

Background

- Our current team rounds meet in morning and are attended by interdisciplinary team ... except for physicians.
- Decisions in rounds do not always coincide with physician direction. Rounds are conducted daily for 1.5 – 1.75 hours in the morning, which means Patient Care Coordinator (PCC) and other staff presence on the unit is lacking.
- Uncoordinated effort has led to inadequate, inefficient discharges and a lack of job satisfaction.

Aim

Improve efficiency of team rounds on one medicine floor at ARH by 50% by 6 months and at all medicine floors by 50% by 1 year by all hospitalists.

Project Design & Strategy

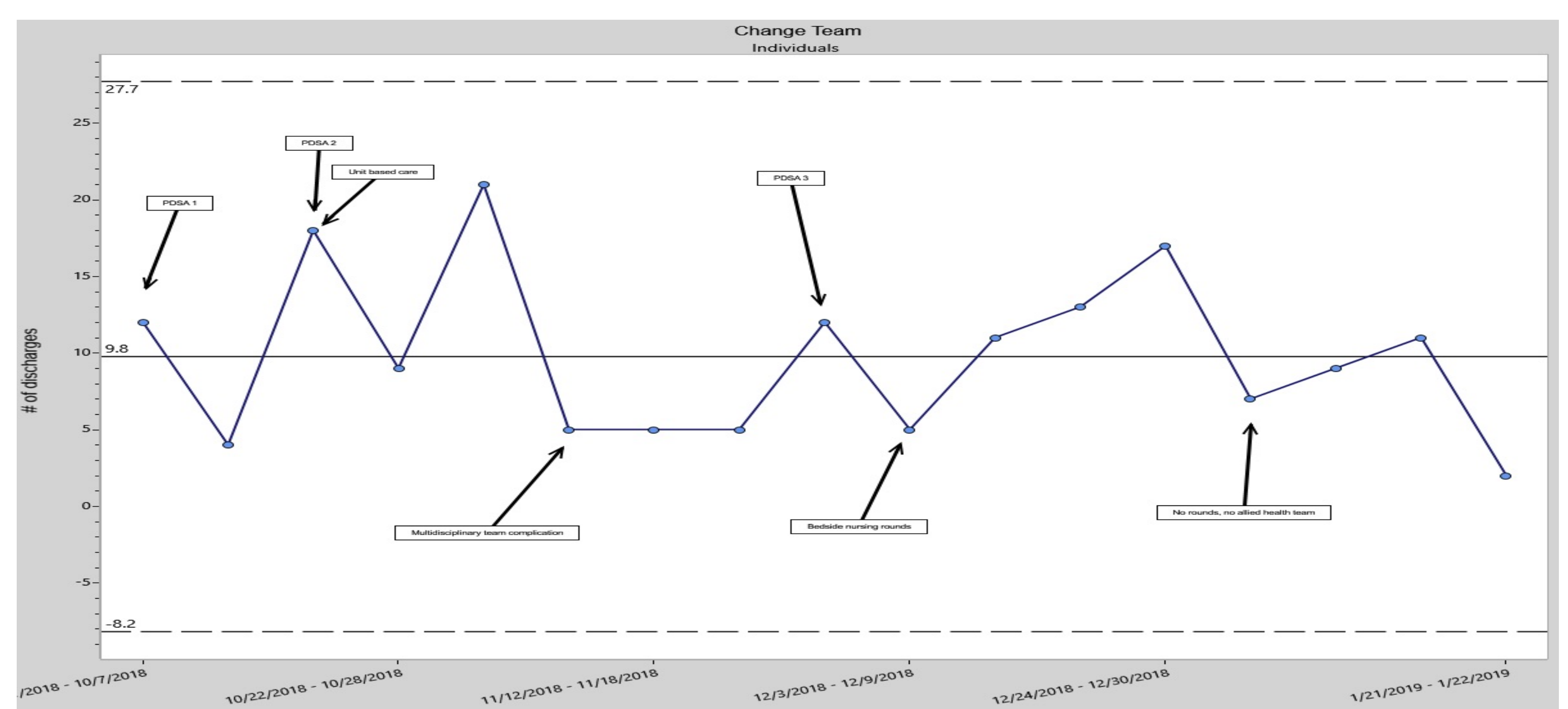
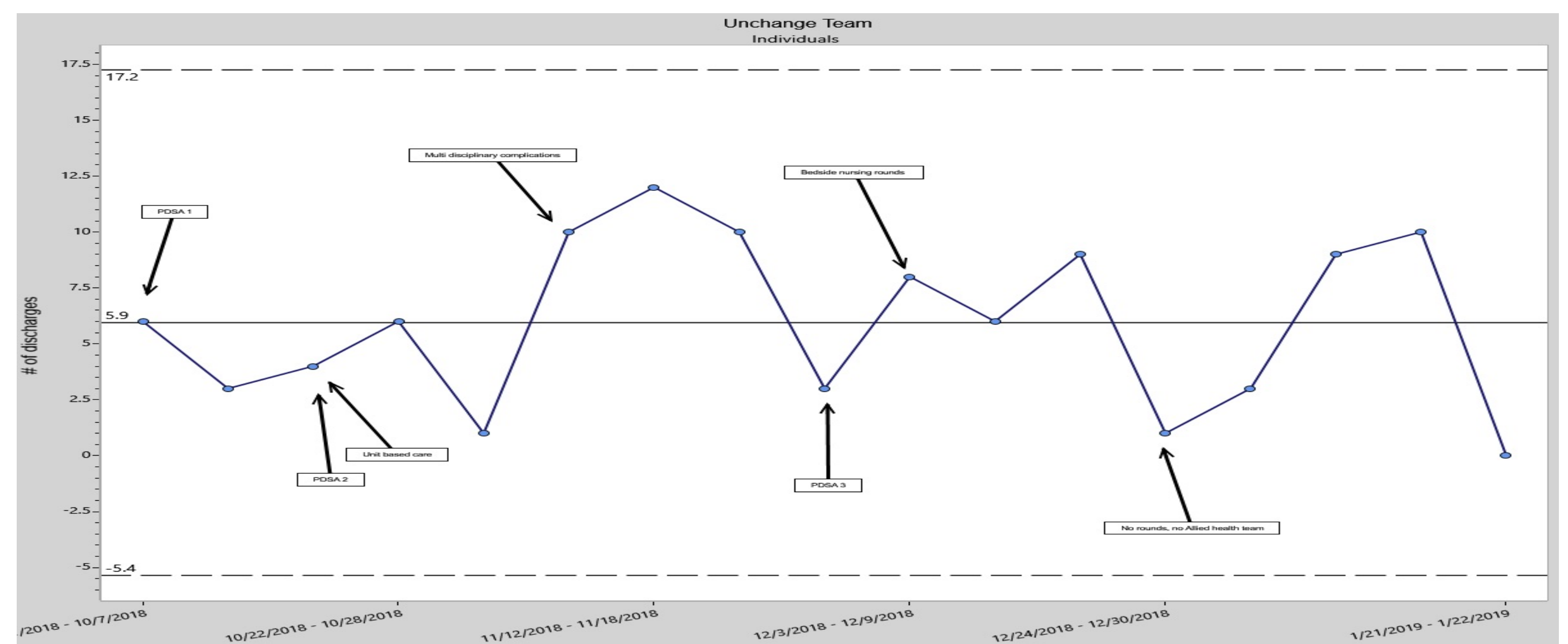
- We initiated structured team rounds using i-tracker to improve duration of rounds and to create a guideline for PCCs.
- To improve communications we created a team approach: we established unit based care by geographically locating each physician so they can lead their teams.
- We improved handover between nursing teams, PCCs and night shift by establishing bed side nursing rounds.
- We changed culture with ethical education of staff to address undue anxiety close to EDD and to meet targets.

Changes Made

1. Structured team rounds
2. Unit based care
3. Bed side nursing rounds
4. Night nurse discharge checklist

Results

Our number of discharges is 166 within change team, compared to 103 in non-change team. Cost savings of \$50,400 on change team. Duration of rounds is reduced to 30 minutes on average per team.



Lessons Learned

Efforts on consistency of physician involvement are still ongoing. With improved physician participation there were less nurse to physician phone calls per day, on average of 3 calls per day. Improved accountability at all levels are key to efficient discharges.

Project Team

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