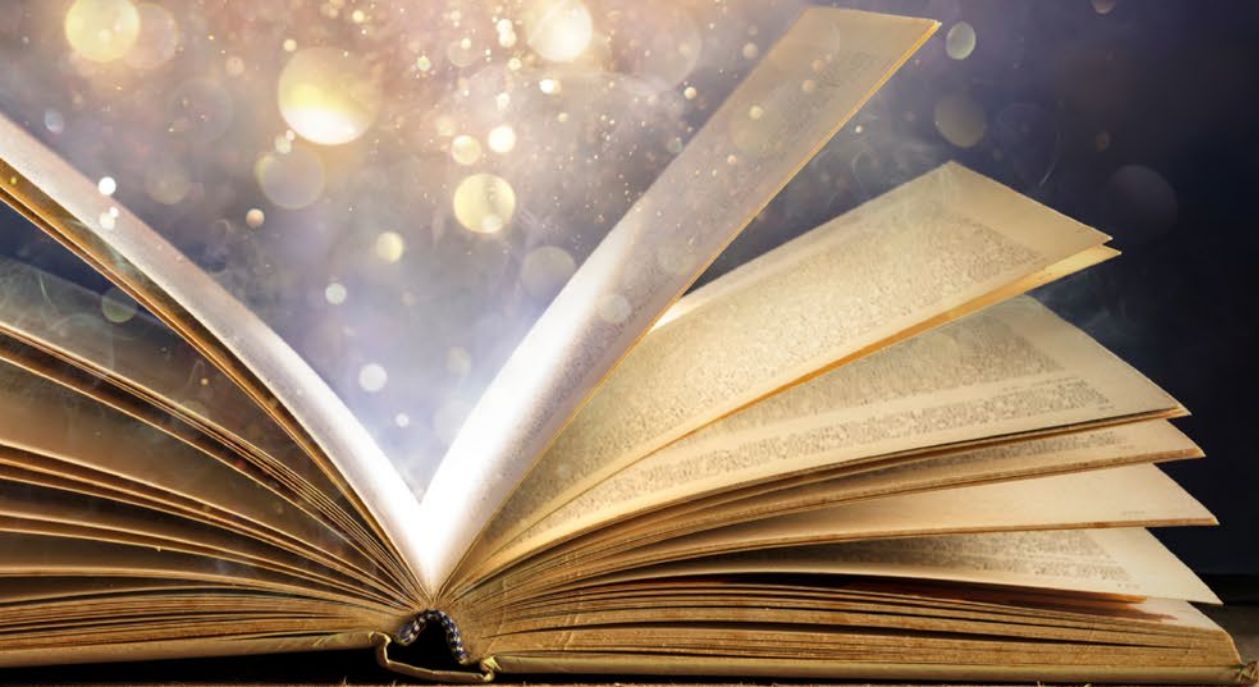


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Enhancing Patient Satisfaction Through Bedside Interdisciplinary Rounds (IDRs)

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Learning Objectives



- Discuss the use of bedside interdisciplinary rounds to establish unified care plans, leading to greater patient satisfaction.
- Describe the benefits of implementing interdisciplinary rounds, including care team communication and discharge planning effectiveness.
- Discuss the challenges of bedside IDRs and how we overcome them

Enhancing Patient Satisfaction Through Bedside Interdisciplinary Rounds (IDRs)

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Definition:

What is a Patient Experience Partner (PEP)

- A national **patient-experience measurement** firm that administers HCAHPS/CAHPS surveys
- Provides **percentile benchmarks** of each hospital versus a large U.S. hospital database
- To monitor the hospitals' performance

Identifying the gap



- PEP shows the hospital performance at many different levels
- As a part of our continuous improvement, we were monitoring our benchmarks
- We noticed a significant room for improvement on the physician side

Baseline Challenge



Patient's Satisfaction Domains (PEP)	Mean Pre-IDRs percentile
"Communication with doctors"	19.4%
"Doctors treat you with courtesy/respect"	27.9%
"Doctors listen carefully to you"	19.7%
"Doctors explain in way you understand"	26.7%
Table 1: Mean percentiles on different domains pre-IDRs implementation	

*Data obtained from an external Patient Experience Partner (PEP)

How Can We Improve Our Scores?

- **Interdisciplinary Bedside Rounds (IDRs)**
- A **daily, structured** huddle at the **patient's bedside**
- **Team:** physician/hospitalist, resident(s), RN/charge RN, pharmacist, case manager, social worker, others as needed
- **Purpose:** align **one shared plan**, surface barriers to discharge, confirm understanding with patient/family
- **Theory:** bedside IDRs will improve physicians communication with patients leading to better satisfaction

IDRs: Studies Showed This



Studies have found that IDRs contribute to:

- Reductions in all-cause mortality,
- Shorter lengths of stay,
- Fewer readmissions, and increased visits from physical therapists and nutritionists in the hospital
- Reduce estimated costs, especially in critically ill patients

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Hatler CW, Mast D, Corderella J, et al. . Using evidence and process improvement strategies to enhance healthcare outcomes for the critically ill: a pilot project. *Am J Crit Care*. 2006;15(6):549–555. doi: 10.4037/ajcc2006.15.6.549.

Aim & Success Criteria



- Implement changes via daily **bedside IDRs to improve patients outcomes** thus increase (HCAHPS) Communication with Doctors scores
- Track **HCAHPS domains** monthly; act on variation and **sustain gains** over time

What Is an IDR? (Intervention Overview)

- Standardize bedside rounds
- Build a **single, shared plan** with patient/family
- Fixed **10 a.m.** daily bedside huddle
- **Geographic assignment** of hospitalists
- **Team at the bedside:** hospitalist, residents, RN, charge RN, pharmacist, dietitian, case manager, social worker
- **Patient/family present** and engaged

Implementation Design (How We Made It Easy)



- **Same time, every unit** (10:00)
- **Same place** (bedside, not hallway)
- **Same people** (all disciplines)
- **Low-cost:** used existing staff & EHR

Measurement Plan (Scores And Sustainability)



- Physician-communication domains from our PEP

Results: Patient Experience (The Jump)



Patient's Satisfaction Domains (PEP)	Mean Pre-IDRs percentile	Mean Post-IDRs percentile	Absolute mean percentile difference
“Communication with doctors”	19.4%	79.6%	+60.2
“Doctors treat you with courtesy/respect”	27.9%	78.3%	+50.4
“Doctors listen carefully to you”	19.7%	73.6%	+53.9
“Doctors explain in way you understand”	26.7%	73.9%	+47.2
Table 2: Mean percentiles on different domains pre- and post-IDRs implementation			

*Data obtained from an external Patient Experience Partner (PEP)

Results: Staff & Workflow



- Below-average” inter-dept communication: **35% → 100%**
- Effective discharge planning: **15% → 35%**
- Fewer redundant calls; earlier clarity on discharge goals

*Data obtained from an internal survey distributed among the health care providers who participated in the IDRs

Barriers We Met (and How We Beat Them)

- **Scheduling conflicts** → fixed 10 a.m., leadership protection
- **Staff resistance** → Ongoing education and encouragement
- **Family engagement** → invite at bedside; call over phone; clear expectations
- **Consistency** → geographic rounding

Lessons Learned



- Review your scores according to your PEP
- Identify areas of improvement
- Consider bedside IDRs
- Identify challenges
- Lock time & place; consider geographic distribution
- Educate and motivate the team
- Run monthly scores review and adjust as needed

Key Takeaways



- A single, daily, multidisciplinary conversation at the bedside can transform communication quickly and durably and improve patients' satisfaction without new staff or software.

Questions?



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