

Family Participation in Rounds

PBP: *Create opportunities to dialogue about the infant's condition and the family's concerns and observations*

Map Phase: Acute

Source: Vermont Children's Hospital at Fletcher Allen Health Care

Contact: Anne Johnston, MD anne.johnston@vtmednet.org

Plan

Literature Review: A review of the literature from 1996-2004 was performed in Medline using the following combined keyword searches: family participation, parent participation, medical rounds, rounds (see Literature Review). This review revealed a current lack of systematic research on the specific topic of family participation in medical rounds. This issue has been addressed in some of the existing literature on family-centered care; however, much of this literature is not specific to the NICU setting or to the critical care arena. A [1999 MCN article by Kassity and Lockbridge](#) provides a fairly comprehensive and concise summary of both pro and con arguments for the specific question of whether families should participate in patient rounds in the NICU.

Baseline Practice: The NICQ2002 team examined our baseline practice around family participation in rounds and determined the following:

- Families are frequently present when the medical team is rounding on their baby(s). Family presence on rounds has been accepted in our NICU for several years.
- Rounds in our NICU include both forms—Clinical Rounds and Teaching Rounds—depending on patient acuity and team composition.
- A baseline survey of families to determine their overall satisfaction with rounds indicated that, for those families that do participate in rounds, it is a generally positive and valuable experience (see Pre-Survey & Pre-Survey Results).
- Upon discussion, it was the overall perception of the NICQ2002 team that there is currently some inconsistency among families concerning their individual level of awareness of the details of medical rounds (i.e. when do rounds occur; that families are welcome; what topics are discussed in rounds, etc.). We currently have no systematized mechanism for informing families about the existence of rounds—they potentially learn about rounds through a variety of means (For example: a brief description of rounds is currently included in “The NICU Experience” booklet that is given to every set of parents at the time of admission; many families are given a brief verbal

description of the rounds process as part of their admission orientation to the unit, however, this information is not presented in any standardized format).

- The limited physical space in our unit results in close proximity of individual patient bed spaces. This raises concerns among some team members regarding patient confidentiality during rounds if families and visitors are present.

Do

Problem Statement: Although our unit has a several-year history of accepting parent participation in rounds, there is a lack of data collection regarding how well the current process functions as well as an apparent lack of systematic information-sharing with families about the rounds process.

Aim: Active participation of families in NICU daily rounds and improved data collection regarding performance in this area.

Practice Change(s): Based on the information discovered in the existing literature as well as the results of data collected as part of this project, our team plans to institute the following practice changes:

1. Improve the visibility/accessibility of written materials that describe rounds for families in clear and welcoming terms.
2. Acquaint all members of the health care team with recommendations from the Institute for Family-Centered Care on “Applying Family-Centered Concepts to Bedside Rounds”.
3. Institute use of a “Jargon-Buster” flag that could be given to families when the team is rounding. The parent(s) can raise this flag as an easy and gentle mechanism for alerting the team to those moments when they are using medical jargon that the families do not understand.
4. Create a “Confidentiality Statement” for parents to sign.

Study

Baseline Measures

- A survey was distributed to a small sample of families to ascertain family satisfaction with current practices around family participation in rounds (see Survey and Baseline Results).
- The Care Provider Survey on Family-Centered Care was distributed to the staff. Results of this survey were reviewed in terms of their relevance to the issue of family participation in rounds (see Care Provider Survey Results).
- Data was collected on the current frequency of family participation in rounds (see Baseline Frequency of Family Participation in Rounds).

Planned Post-Implementation Measures

The team plans to repeat all three baseline measures after planned changes have been implemented.

Literature Review

- Blower, K. & Morgan, E. (2000). Great expectations? Parental participation in care. *Journal of Child Health Care, Summer 2000, 4(2):* 60-65.
- Fenwick, J., Barclay, L., & Schmied, V. (2001). Learning and playing the game: Women's experiences of mothering in the Level II nursery. *Journal of Neonatal Nursing, 8(2):* 58-64.
- Frank, D. J., Paredes, S. D., & Curtin, J. (1997). Perceptions of parent and nurse relationships and attitudes of parental participation in caring for infants in the NICU. *Florida Nurse, May 1997, 45(5):* 9-10.
- Frogge, M. H., et al. (1998). Multidisciplinary rounds: patient-family-staff dynamics: When the patient/family are colleagues. *Cancer Pract. Sep-Oct 1998, 6(5):* 258-61.
- Institute for Family-Centered Care. (1997). Recommended guidelines for bedside rounds in newborn intensive care. *Resources for Family-Centered Practice*. Bethesda, MD: Institute for Family-Centered Care, pg 91-2.
- Kassity, N. & Lockridge, T. (1999). Should parents participate in patient rounds in the NICU? *MCN: American Journal of Maternal Child Nursing, Mar-Apr 1999, 24(2):* 64-5.
- Kawik, L. (1996). Nurses' and parents' perceptions of participation and partnership in caring for a hospitalized child. *British Journal of Nursing, Apr 1996, 5(7):* 430-7.
- Sodomka, P. F., et al. (2004). Patient and family participation in rounds. *Advances in Family-Centered Care, 10(1):* 9-10.

Care Provider Survey Results

A total of 94 responses from staff were received to the question:

“Units should be open to families during medical/teaching rounds”

These responses are summarized as follows:

Strongly disagree	2%
Disagree	9%
Somewhat disagree	15%
Neither agree nor disagree	7%
Somewhat agree	11%
Agree	17%
Strongly agree	33%

Baseline Frequency of Family Participation in Rounds

General Information

- Information was collected for 11 days: 9 weekdays, 2 weekend days.
- Daily census ranged from 7-15 with 1 set of twins.
- Families were present during rounds:
 - Mean 32%
 - Median 27%
 - Range 0% - 67%
- 75% of families reported that they were informed of rounds by an MD or RN during their first few days (and they were encouraged to attend)
- 25% of families reported that they discovered rounds by accident (visiting their infant when rounds were happening)