Person Centered Rounding Behaviors

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Background

The patient-centered curriculum used by an internal medicine team at Bayview Medical Center is associated with higher patient satisfaction as well as satisfaction of residents in patient-centered domains. The team also involves a nurse attending to improve patient-centeredness of care. This curriculum has real outcomes for patients; patients with heart failure treated by a team exposed to this curriculum were less likely to be readmitted to the hospital. To gain a greater understanding of what behaviors person-centered physicians and teams exhibit, this team was used to quantify the behaviors occurring during morning rounds.

Objectives

• Develop a tool to capture person-centered behaviors that occur during rounding
• Discover current frequency of person-centered rounding behaviors

Methods

• A checklist tool, shown in figure 1, was formed by brainstorming person-centered care behaviors expected during morning rounds. It was revised for practicality and consistency.

  • The tool is used by shadowing morning rounds with a medical team and documenting behaviors
  • Inter-rater reliability was explored by simultaneous recording by two raters

Results

The most commonly cited reasons for a presentation occurring outside the patients room or without the patient present included that the patient was at dialysis, altered mental status, delirium, and family or patient preference.

Future Directions

• Discover differences in rounding behavior between the Aliki team and other similar internal medical teams
• Include patient variables that may affect person-centeredness of care including race, diagnosis, presence of family, and attitude related to medical treatment
• Explore barriers to delivering person-centered care by interviewing physicians

Conclusions

The checklist showed that while many of the behaviors identified as person-centered are being regularly exhibited, these behaviors are challenging to do with every patient, every morning. Bedside rounds occur at a high rate on this team, while other behaviors such as directly exploring the patient’s emotional concerns or failing to explain medical jargon are not occurring as consistently.

References


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