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## BACKGROUND

**Family centered rounds (FCRs)** are a form of rounding where the team has its initial discussion regarding the patient's care in the room with the family.

FCRs are associated with improved communication, family satisfaction and team integration. For example, *91% of parents report that being present for FCRs gave them more confidence in the medical team*<sup>1</sup>. It was noted that hospitalist teams in the UT Pediatrics program rarely use the FCR format.

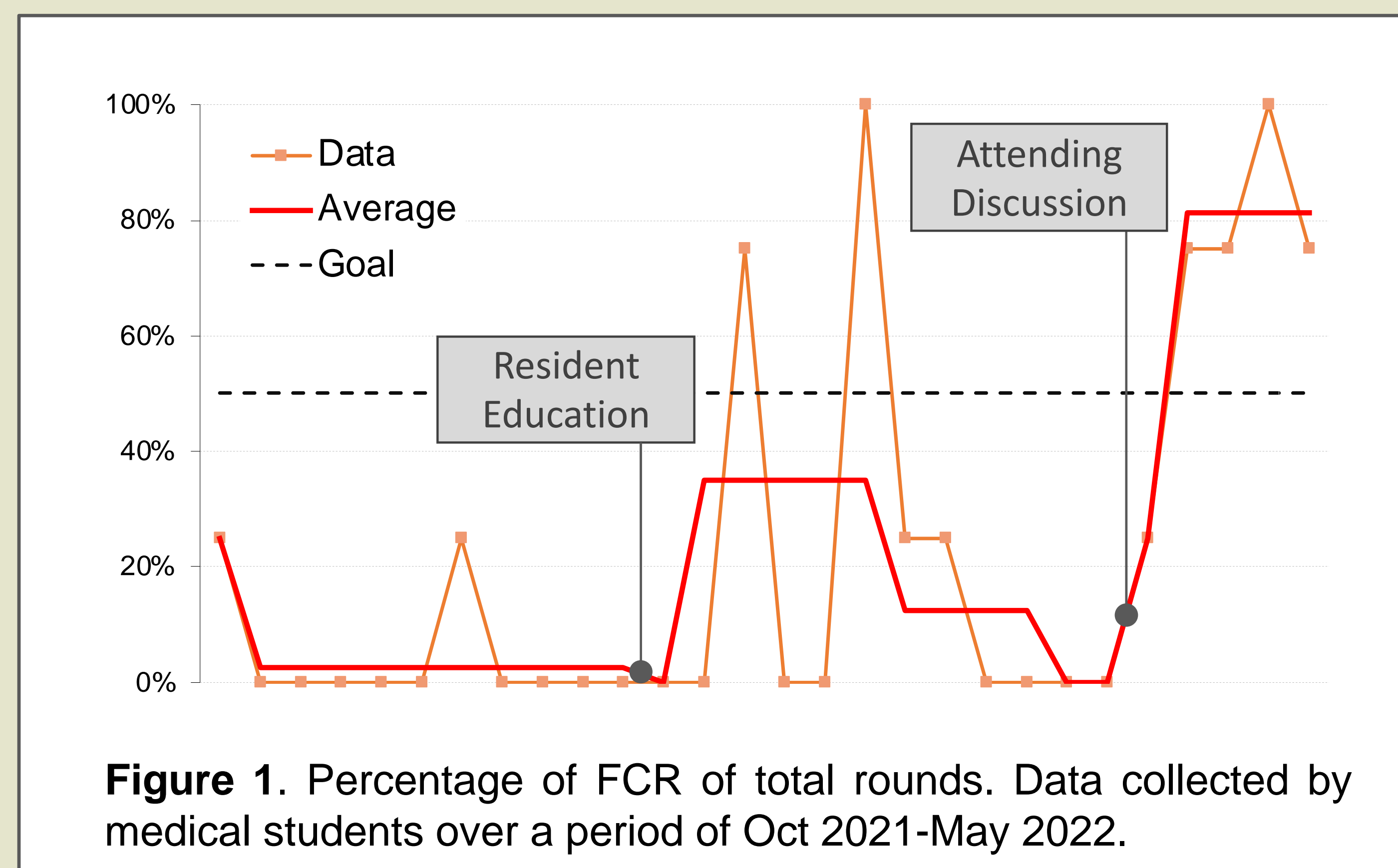
**Benefits to patient care:** Improve family satisfaction and patients' medical management at our program by incorporating this form of rounding that is standard of care in pediatrics.

**Project description:** The objective is to identify barriers to FCR, optimize an intervention, with a long-term goal of changing the culture at our program. We anticipate this will improve the quality of our medical care, communication, rounding efficiency and the residents' training.

**AIM:** To sustainably increase FCRs from a baseline of 4% to a majority practice (>50%) on the UT Pediatrics hospitalist teams, over 2 years.

## METHODS and RESULTS

**Baseline data:** Medical students were recruited as secret shoppers. At baseline, UT Peds had only 4% family-centered rounds on average over a 1 month period (**Fig. 1**). However, there were other merits to our rounding practices; 83% of rounds a nurse was present, 77% the nurse was asked about concerns, 88% team members were introduced, and 83% team member roles were explained to the team.



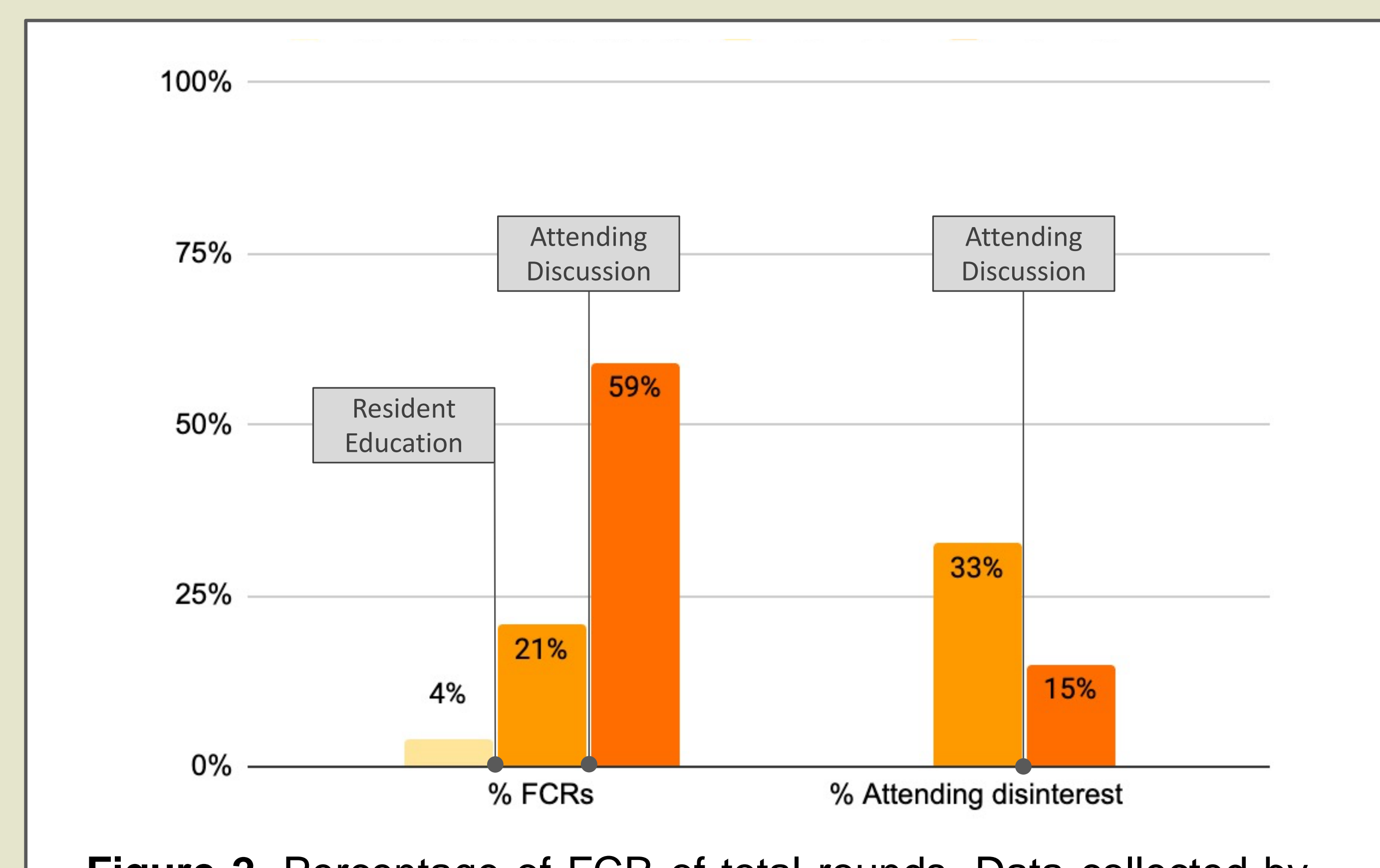
**Figure 1.** Percentage of FCR of total rounds. Data collected by medical students over a period of Oct 2021-May 2022.

**Intervention #1: Resident Education.** We hosted a teaching and discussion session with residents. A fishbone diagram was completed to address barriers. This identified attending disinterest as a common barrier and laid the foundation for intervention #2. After intervention #1 the percent of rounding that occurred as FCR increased to 21% (**Fig. 1**). At this time, baseline survey data was collected (**Fig. 2, Fig. 3**).

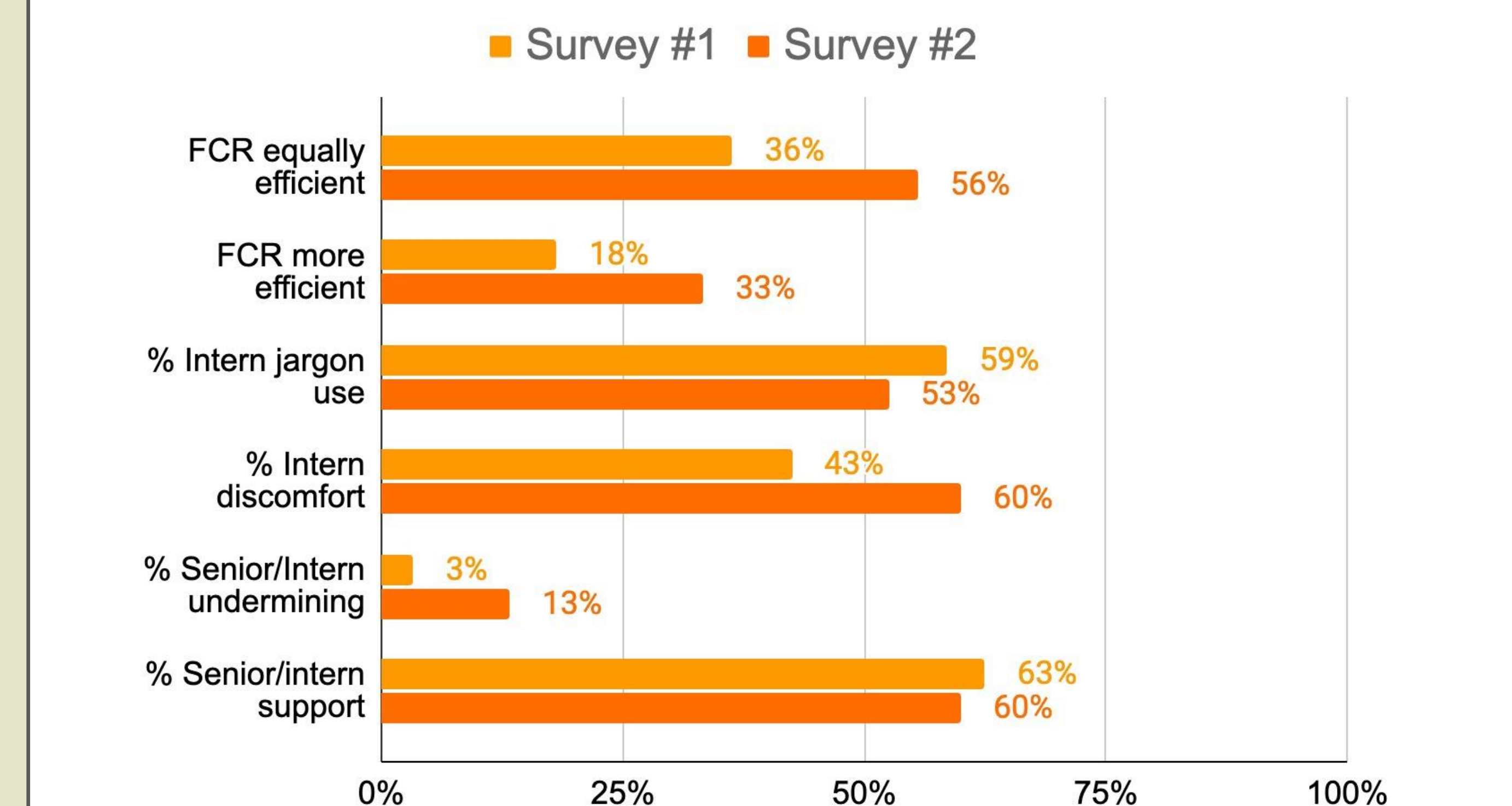
**Intervention #2: Attending Discussion.** We hosted a discussion teaching and discussion session with attendings. Based on this, we determined that attendings' willingness to attempt FCR was based on seniors' and interns' understanding of their roles on the team. After this intervention, the percent of rounding that occurred as FCR increased to 59% (**Fig. 1**). Follow-up surveys of residents demonstrated that seniors perception was the FCR was more efficient. However, there are still significant areas for quality improvement in regards to the intern comfort and skills on rounds (**Fig. 2 and 3**), as well as team dynamics (**Fig. 2**)

### Citations

1. Aronson, P. L., Yau, J., Helfaer, M. A., & Morrison, W. (2009). Impact of family presence during pediatric intensive care unit rounds on the family and medical team. *Pediatrics*, 124(4), 1119-1125.



**Figure 2.** Percentage of FCR of total rounds. Data collected by medical students (baseline), then combined medical students and residents after each interventions



**Figure 3.** Resident surveys before and after both intervention, demonstrating secondary quality assessments of FCRs.

## FUTURE DIRECTIONS:

Our next objective is to create sustainability and quality improvement of FCRs at this institution. We will initiate a subsequent intervention in which we create training materials for interns and up-and-coming seniors to prepare them for their role on the team. With similar data collection methods to observe for changes in resident comfort/skill, to optimize the total rate and quality of FCRs – for the long-term benefit of patients and families.