



APPLYING PATIENT- AND FAMILY-CENTERED CONCEPTS TO BEDSIDE ROUNDS

The manner in which rounds are conducted is changing. Increasingly staff and faculty are including patients and families in the process of rounds. The following serve as guidelines for conducting rounds to accomplish a variety of purposes successfully within a context of respect and support for patients and their families.

- ▼ Develop practices for the process of rounds that respect privacy and confidentiality.
 - Think through the definitions of privacy and confidentiality and the implications for rounds.
 - In order to comply with HIPAA regulations especially when conducting rounds in semi-private or multi-bed rooms, a hospital or a clinical unit should have a written philosophy of care that acknowledges the importance of patient and family access to information and affirms that their participation in care planning and decision-making is essential to the best clinical outcomes and to quality, safe, equitable health care. This statement documents that patient and family participation in rounds is standard operating procedure.
 - The term “family” is broadly defined. Ask the patient at the beginning of a hospital stay to define his/her family and how they will be involved in care and decision-making. The patient should be asked to identify family members who should or should not be included in these discussions. For patients who are not able to participate in planning and decision-making, family members should be asked.
 - In addition, at the beginning of a hospital stay, ask the patient and family if there are key issues that should be protected.
 - Include information about the hospital’s policy regarding patient and family participation in rounds on routine consent forms. This provides an opportunity to encourage patients and families to take an active role in their health care and to tell them of the possibility of incidental disclosures.
 - Consider adaptations in the configuration of the unit or patient rooms that might enhance privacy.
- ▼ Structure the format and setting for planning and teaching clinical care so that bedside rounds are used in a way that addresses the needs and priorities of all constituencies—patients, families, staff, physicians-in-training, and faculty. Separate “sit down” rounds or

other teaching formats may be more appropriate for some aspects of education and daily communication about patients and, thus, can be targeted more specifically for students and residents. Use a tool or checklist to ensure rounds are patient- and family-centered and done consistently.

- ▼ Decide and clarify whether this is the primary time for the patient or family to ask questions and obtain information.
 - If this is **not** the primary time for this communication, determine the alternatives.
 - If this **is** the primary time for communicating with patients and families, consider the timing of rounds and its convenience to families.
- ▼ Consider the process of rounds as an opportunity to model open communication and clear and supportive language with patients, families, and health professionals from all disciplines.
 - Set a tone from the beginning that everyone is a learner.
 - Avoid language that is patronizing ... “my unit ... ”
 - Convey respect for the individuality, capacities, and vulnerability of each patient.
 - Convey respect for patients and families and acknowledge them as members of the care team. Include them in the rounding process. Affirm the positive contributions that patients and families can make to care planning and decision-making.
 - Do not use a family’s participation in rounds as a way to evaluate “family involvement.”
- ▼ Briefly explain the purpose of rounds to the patient and family—clarifying whether the purpose is primarily teaching or the coordination of clinical care or both.
 - In addition, at the time of admission, have staff or patient/family advisors prepare patients and families for the way that rounds are done. Written or audiovisual materials may be helpful as well.
 - Ask families if they may need to participate virtually
 - Choose the appropriate language, topics, and level of detail to use at the bedside. Provide interpreter services as needed.
 - Greet the patient and family upon entering the room. When necessary, remind students and professionals-in-training to greet the patient and family.
 - In discussions with the rounding team, refer to the patient or family by name, rather than as a disease, or a room number, or Mom or Dad. Avoid discussing the patient in the third person.
 - When the patient’s condition permits, help the patient in bed to be at eye level with the rounding team.

- Ask for insights and observations from the patient, when the patient’s condition permits, and from the family. These questions could relate to the patient’s condition and treatment or they could focus on other kinds of issues, such as preparing for the transition to care at home or in the community.
- Before examining the patient during rounds, ask the patient and/or family if this is an appropriate time.
- Provide patients and families with an opportunity to debrief or process what they have heard on rounds.
- When leaving, ask if the patient or family have questions. If they do, either respond to them then or have a plan as to how to respond to them later.

▼ Choose language that sets the tone for partnership.

- Introducing the concept of rounds as part of the admission process:

During your hospital stay, Mrs. Brown, doctors, nurses, and other health care providers spend time together as a team to plan and coordinate your care. You and, if you wish, your family are a very important part of this team. We call the process “rounds.” You can decide how you will be involved in rounds, and if there are sensitive issues that we should not discuss in your room.

Rounds is a time for you to receive and share information about your care. It is not the only time that you can talk with us about your care.

Rounds is sometimes a time for teaching residents and students. You can help us in teaching. Rounds is a time of learning for everyone. You will learn things about care. You can ask that the teaching time be limited if you wish. Sometimes teaching rounds involves a physical exam. You can also ask for this exam to be delayed or limited.

Sometimes doctors make rounds very early, around 6 a.m. Do you want to be awakened? If you wish to sleep, you can leave us a note with questions or with information that you would like us to have.

Are there family members or a friend who you would like to be with you during rounds or spend time with you in the hospital and help you when you go home?

You and your family are very important members of your health care team ... partners in care and decision-making. Your observations, concerns, and preferences will help us make the best decisions together.

We have shared rooms on this unit. We ask all of our staff and doctors, as well as our patients and families to respect the privacy of each patient. You may hear things about other patients during your hospital stay. We ask you to respect their privacy as we try to respect yours.

- Suggestions for the conversation during bedside rounds:

Good morning, Mrs. Brown. Mr. Brown we are glad you are here today. I am Dr. Jones, the doctor following Mrs. Brown's care. There are other members of the team who will introduce themselves ... I am Susan Blake, the unit nurse manager; I am Dr. Hernandez, the resident; I am Christine Woo, the medical student; I am Dr. Jenkins, the attending doctor; and we have already met, I am Meredith, the nurse who will be taking care of you today.

We are going to talk now about the changes that were made yesterday and you can help us understand how things went and how you are feeling today. Before we begin, do you have any concerns and worries that you want us to discuss first.

Mrs. Brown, you are a 68-year-old woman, who was admitted three days ago with pneumonia and high blood pressure. You have had a fever for the last 24 hours. You are receiving 2 liters of nasal oxygen and IV Ceftriaxone to treat your pneumonia. How is your breathing today? We have added a new medication for your blood pressure...Benazepril. Have you noticed any difference since you started taking Benazepril?

Yesterday we stopped giving you extra IV fluids. Are you eating and drinking now? You have been getting a regular diet. Is that correct, Mrs. Brown?

Let's review the plan for the day. You will be getting a chest x-ray. We will wean you off the oxygen. Let us know if you get short-winded or have trouble breathing.

Mrs. Brown, we think you may be able to go home tomorrow. As we discussed earlier this week, we want to see that your temperature stays down, and that you are comfortable without oxygen before you go home. Let's see how you do today without the nasal oxygen. Tell your nurse how you feel when you walk to the bathroom. Have you ever had a pneumovax, a vaccine to prevent pneumonia? It will be important for you to have this vaccine before you go home to prevent pneumonia in the future. We will also make plans for you to follow-up with your regular physician to make sure that you are doing well.

Have we addressed your worries and concerns? Are there goals that you would like to accomplish before you go home?

Were there any glitches in care yesterday? Any ways that we could have improved care?

In teaching rounds: Thank you for helping with our teaching process OR Thank you for letting our medical student listen to your lungs.

If the patient or family asks many questions or a question requiring a response that will take considerable time, one possible response is: That is a really good question that will take more time than I have right now. I can come back when we finish rounds about 9:30. Will that work for you? OR A nurse or one of the other physicians will come back and discuss this issue with you.

Resources

In 2014, IPFCC launched the *Better Together: Partnering with Families* campaign calling on all hospitals to welcome families 24 hours a day and to transform their approach to care so that patients' families and loved ones are included in care and decision-making, according to patient preferences. IPFCC developed a toolkit of resources hospitals can use to make this culture shift. It includes sample policies, guides, videos, and case studies of how exemplar hospitals successfully changed their policies to welcome families. For more information and additional resources (e.g., Rounds References list), visit IPFCC's website PFCC Best Practices section at <https://www.ipfcc.org/bestpractices/supporting-family-presence/index.html>.