



Solution

What...

Communication is essential to safe, trusted patient care, and optimal colleague relationships. One way to improve communication for patients, nurses and physicians is to recommit to the time-tested practice of nurses joining physicians during patient rounds.

Why

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- ▶ Improved patients' clinical outcomes, lower lengths of stay, higher patient engagement, compliance, and satisfaction with care received.
- ▶ Improved patients' perception of teamwork, trust, and both nursing and physician communication.
- ▶ Nurses and physicians report higher satisfaction with their work in having a respectful partnership with the physician in care decisions, as well as fewer phone calls to clarify orders or direction.
- ▶ Both nurses and physicians believe collegiality has improved by this practice.

How...

Each organization, unit, and maybe even provider/nurse dyad must determine the best cadence and process for conducting joint patient rounds.

Typically, a team of clinicians can best champion the efforts to make these determinations, implement the practice, and then evaluate and improve it over time:


"Emphasis should be placed on breaking down silos and working together, patients don't know how connected we are in care delivery...we need to do a better job of explaining the communication process to the patient. They can't be sure unless we tell them."

-Christy Dempsey, MSN, RN, MBA, CNOR, CENP, Chief Nursing Officer, Press Ganey.



Here is a standard process for each provider/nurse rounding encounter:

- ▶ Introductions are made, including the patient's family and visitors. The patient decides if family &/or visitors stay in the room during this encounter.
- ▶ The provider (and nurse if there are enough chairs) should sit near the patient for a majority of the visit. Patients' perception of "listening" changes significantly when caregivers are engaging at eye level and not looking down on them.
- ▶ The provider rounds are conducted (could utilize a standardized approach for all providers such as **The P.A.T.I.E.N.T.© Format**:
 - P** Plan of care discussed with the patient and family.
 - A** Anticipated discharge/transfer is reviewed with the patient and family.
 - T** Tests/diagnostic results are discussed with the patient and family.
 - I** Issues/concerns identified by the patient are resolved.
 - E** Explanation of medications, diagnosis, and prognosis with the patient and family.
 - N** Nurse provides feedback regarding assessment and pain control.
 - T** Thank the patient and encourage the patient and family to write down questions.
- ▶ At the end of the visit, the provider asks, "Is there anything else we can get you before we leave? Do you have any further questions for us?"
- ▶ The provider and nurse thank the patient for entrusting their care to them.



*“ It's important to be a united front for the patient's
plan of care.”*

- Josalyn Meyer



TIPS FOR SUCCESS

- ▶ Standardize physician/provider rounding time when possible so that nursing staff can also prioritize these joint rounding activities during this time.
- ▶ While implementing or improving this practice, consider training needs for providers and nurses on applicable and helpful “positive communication standards” (e.g, managing up, banning blame, narrating care, etc.)
- ▶ Provide instruction on provider/nurse rounding as part of the new hire orientation program for new providers and new nurses.
- ▶ Best Practice from Chandler Regional Medical Center, Dignity Health - They created a branded name for this practice: “No Doc Rounds Alone.”:

