Interdisciplinary Rounding: A Crucial Approach to Improve Patient Outcomes

Thursday, June 4th, 2015

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FACULTY

Toni G. Cesta, Ph.D., RN, FAAN is a founding partner of Case Management Concepts, LLC, a consulting company that assists institutions in designing, implementing and evaluating case management models, new documentation systems, and other strategies for improving care and reducing cost. Dr. Cesta is the author of eight books, a frequently sought-after speaker, lecturer and consultant and is considered one of the primary thought leaders in the field of case management. Dr. Cesta also writes a monthly column called "Case Management Insider" in AHC Media's Hospital Case Management newsletter in which she shares insights and information on current issues and trends in case management.

Dr. Cesta has been active in the research and development of case management for over 20 years. Her research in case management has included two funded studies measuring the effects of a case management model on congestive heart failure and fractured hip patient populations, with measures of patient satisfaction, quality of life, and short and long term clinical perceptions and outcomes.

Dr. Cesta has presented topics on case management at national and international conferences and workshops. She has published extensively including the fourth edition of her book, "Nursing Case Management: From Essentials to Advanced Practice Applications," the second edition of "The Case Manager's Survival Guide: Winning Strategies for Clinical Practice" which won the AJN Book of the Year award, "Survival Strategies for Nurses in Managed Care" and her newest book: "Core Skills for Hospital Case Managers".

Bev Cunningham, RN, MS is a founding partner of Case Management Concepts, LLC. She has a 25-year deep working knowledge of case management with specific expertise in denials management, patient flow and the role of the Case Manager and Social Worker in the Case Management process. She has served as a Commissioner on the Commission for Case Management Certification and is a fellow with the Advisory Board.

Bev is also former Vice President Resource Management at Medical City Dallas Hospital where she had responsibility for Case Management, Health Information Management, Patient Access, Physician Integration and Solid Organ Transplant. Prior to her position as Vice President, Bev served as Regional Director of Clinical Effectiveness for Mercy Health Partners, Toledo, Ohio. In this role she directed the Case Management, Quality Management, and Pre-Authorization Departments. She also served eight years as a consultant, assisting hospitals in implementing, evaluating and improving their case management programs. As a Clinical Assistant Professor for the Master of Nursing Program at the University of Oklahoma, she coached students in their clinical practicums. Bev continues to mentor students in a Master's of Healthcare Administration program.

Bev is a well-known speaker in the Case Management field. Her publications include a chapter CMSA's Core Curriculum for Case Management Certification and most recently, co-author of the book, Core Skills for Hospital Case Management. Bev has a BSN from Pittsburg State University, Pittsburg, Kansas and a Master of Science, Nursing Major, from the University of Oklahoma.

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OBJECTIVES

- Item 1: Identify the role of each team member during rounds.
- Item 2: Design a rounding process and documentation.
- Item 3: Explain new and revised case management standards, regulations, and laws put forth by CMS, TJC and the federal government.
- Item 4: Evaluate case management protocols and penalties.

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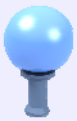
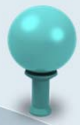
EFFECTIVE CASE MANAGEMENT TEAMS REQUIRE EXCELLENT COMMUNICATION



- Vertical Communication
  - Director or Manager
  - Physician Advisor
  - Case Management Extender
- Horizontal Communication
  - Nursing
  - Attending Physician
  - Hospitalist
  - Radiology
  - Laboratory
  - Pharmacy



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CRUCIAL CONVERSATIONS

- Case Management Department:
  - Hand off between case managers and social workers
  - Handoff between case management department staff and next level of care vendors
  - Nursing unit managers and staff
  - Daily huddles: case manager, nurses, ancillary services

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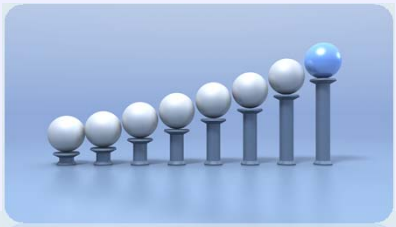

Joint Commission National Patient Safety Goal 2:
Improve the Effectiveness of Communication Among Caregivers

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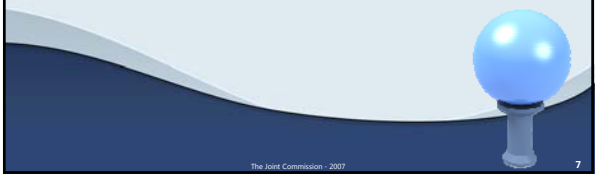
STANDARDIZED HAND OFF PROTOCOLS

- Communication of information that can can take place through a number of modalities
- Can include a written or verbal component

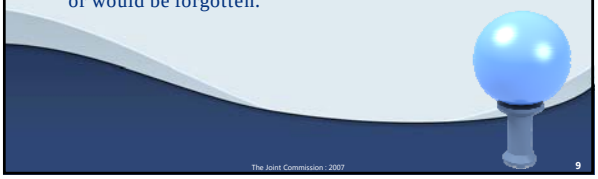


IMPLEMENTATION EXPECTATIONS FOR EFFECTIVE HAND-OFFS

1. Interactive communication allowing for the opportunity for questioning between the giver and receiver of patient information.
2. Up-to-date information regarding the patient's care, treatment and services, condition and any recent or anticipated changes.
3. A process for verification of the received information, including repeat-back or read-back, as appropriate.

IMPLEMENTATION EXPECTATIONS FOR EFFECTIVE HAND-OFFS

4. An opportunity for the receiver of the hand-off information to review relevant patient historical data, which may include previous care, treatment and services.
5. Interruptions during hand-offs are limited to minimize the possibility that information would fail to be conveyed or would be forgotten.



TOOLS FOR EFFECTIVE HAND-OFFS

- Change of shift rounds – Dept. of Nursing
- Teaching rounds –Dept. of Medicine
- Patient care conferences - Interdisciplinary
- Huddles - Interdisciplinary
- Internal patient transfers - Interdisciplinary
- Walking rounds - Interdisciplinary

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PATIENT CARE CONFERENCES

- Used as an adjunct to walking rounds
- Planned when additional information needs to be discussed or shared
- May include family members

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HUDDLES

- Shortened version of patient care rounds
- Typically done in the afternoon as a follow-up to the full rounds done in the morning
- Can be scheduled or impromptu
- Usually attended by staff RN, case manager and physician

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INTERNAL PATIENT TRANSFERS

- Should include hard and soft handoff
- Soft handoff includes written summary and other needed documentation
- Hard handoff includes verbal information exchange

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- Admitting circumstances
- Admitting complaint; diagnosis
- Physician coordinating care
- Date of next scheduled care coordination conference
- Last physician communication
- Family contact; family dynamics

- Discharge plans
- Discharge date
- Discharge barriers
- Payer/funding issues
- Benefit information
- Medical necessity criteria in use
- Delay days identified
- Physician advisor communication
- Multiple consultant issues or strategies

CASE MANAGER AND SOCIAL WORKER HAND-OFF COMMUNICATION POINTS

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WHY WALKING ROUNDS?

- Enables all members of the team caring for the patient to offer individual expertise and contribute to patient care
- Disciplines come together to coordinate care
- Improves communication among and between team members
- Considered best practice by the Institute for Healthcare Improvement (IHI) and The Joint Commission

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STANDARDIZED WORK PARADIGM

I know you'll be able to figure it out. Just get it done the best way you can.

In order to have consistent results we must do things the same way every time.

Center for Patient Safety 16

WALKING PATIENT CARE ROUNDS (BEST PRACTICE ROUNDING)

- Critical to patient flow
- Is not report
- Should focus on
  - In-patient plan of care
  - Expected outcomes of care
  - Barriers to care
  - Transitions in hospital (one level of care to the next)
  - Discharge

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ROUNDS FOCUS – COORDINATION OF CARE

- Coordinate care among disciplines
- Review the patient's current status
- Clarify patient goals and desired outcomes
- Create a comprehensive plan of care

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ROUNDS FOCUS – COMMUNICATION

- Identification of safety risks
- Identification of daily goals
- Patient education
- A consistent approach by all team members

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KEY COMPONENTS TO CONSIDER WHEN DEVELOPING ROUNDS

- Identify and refine your goals for rounds
- Create a structure and stick to it
- Leadership is key – identify the leader of rounds
- Pick a standard time for rounds each day
- Engage with the patient and family
- Measure success

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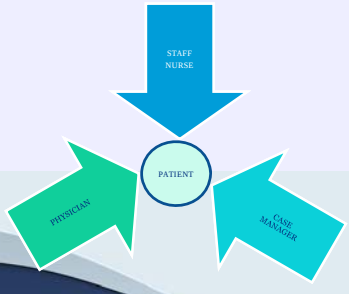
KEY MEMBERS OF THE ROUNDING TEAM



- Minimum staff needed for rounds
- Appropriate staff for huddles

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KEY STRUCTURAL POINTS

- Assign leadership
- Select team participants from interdisciplinary team – appropriate to the unit's clinical specialty
- Be sure team members represent all relevant disciplines
- Restate the focus of rounds with the patient each time
- Develop daily care goals

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STRATEGIES FOR GETTING STARTED

- Leverage existing rounding processes
  - Keep separate from nursing change of shift or teaching rounds
- Seek willing participants
- Start small, test small and often
- Choose one process to focus on at a time

STRATEGIES FOR GETTING STARTED

- Develop and document a daily goal for each patient
- Use a short, simple tool to help guide rounds
- Consider including support staff – Pastoral Care 1- 2 times per week
- Track interventions – get feedback

SEGMENT ROUNDS

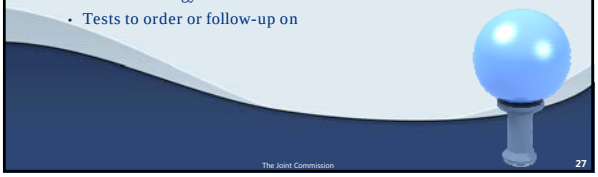
- Segment populations on units to retain consistency among team members
- Use staff nurse as frame of reference
- If rounding with specialty physicians, focus on those patients with that physician – for example heart failure

SCRIPTING

- Standardize key questions
- Write them on the goal sheet or other tool
- Keep academic discussions outside the patient room
- Allow 60 seconds per patient – on the average
- Tell patient you will come back after rounds if he or she has a lot of questions
- Engage support staff for patient requests such as water, tissues, etc.

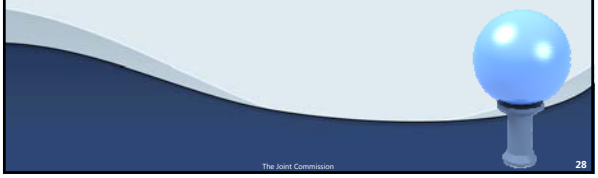
SCRIPTING

- Problem List
  - Any pertinent past medical history
  - Systems-based list of current problems
  - Any invasive tubes / devices
- Expected tasks to be completed
  - Labs/ radiology and what to do about them
  - Tests to order or follow-up on



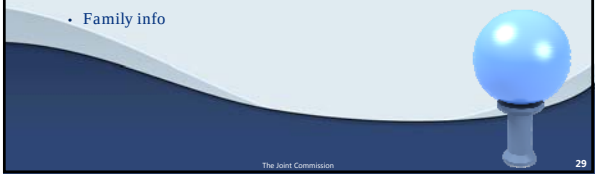
SCRIPTING

- Diagnostic one-liner
  - Includes age, sex, relevant past history related to current problem and current chief complaint/reason for hospitalization
- If/Then
  - Frequent issues to be expected with a plan to resolve in if/then format " if HTN, please give Hydralazine"



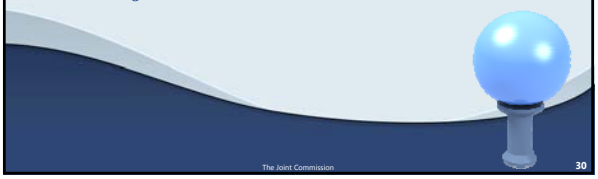
SCRIPTING

- Demographics
  - Name / Medical record number
  - Room number
  - Admission date
  - Primary team
  - Code status
  - Family info



SCRIPTING

- Therapeutics
  - Medications
  - Focus on IV meds and when they can be transitioned to po
  - Diet with any weaning orders
  - Oxygen with weaning instructions
  - Progressive ambulation



SCRIPTING

- Results and other important facts
  - Labs
  - Cultures
  - Radiology test results
  - Consults
- Care Coordination
  - Expected against actual length of stay
  - Any patient care barriers
    - Social
    - Insurance

DAILY GOALS

- Determine the key goals for that day
- Document the goals so they are readily accessible to the care team, and the patient and family
- Provide feedback and reflection on the progress toward the goals every day
- Reset the goals as needed

ENGAGE THE PATIENT AND FAMILY

- Invite families to participate – this can be very powerful
- Orient the family to rounds before inviting them include:
  - Focus
  - Routine
  - Expectations

ENGAGE THE PATIENT AND FAMILY

- Post the day and time of rounds in the patient rooms
- When rounds begin – start with a brief introduction to the patient and family
  - Purpose
  - Time
  - Encourage participation

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PROVIDER

Pre-Rounds	Rounds	Post-Rounds
• Listen to last 24 hour patient update • Discuss working diagnosis • Enter any patient orders • Review preliminary plan for discharge, meds, test	• Sit next to patient • Introduce team – name and discipline • Interview patient. Get their story • Discuss plan of care, test results, next steps, other recommendations • Answer any questions	• Enter orders, clarify and issues • Enter progress notes, or dictation • Call consulting physicians, family regarding test results • Summarize expectations to team members

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RESIDENT

Pre-Rounds	Rounds	Post-Rounds
• Present patient case to attending physician / team • Update team on patient conditions • Give recommendations for plan of care • Enter any orders, including medications	• Support attending physician during assessment • Help answer any questions	• Enter orders as needed for patients • Enter progress notes • Call consulting physicians as directed by attending • Discuss med rec with pharmacist

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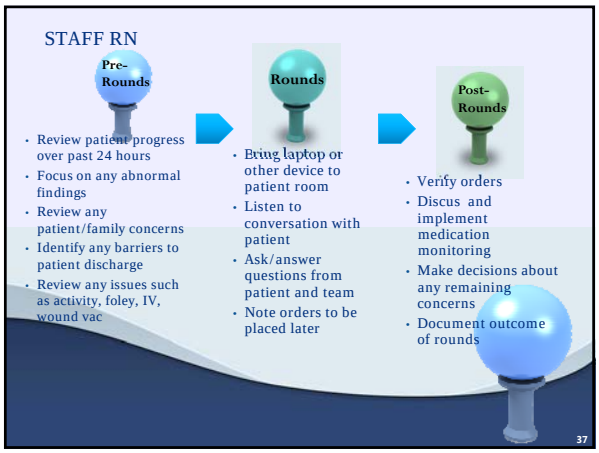
STAFF RN
Pre-Rounds
Rounds
Post-Rounds
• Review patient progress over past 24 hours
• Focus on any abnormal findings
• Review any patient/family concerns
• Identify any barriers to patient discharge
• Review any issues such as activity, foley, IV, wound vac
• Bring laptop or other device to patient room
• Listen to conversation with patient
• Ask/answer questions from patient and team
• Note orders to be placed later
• Verify orders
• Discus and implement medication monitoring
• Make decisions about any remaining concerns
• Document outcome of rounds
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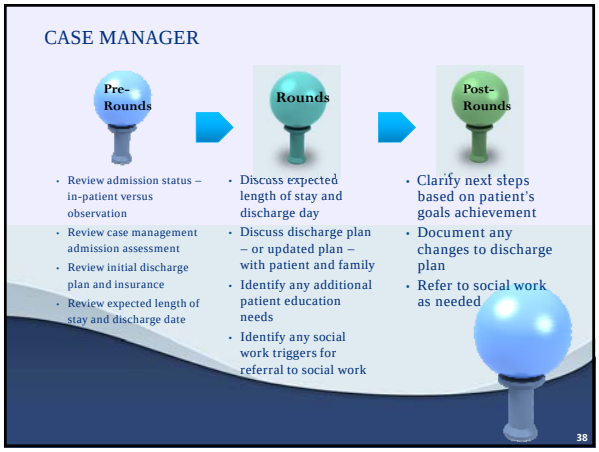
CASE MANAGER
Pre-Rounds
Rounds
Post-Rounds
• Review admission status – in-patient versus observation
• Review case management admission assessment
• Review initial discharge plan and insurance
• Review expected length of stay and discharge date
• Discuss expected length of stay and discharge day
• Discuss discharge plan – or updated plan – with patient and family
• Identify any additional patient education needs
• Identify any social work triggers for referral to social work
• Clarify next steps based on patient's goals achievement
• Document any changes to discharge plan
• Refer to social work as needed
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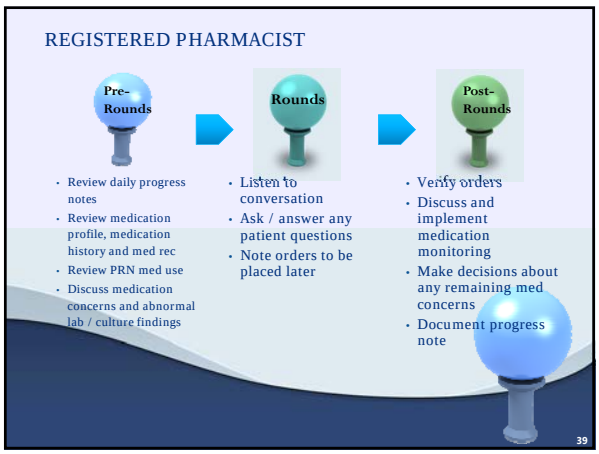
REGISTERED PHARMACIST
Pre-Rounds
Rounds
Post-Rounds
• Review daily progress notes
• Review medication profile, medication history and med rec
• Review PRN med use
• Discuss medication concerns and abnormal lab / culture findings
• Listen to conversation
• Ask / answer any patient questions
• Note orders to be placed later
• Verify orders
• Discuss and implement medication monitoring
• Make decisions about any remaining med concerns
• Document progress note
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CLINICAL DOCUMENTATION IMPROVEMENT SPECIALIST

- Review patient information in medical record
- Listen to overview of patient

- Listen to patient status
- Consider any questions to ask physician

- Clarify and identify any additional diagnoses / conditions – query if needed
- Review physician documentation for accuracy
- Provide any needed physician education

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TALKING POINTS FOR INTERDISCIPLINARY ROUNDS

GENERAL INFORMATION REGARDING ROUNDS

- Rounds must occur daily Monday through Friday at a consistent time
- All critical members of the interdisciplinary team are expected to attend
- The physician and nurse manager will facilitate rounds

PROCESS FOR ROUNDS:

Each person participating has talking points

- Physician/nurse should discuss:

- The plan of care
- The expected outcomes of care
- The expected length of stay
- Discharge plan
- Barriers to care

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Case manager should discuss:
- Status of discharge plan
- Barriers to care and to discharge
- Any reimbursement issues
- The expected length of stay

Social worker should discuss:
- Any psychosocial issues
- Any barriers to discharge

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Respiratory Therapy/Physical Therapy/Nutrition

Should discuss:

- Any interventions and goals of care
- Any barriers to care

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WALKING ROUNDS CHECK-LIST

	Person/Role Responsible for Reporting	Status	Action Plan/Follow Up Items
Patient Name			
Date and Day of Week			
Attending in charge and Team	MD/PA		
Identified surrogate/caregiver (if needed)	MD/PA		
Goals of care (aggressive/palliative/unknown/other)	MD/PA		
Expected discharge disposition	CM/SW		

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WALKING ROUNDS CHECK-LIST

Out of bed in prior 24 hours? Walking? If not, why not?	RN		
Catheters/IVs/Pressure injuries/Nutritional Status	RN		
Working DRG/Diagnosis	MD/PA		
Expected LOS	MD/PA		
Day of hospitalization	CM/SW		
Expected discharge date	MD/PA		
What happened in prior 24 hours	MD/RN		

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WALKING ROUNDS CHECK-LIST

Plan for next 24 hours. What can we expedite? What can be done as outpatient?	MD/PA		
Pending results of tests and consults? How will they impact on plan?	MD/PA		
Medication review: All current meds. Convert to PO? Discontinue? Home infusion?	MD/PA/Pharmacist		
Barriers to next level of care/discharge? (clinical, functional, social, economic)	MD/SW/CM/RN/PA		

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IMPACT OF INTERDISCIPLINARY CARE ROUNDS

- Improved communication and teamwork across caregivers
- Reduced duplication and redundancy
- Reduced length of stay
- Improved patient flow
- Reduced errors
- Expedited discharge planning
- Increased collaboration and satisfaction among all members of the team

MEASURES NEEDED TO HOLD THE GAIN

- Number of days per week that rounds occur
- Number of disciplines involved
- Percentage of patients with a documented daily goal in their record

OUTCOME MEASURES

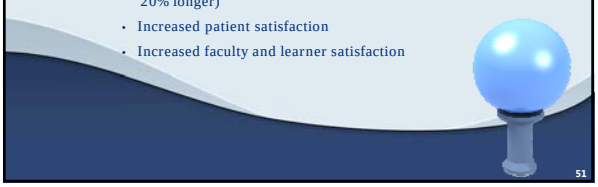
- Length of stay
- ICU patient days
- Ventilator days
- Number of pharmacy changes such as discontinuing antibiotics
- Patient and family satisfaction
- Number of discharge delays

SUCCESS STORIES

Cincinnati Children's Hospital Medical Center (Cincinnati, OH)

Post implementation

- Staff, including bedside nurses, feel more knowledgeable about the care plan
- Order errors decreased from 9% to 1%
- Decreased overall daily time per patient (however, rounding took 20% longer)
- Increased patient satisfaction
- Increased faculty and learner satisfaction



SUCCESS STORIES

Concord Hospital Cardiac Surgery Program (Concord, New Hampshire)

Post implementation

- Decreased mortality by 50%
- Increased patient satisfaction to 99th percentile
- Improved staff satisfaction

MCG Health, Child and Adult Services (Augusta, Georgia)

3 years post implementation

- Improved patient satisfaction from 10th to 95th percentile
- Decreased LOS by 50%
- Decreased RN vacancy rate from 8% to 0%
- Increased faculty and learner satisfaction

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ULTIMATE GOALS

- Aim to understand and reduce variation
- Highlight the handoff as the transfer of professional responsibility
- Detect and correct vulnerabilities in the handoff

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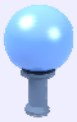
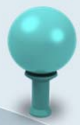
INTERDISCIPLINARY ROUNDS



- Should not be seen as MORE work.



- Should be seen as THE work!

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"Patient-centeredness" is a dimension of health care quality in its own right... Its proper incorporation into new health care designs will involve some radical, unfamiliar, an disruptive shifts in control and power, out of the hands of those who give care and into the hands of those who receive it.

- -- Don Berwick, IHI

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Thank you for Attending! Any Questions?

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