How do they do that: Rounding Edition...

UNC: Back to the bedside with patient focused and resident led “Bedside Rounding”

How our residents led a movement to change culture....

Presented by: Debra L.Bynum, MD, MMEL

Led by our agents of change:
Tony Mazzella, MD (chief resident)
Rosanne Tiller, MD (chief resident)
Katie Haroldson, MD (PGY 2)
Heath Patel, MD, MBA (PGY 2)

UNC: The problem with rounds....

- Too many complicated patients
- Patients not involved in care decisions
- Rushed rounds, yet still lengthy and inefficient...REDUNDANT hallway discussions behind closed doors...
- No time for teaching, during or after rounds...
- Varied styles (with some attendings “holding the team hostage”)
  - Long rounds
  - Faculty unprepared and expecting to be spoon fed....
Bedside rounding....

• Inspired by Drs. Weise and Bordley and their work, work done by many other institutions presented at AAIM....

• It all began last year.... At AAIM.... With my rising chief residents....

• *This has to change.... We have to change how rounds are done.... We need to do bedside rounding....*

Do you want to see bedside rounds implemented at UNC?

<table>
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<th></th>
<th>Residents</th>
<th>Attendings</th>
<th>Nurses</th>
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<td>49%</td>
<td>71%</td>
<td>58%</td>
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<tr>
<td>No</td>
<td>51%</td>
<td>29%</td>
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**Why Not?**
- Time
- Medical Sensitivity
- Patient Satisfaction
- Educational Impact
Reduction in average rounding time per patient: 2'23" (95% CI 1'14" to 3'15", p < 0.0001)

Increased face time with patients: 1'48" (95% CI 1'06" to 2'24", p < 0.0001)

"FaceTime Fraction"
40.2% -> 69.6%
Resident buy in....next steps

• ACGME Back to the Bedside grant

• Chief residents and resident leaders and “change agents”

• DOM leadership buy in (improving face time with patients....)

• Patient satisfaction issue: involved patient panel from the beginning

• DOM and patient panel buy in led to UNC Health care system and total buy in..... Answer to all of our questions became “what do you need?”....
  • COWS
  • Stools
  • Money for video and instructional materials
  • Project manager
  • Patient panel

• What we did....

  • Not novel, but brought together a lot of what other hospitals and programs have done....

  • Developed a system, face sheets, materials
  • Created a handbook and video
  • Coached and gave feedback and listened to concerns and re-did...
**Tips to Bedside Rounding**

- 1. Everyone comes prepared for rounds

- 2. OK not to round as team on all patients

- 3. Pre round huddle (plan for rounds and day, touch base with nursing and case management)

- 4. Face sheets (team, roles, purpose of rounds)

- 5. Faculty Development and Resident Education (book, cheat sheets, video, coaching and feedback, scripts)

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**Tips....**

- 6. How to...
  
  - Introduce team and role of each person, including other intern entering orders as team talks with patient
  
  - SIT, and sit facing patient and resident and attending
  
  - Talk to patient and team (student or intern leads discussion)
  
  - Give FULL but problem based presentations
  
  - Teaching: YES! Include the patient...
  
  - This is not the time for family discussions, breaking bad news, etc
    - Scripts to come back later...
    - Or decide during huddle to not team round on this patient
IMPLEMENTING PATIENT CENTERED MULTIDISCIPLINARY BEDSIDE ROUNDS

January 2018—DRAFT COPY

Back to Bedside

UNC School of Medicine
UNC Health Care

Bedside Rounding Cheat Sheet: Physicians

Communication between daily rounding teams and patients on the medicine wards is ineffective. This is a result of numerous issues including: redundancy in the discussion of clinical data, paucity of meaningful face time with the patients, inadequate patient engagement in their plan of care, and deficiency in a multidisciplinary presence during daily rounds. These factors propagate patients’ sense of vulnerability and a decreased sense of meaning in care. This project was developed to target the aforementioned problems with the current rounding system by reorienting traditional rounding styles to multidisciplinary bedside rounds and including a vital member of the team: the patient.

All team members familiarize themselves with new patients before rounds begin

Notify Charge RN & Case Manager of pre-rounds huddle

Pre-Rounds Huddle in team work room

- Ensure consults have been paged out
- Determine which patients will be rounded on as a team (usually about 80% of a teams’ panel of patients), and which patients will be seen by the attending and residents separately (usually about 20% of patients)
- Discuss discharges with case managers
- Charge nurse updated on approximately what time team will be returning to primary regionalized unit
- Determine rounding order (which patients will be seen first?)
  - New patients, sick or decompensating patients, and discharges should be prioritized to be seen first

Notify HUC when your team is starting rounds in your primary unit

Locate Primary RN before entering patients room (voicer, medical student, charge nurse, call bell are all options to help find them)

In each patient’s room:
- Introduce bedside rounding format and team members, deliver FacSheet
- Present clinical data in an assessment and plan format
- Update whiteboard (medical student or nurse)

Return mobile workstation to designated home on primary unit

Plug in mobile workstation

Names and Faces of your Doctors

Dr. Muddasir Azar
Resident

Dr. Mary Beth Koethe
Resident Physician

Dr. Anna Griffith
Resident

Dr. Joshua Hudson
Intern Physician

Dr. Elizabeth Deans
Intern Physician

Our Roles and Rounds Structure

Welcome to UNC Hospital and our General Medicine team!

During your stay, you will have a team of doctors caring for you which includes Residents, Interns and Attending Physicians.

Resident physician: are the team leaders that oversee your care and supervise the interns and medical students.

Intern physician: will actively participate in all aspects of your care and he/she may start to see you as early as 7:00 am and examine you as they make the plan for the day.

Attending physician: reviews treatment plans with the team and will see you every day.

The team meets at 8:30 am to start the rounds for their entire patient panel (which can be up to 20 patients in different units). Between 8:30 and 11 am the entire team including the residents, interns and attending physicians will walk to your bedside to update you on test results and engage you in the plan for the day. If there are no major changes in your care plan, then the team members may see you after 11 am.
Lessons Learned

Bring together what others have done

- Build upon what you learn at AAIM and from leaders in our field
Getting Buy in is essential...

- What matters to residents: time, efficiency, teaching
- What matters to DOM leadership: Patient focused changes for UNC
- What matters to health care leadership: patient satisfaction, efficiency
- What matters to patients: inclusion in care decisions

Resident Driven Change is essential....

- NOT Top down... Why I failed to get attendings to change to bedside rounding 2 years ago but am succeeding now....
- Chief residents and resident leaders have moved this forward incredibly quickly (October to February... )
- The Open Organization (Jim Whitehurst, CEO Red Hat)
  - Igniting Passion
  - Building engagement
  - Making inclusive decisions
  - Catalyzing Direction
The Team.....

• Audio link to video introduction...

• Multidisciplinary bedside rounding instructional video

• Multidisciplinary bedside rounding handbook

• A BIG Thank you to Dr. Ron Falk, Chair of the UNC DOM, for his support and guidance

• Congratulations to the team for the NC state chapter ACP meeting winning poster!

Bedside Rounds and the FaceTime Fraction: Making Rounds Shorter while Increasing Patient-Physician Interaction
Kathryn Haroldson, MD, MPP; Anthony Mazzella, MD; Rosanne Tiller, MD; Hitesh Patel, MD, MBA; Debra Bynum, MD, MMEL
Department of Internal Medicine, University of North Carolina Hospitals

Take Home Points
Bedside rounding improves efficiency, decreases overall rounding time, and increases patient-physician interaction time (FaceTime Fraction)

Bedside rounding is a technique that requires preparation by and education of all team members in order to be successful

Methods
• The current rounding system on inpatient medicine wards is ineffective, repetitive, and not patient-focused
• Rounding strategies lack efficiency, but residents worry that bedside rounds would be too lengthy
• By restructuring rounds to focus more on the patient, we aimed to increase the team’s productivity and patient participation in their care

Results
• Average time spent per patient encounter decreased from 11’45” to 9’22” (p<0.0001), with an average increase in time spent with the patient from 4’07” to 6’31” (p<0.0001)
• FaceTime Fraction, or the fraction of time spent in front of a patient compared to the total time spent discussing the patient, increased from 40.2% to 69.6%

Discussion
• Bedside rounding decreased total rounding time while increasing amount of time spent with patients
• Positive feedback from physicians, nurses, and perhaps most importantly, patients
• Need for standardization of process and education of faculty, residents, students, and team members has become evident
• Currently developing educational materials: informational packet/instructional video

Figure 1: Time-Motion Study Results
Scan code to obtain access to UNC Bedside Rounding Educational Booklet and informational videos

Next Steps
• Satisfaction surveys for residents, attendings, nursing, and patients
• Implementation of rounding strategy across the healthcare system to all teams
Multidisciplinary Rounding Project Team

Department of Medicine Physician Leadership Team

- Katie Haroldson, MD & Heath Patel, MD, PGY2 Residents, UNC Hospitals
- Tony Mazzella, MD & Rosanne Tiller, MD, Chief Resident Physicians, Department of Medicine, UNC School of Medicine
- Debra Bynum, MD, Program Director, Internal Medicine Residency, UNC School of Medicine

Key Stakeholders – Additional Team Members

- Tom Caffey & Kristen Morrison, Operational Efficiency Improvement Coaches
- Loretta Muss, Coordinator, NC Cancer Hospital Patient & Family Advisory Board
- Nikia Smith, BSN, RN, NE-BC, Nurse Manager, 8 Bedtower, UNC Hospitals
- Eric Wolak, MSN, MHA, RN, NEA-BC, Director of Medicine & Oncology Services, UNC Hospitals
- Suzanne Herman, System Executive Director Customer Experience, UNC Health Care
- Shane Rogers, Director, Patient Relations, UNC Hospitals
- Patient Advisors
- Lila Stanton, Administrative Fellow, UNC Hospitals

Executive Sponsorship

- Ron Falk, MD, Chairman, Department of Medicine, UNC School of Medicine
- Janet Hadar, Senior Vice President of Operations, UNC Hospitals and Clinics