Implementation of Family-Centered Rounds (FCR) at an Academic Children's Hospital

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Goals of Presentation

1. To review key concepts of FCR
2. To describe one institution's experience during the first year of implementation of FCR
3. To present preliminary evaluation of FCR including feedback from families & residents
4. To acknowledge ongoing challenges associated with FCR in a teaching hospital

Background

- FCR are recognized as an important part of family-centered care by the American Academy of Pediatrics and the Institute of Medicine.

- Key values of FCR include:
  - Structured partnership between patient/family and medical team
  - Active participation of patient and family in rounds discussion and decision-making process
  - Interdisciplinary involvement

Origin of FCR at Johns Hopkins Children's Center (JHCC)

- 2006: JHCC Family-Centered Care Initiative
- 2008: Family-as-faculty group asked the chief resident to consider implementing FCR
- FCR viewed as a systems-based approach to improve communication and care coordination

Prior Rounding Practices on General Pediatric Teams

- Work/teaching rounds were conducted in conference rooms on each floor
  - Lead by SARs; interns and/or medical students presented the patients
  - Teams announced they were rounding and were sometimes joined by nurses and case managers
  - All communication between care providers and patients/families took place outside of rounds

FCR in JHCC

- March 2008:
  - Chief resident organized a multidisciplinary open forum to introduce the idea of FCR
  - FCR initiated on 2 general pediatric inpatient services
    - Piloted on infant-toddler unit
    - Residents and nurses notified of pilot
    - Cards used to identify participating families
    - Written bedside communication folder
    - Training included review of FCR videos (Cincinnati)
- Despite initial enthusiasm, rounding practices were inconsistent and concern was expressed over lack of clarity of process

FCR in JHCC

- July 2008: Structured approach to FCR
  - Multidisciplinary team: nurses, parent representative, physicians, social workers, child-life specialists
  - Weekly team meetings
  - Revisions made according to input from different disciplines
- Sept 2008: FCR expanded to school-age, adolescent, and clinical research units

Process of FCR in JHCC

- Before rounds:
  - Admitting nurse describes FCR to patient/family, provides them with a written introductory letter, and invites them to participate
  - Medical student and/or intern confirms patient's/family's desire to participate each day while pre-rounding

Training Curriculum for FCR in JHCC

- Training for care team members includes:
  - Review of videos (Cincinnati)
  - Written process document with defined roles
  - Monthly resident orientations
  - In-services for nurses
  - Medical student teaching sessions
  - Multidisciplinary noon conferences

Preliminary Evaluation

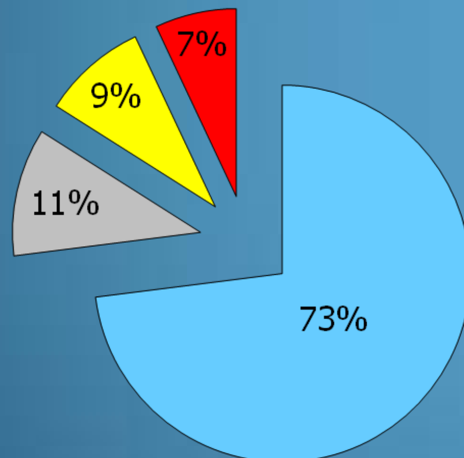
- Structured observation of rounds
- Interviews of participating families by FCR parent representative
- Resident feedback via solicitation by e-mail and focus groups

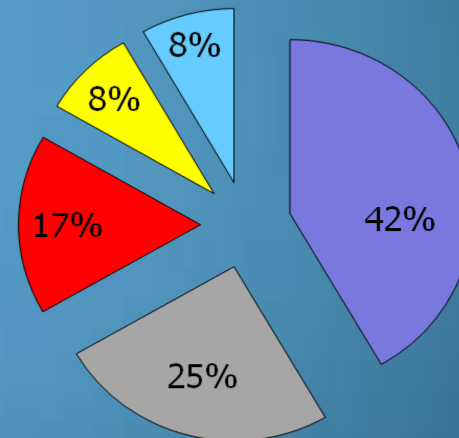
Preliminary Data on Caregiver Participation

- Information collected via structured observations on 3 different days of the week over a 3 week period
- Sample: 45/67 (67%) of patients on 2 general pediatric teams had a caregiver present and were eligible for participation

Preliminary Data on Caregiver Participation in JHCC

- 33/45 (73%) of caregivers present chose to participate in FCR





Preliminary Data on Caregiver Participation at JHCC

- 29/33 (88%) of participating caregivers modified and/or added to the information discussed during FCR.
- 18/33 (57%) of participating caretakers asked questions during FCR.
- 100% of questions asked by caretakers during rounds were addressed by the team.

Family Feedback

- In-person semi-structured interviews conducted by FCR parent representative of convenience sample of participating families

Quotes from Patients & Families

- "I always wondered what they were talking about out there. It's great that I'm included now."
- "I have to go. I see the doctors getting ready to go inside my child's room. I don't want to miss rounds."
- "I like hearing the words they say. When I hear them over and over, they become familiar and I understand things better."
- "At first, I can choose to observe, and then when I feel more comfortable, I can take on a more active role."

Resident Feedback

- Collected via e-mail and focus groups

Positive Feedback from Residents

- “Beneficial in creating more of team/collaborative environment”
- “Very helpful in relaying the daily plan to patients and families in a timely manner”
- “Helps uncover details that may otherwise be missed”
- “Helps with nurse communication”
- “It can slow down rounds, but probably saves a lot of time in the end”
- “More opportunities for bed-side teaching”

Concerns from Residents

- "Makes rounds a lot longer because we get asked a lot of questions and have to translate our medical jargon into regular language"
- "Challenging when medical students are presenting because you're never sure what they're going to say"
- "Decreases opportunities for students and interns to learn how to give concise, medically-oriented presentations"
- "Makes teaching on rounds harder because of all the distractions in the hallways and rooms and because of time constraints"
- "Feels like we're being judged when we can't do it on every patient every day"

Challenges of FCR at JHCC

- Time constraints
- Limited physical space in hallways and patient rooms
- Feasibility of involving bedside nurse
- Increasing parent participation
- Multidisciplinary communication and partnerships
- Infection control issues
- Balancing autonomy of adolescent patients with parental involvement
- Addressing sensitive issues
- Maintaining patient confidentiality
- Ongoing training for rotating residents and students
- Impact on resident and medical student education

Lessons Learned

- Successful implementation of FCR requires an organized multidisciplinary approach with ongoing education, monitoring, evaluation, and revision.
- Need for leadership from different disciplines and input from families
- While FCR appears beneficial for families, the impact on medical education needs to be further studied.

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Thoughts?