rounds] at the nursing home. My anxiety about the nursing home is coming up."

Patient's son

Other ways to help put patients at ease, set an inviting tone and help patients/families feel empowered to express their needs include:

- Introductions and informing patients about the team members' roles.
- Inviting questions, encouraging patient/family participation and listening.
- Asking patients/families to write their questions and concerns ahead of time.

3. **Patients with contact or isolation protections.**

   Approach: Depending on the circumstances and the patient's condition, a smaller team may be more appropriate. All team members should follow all contact and isolation policies and procedures. If patient advisor observers round with the team, they should gown-up, wear gloves and wash their hands before and after entering the room just like the rest of the team.

4. **Placement issues, not active medical issues.**

   Approach: For long-term patients whose medical condition has stabilized and are awaiting placement for discharge, daily rounding at the bedside may not require as much time but can still provide significant benefit to the patient and family. Rounds may need to focus on continuity and health system issues, the shift from acute-care to long-term care or follow-up outside the hospital.

5. **Patient/family with a long list of questions or family member who dominates the interaction.**

   Approach: Responding to a patient's or family member's questions and concerns in ways that they can understand is critical to establishing a trusting provider/patient relationship, to engaging patients/families as partners and to empowering them.

   - Ask the patient/family to prioritize their questions so their most pressing issues are addressed.
   - Offer to have a designated team member return after rounds and attend to additional questions or concerns *and* follow up.
   - When a family member dominates, direct questions and comments to the patient.
   - Creating PFCC Rounds ground rules to be shared with all participants will help patients, family members and the healthcare team be mindful of time constraints and equitable interactions.
   - Teaching attending physicians, residents and students how to facilitate group dynamics is beneficial in these situations.

6. **Family unable to attend rounds.**

   Approach: Whether or not family members are present proceed with PFCC Rounds with the patient. If a designated family member wants to participate in PFCC Rounds but is unable to be physically present, consider using a speaker telephone and initiating the call. Laptop computers and Webcams are other ways to include remote family members during PFCC Rounds.

1. Leadership

- Make a commitment to Patient- and Family-Centered Care principles and practices, institute PFCC Standards of Care and facilitate a PFCC change in the clinical and teaching environment.
- Invest in change management and allot resources and personnel in your change to PFCC Rounds.
- Assure leadership accountability from the ACGME's Designated Institutional Official, chairs, directors, faculty, chief residents and hospital leaders in administration, medicine, nursing, pharmacy, health professions and social services.
- Cultivate PFCC champions among faculty, staff and leaders from the hospital, graduate medical education and Schools of Medicine, Nursing, Dentistry and Allied Health Sciences.
- Garner support from attending physicians and residents responsible for conducting rounds.

2. PFCC Professional Development

- Create ongoing opportunities for faculty and staff to participate in PFCC education and training that emphasizes a team-based approach.
- Fund PFCC education and training.
- Reward mentorship and PFCC role modeling by faculty, residents and students.
- Reward and recognize outstanding performance and integrate PFCC practices into performance improvement.

3. Role of Designated Institutional Official (DIO)

- Expand the role of the DIO in promoting PFCC.
- The DIO can play a pivotal role integrating PFCC principles and practices into graduate medical education and in assisting programs to meet PFCC educational and training needs of residents.
- Possible venues include: developing a graduate medical education PFCC-focused retreat to reinforce faculty/ staff PFCC professional development, expanding resident conferences and sponsoring grand rounds that include PFCC perspectives and expertise.

Would love to see this type of [PFCC] rounds throughout this hospital and all other hospitals.

It makes a big difference to having the peace of mind... We see what the plan of action is.

That peace of mind helps so much to know that I'm not alone.

I feel like I've been given a life raft and a paddle."

Patient's daughter

4. Health Professions Education

- Develop patients as expert advisors in the teaching hospital and teaching programs.
- Incorporate PFCC principles and practices into existing health professions education and provide PFCC training to assess students' and residents' PFCC competencies.
- Foster resident involvement with advisors, support groups and patient/family advisory councils.
- Create opportunities for residents to apply PFCC to their practice and provide PFCC education, training and resources.
- Support PFCC research during residency training.

5. PFCC Rounds

- Establish institutional standards for conducting interdisciplinary bedside rounds that imbed PFCC.
- Utilize PFCC Rounds resources and continuously assess their effectiveness, making adjustments as needed to improve patient care and medical education.
- Identify criteria for institutional standards that govern patient, family and team characteristics and interactions.
- At a minimum, the department chair, attending physicians, hospitalist services and nursing leadership should initiate the development and implementation of PFCC Rounds. Ideally, other health professionals will participate in the early planning and implementation stages.
- Invite the patient's perspective about ideal patient rounds during planning and assessment processes.

6. Mindful Interactions During Bedside Rounds

- Address the patient and family members by name.
- Confirm rounds participation with patient and other family members present.
- Introduce team members.
- Use first-person language.
- Minimize disruptions in the patient's room; obtain the patient's permission to turn off the television, radio, or iPod.
- Silence pagers and cell phones.
- Be responsive and listen actively.
- Thank patients and families for participating in teaching rounds.
- Follow-up.

7. Personnel

- Build adequate staff support for change management towards PFCC Rounds.
- If resources allow, formalize a PFCC coordinator/facilitator as a paid position; otherwise identify/designate someone on the team or unit staff to serve in the coordinator role.
- Implementing PFCC Rounds requires communication, coordination and collaboration, which a trained health professional versed in PFCC principles and practices could facilitate.
- A PFCC coordinator /facilitator, designated unit staff, nurse or resident should invite patient and family participation, provide coaching, education and patient-activation tools and coordinate the fluid interdisciplinary team.
- The designated staff can manage PFCC Rounds processes and help collect and assess outcomes data.
- Helping promote your institution's PFCC practices and preventing this coordinator role from overburdening existing staff nurses or a nurse manager will lend consistency to the PFCC Rounds process.

PFCC-RELATED WEB RESOURCES

- **The Joint Commission** www.jointcommission.org.
- **Picker International Institute** www.pickerinstitute.org
- **Institute for Healthcare Improvement** www.ihi.org
- **Medical College of Georgia Center for Patient- and Family-Centered Care** www.cpfcc.org / www.mcg.edu
- **MCG Health, Inc.** www.mcghealth.org
- **Institute for Family-Centered Care** www.familycenteredcare.org
- **Cincinnati Children's Hospital** www.cincinnatichildrens.org/about/fcc/rounds/implement/prep.htm

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Patient- and Family-Centered Care Standards

1. Involve patients and families in all aspects of the planning, delivery and evaluation of healthcare services.
2. Recognize families as important members of the healthcare team. Encourage and support families in care planning and decision-making.
3. Support patients in involving their families in their healthcare experiences in ways that they choose.
4. Welcome family members at all times regardless of rounds, change of shift or other events on the unit.
5. Encourage and support family members to be present during procedures and treatments, if this is the preference of the patient.
6. Provide information in ways that patients and families would find helpful, empowering and supportive in nurturing, care-giving and decision-making.
7. Provide easy and accessible opportunities for patients and families to ask questions of doctors and nurses.
8. Provide care that respects patients' values, preferences and expressed needs.
9. Coordinate and integrate the care for the patient; coordinate services (i.e., tests, consultations or procedures).
10. Provide timely, tailored and expert care in managing the physical comfort of the patient.
11. Provide emotional support in relieving fear and anxiety that accompanies an injury or illness—fear of pain, disability or disfigurement, loneliness, financial impact or the effect of illness on the family.

Bedside PFCC Rounds Observation Checklist

Observer Name: ____________________ Date:_________
Time: Start __________ End _________ TOTAL: ______ mins.
Room #: ___________
Patient Name: ______________________
MRN: ___________________________
Family Member(s) Present: ◻ **YES** ◻ ____# NO ◻ Phone ◻ Internet

Bedside PFCC Rounds Observation Checklist

Name:
Attending-led: _______________
Resident-led: _______________
Estimated Discharge: Date: ______________ Time: __________

◻ Interpreter **CLAS***
TEAM: ◻ Attending ◻Residents #___ ◻Interns #____
◻ Students #___ ◻ Nurse # ___ ◻ SW
◻ Case Manager ◻ Pharmacy ◻ Nutrition
◻ Clinical Nurse Specialist ◻ Other:_____________

Observer will complete the checklist during rounds and debrief with the care team after rounds.

Domain	Behaviors	Yes 2	+/- 1	No 0	Observer Notes
	Set the stage for partnership. Arrange CLAS – Culturally and Linguistically Appropriate Services.*				
Greeting & Intro	Knock before entering and say *"Hello"* – use a greeting.				
	Address patient by name.				
	Introduce yourself and team members; Explain your roles.				
	Record your name on the patient's white board.				
	Explain purpose of PFCC Rounds.				
	Confirm P/F preference for participation.				
	Check with patient if it is alright to discuss the patient's medical condition with others present.				
Physical Environment	Minimize distractions. Ask patient to turn off TV or mute TV. Seek patient's permission and turn TV off: *"May we turn off the television so we can talk and hear each other?"*				
	Turn off or silence pager.				
	Ask permission to turn on the light. *(Turn lights back off when leaving.)*				
Body Language	Team forms circle inclusive of P/F. Move towards head of the bed.				
	Make eye-level contact with P/F. Sit beside patient at bedside.				
Evidence of Caring/Interaction	Ask how patient feels. Open with: *"How are you feeling today?"*				
	Ask about P/F concerns. Check their understanding.				
	Use open-ended questions.				
Respect Shown	Invite P/F to talk and ask questions. Seek P/F perspective.				
	Actively listen. Do NOT interrupt.				
	Address cultural or spiritual needs as they arise.				
Info Exchange	Solicit information from patient and family. Ask questions one at a time. Wait for a response.				
	Use understandable language. Explain technical terms and check understanding.				
	Use visual and/or written reinforcement.				
	Encourage P/F to ask questions or raise concerns.				
	Answer questions or provide *"will follow-up"* response: *"We will get back to you with results of pending x-rays and lab tests."*				
Involvement in Teaching	Ask permission to engage in teaching at the bedside. Thank them for the opportunity.				
Participation & Decision-making	Ask patient's preferences related to care.				
	Involve P/F in discharge planning and goals, especially outpatient needs. Help with continuity issues and follow-up care.				
Departure	Inform P/F of next steps and what to expect.				
	Ask: *"Have we answered all of your questions and concerns?"*				
	Say: *"Good bye."*				
Physical Environment	Leave the room the way you found it – if you turned anything off/on turn back on/off.				
Safety	Wash / disinfect hands when entering and leaving patient's room.				
	Column Totals:				

OBSERVER NOTES: ***(record debriefing notes on reverse side)*** Abbreviations: P/F=Patient/Family; SW=Social Worker; MRN=Medical Record Number

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Produced as part of the Picker *Improving Patient Rounds Project. The Picker Institute Inc., is an international non-profit organization that supports research in the field of patient-centered care. © 2010 Medical College of Georgia*

PFCC Rounds Brochure/Invitation

Patients and Families...

Please join us in Improving Patient Rounds

What are rounds?

Rounds are daily sessions set aside while the patient is in the hospital. A patient's care team will check on their patients and discuss their medical condition, health care, treatment plan and discharge plans.

Rounds:

- are teaching and learning opportunities for care team members, patients and families
- help nurses, doctors-in-training (residents, interns, medical students) and their teachers (attending physicians), and other members of the health care team share information and learn from each other about the best ways to care for patients
- help the team build skills when caring for patients and expand their medical knowledge

Bedside rounds usually take place in the patient's room with attending physicians and doctors-in-training.

Supported by The Picker Institute Inc., an international non-profit organization that supports research in the field of patient-centered care. 8/08

What are PFCC rounds?

Patient- and Family-Centered Care (PFCC) rounds are new!

They are designed to directly involve the patient their family and health care team members.

Together, we can create safer, outstanding patient care.

Building Partnerships

PFCC rounds are a partnership with patients, their families and the health care team, where all:

- play a key role in the patient's care
- are included in making medical decisions
- make discharge plans
- discuss a care plan once the patient is home

How can I be part of PFCC rounds?

We want your help.

Patients and family members of patients admitted to MCG's General Internal Medicine Unit on 5 West are invited to take part.

We are asking family members to be available in person or by telephone at least once during the patient's hospital stay, from 9:30am -11:30am, on the day(s) of your choice Monday through Sunday.

2

What will be expected?

Patients and family members will be active in the patient's health care by:

- talking with your (the patient's) doctor
- asking questions to learn more about your (the patient's) main health issues
- taking part in decisions about your (the patient's) care

Benefits

- improved patient care and safety
- better communication
- improved patient and family satisfaction

Joining the Team

If you want to be involved in PFCC rounds, please sign-up on the back of this form. Family members will need to be present on their choice of day(s) or available by telephone during PFCC rounds.

An ***Improving Patient Rounds*** project staff member will contact you to answer questions and help coordinate PFCC rounds.

3

Sign-Up for PFCC Rounds!

☐ No thanks
☐ **Yes,** I would like to be a part of **PFCC rounds**:

Patient

Name: ____________________
Signature: ____________________
Date: ____________________

Family members who would like to be involved:

Print Name / Email: **Phone:**
1)____________________ ____________
email:____________________
2)____________________ ____________
email:____________________

Between 9:30am and 11:30am, what day(s) might be best?

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday
☐ Saturday
☐ Sunday

After completing this form:
put it in the **PFCC Rounds mailbox** at the Nurse Manager's office, **room #5066**, just past the lockers.

For more information: www.CPFCC.org
Contact: Christine O'Meara 706-721-8291
(Monday - Friday 9:00-4:00)

Doc Talk Card

Things to Ask My Doctor…

____

____

Things I Need to Do…

____

____

My Medications…

____

____

Specific Instructions…

____

____

Follow-up appointment

Date ____________ Time ____________

Location ______________________

If I have a problem or questions, I should call

____

PS 671 1/06

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Students:

"Increases awareness of small behaviors which the family sees as offensive or unsatisfactory, such as no one knowing test results/progress, etc."

"Physicians can incorporate patient's beliefs and wishes in their care."

"Nurses change shifts, so continuity of information is important."

"Encouraged collaboration between team and nurse."

"PFCC Rounds requires more time and coordination."

As a result of PFCC, I intend to:

"Always involve family in care of patient."

"Inquire more at the level of patient understanding."

"Talk with nurses more so they are aware of plans, make sure to talk with all family members."

"Try to incorporate a team approach to patient care."

PFCC Rounds "Gives specific form to address patient's health and family member's concerns."

Nurses:

"Being at PFCC Rounds enabled and reinforced nurses' observations... better exchange of information."

Participating in PFCC Rounds "Keeps people informed, keeps nurse informed, make sure that we're all on the same page as far as patient care."

"Rounds with nurse helps with continuity of care."

Patients/Family:

"I like the ability to ask questions to the doctors we saw yesterday while they were all together ... All my questions were answered."

Patient

"Helpful to have [daughter] here and involved while the doctors were rounding. Moral support."

Patient

"I'm nothing but pleased with this program. You have relieved a tremendous weight off my chest. I'm very pleased with so much. Please commend the team. Thank you all."

Patient's daughter-in-law

Attending Physicians Identify Strengths of PFCC Rounds:

"I thought the rounds helped families and patients understand what was going on better."

"Also, it was beneficial to meet with the nurses and round together."

"Increases awareness of physicians' and providers' need to be mindful of patient's needs."

"Physician and patient satisfaction increases."

MCG Center for Patient- and Family-Centered Care (CPFCC)

www.mcg.edu/centers/cpfcc **www.cpfcc.org**