

Interprofessional Bedside Rounding Improves Nurse-Physician Communication and Satisfaction

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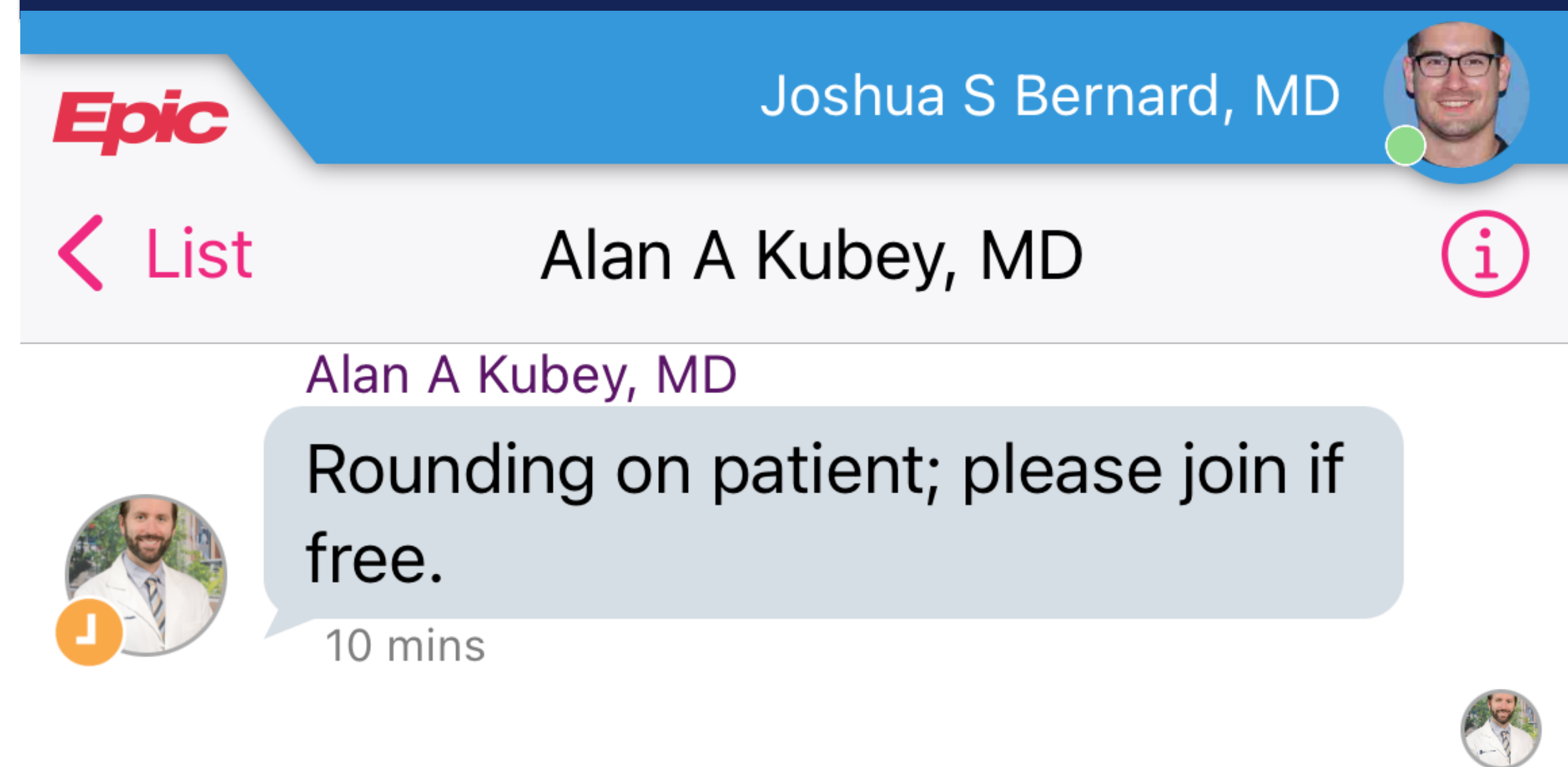
Introduction and Objective

- 2013 Mayo Clinic Initiative to encourage communication between physicians and nurses by paging each to bedside for daily morning rounds improved physician and nursing perceptions of teamwork¹
- Utilizing mobile-electronic-health-record-based alert for such a process has the potential to reduce implementation cost and feasibility barriers but has not been trialed
- Our objective was to implement an updated interprofessional bedside rounds (IBR) model that utilized secure-texting platform alerts in order to improve attending, resident and RN communication and satisfaction on general medicine services at an academic hospital

Methods

- Participants included volunteer hospitalist attendings and advanced-practice providers (APPs), the residents on those teams and nurses for patients on a single med-surg/telemetry hospital unit
- A multidisciplinary executive committee developed expectations and communicated process expectations via email, secure-texting platform, and in person
- The expectation was that the medical team would send a pre-populated secure-text to alert the primary nurse to bedside rounds via push button on EHR app (Figure 1, 2)
- The nurse would advise the medical team regarding (1) any questions/concerns and (2) any orders needed and the medical team would advise the nurse of the general plan for the day, goal for this interaction to last <1 minute
- Participants were surveyed before and after the intervention across twelve domains with a 5-point Likert scale (1- do not agree at all, 5- completely agree): Team-nurse communication satisfaction, Medical plan knowledge, Burden of post-rounds unnecessary communications and orders, Six-question Safety Attitudes Questionnaire (SAQ)

Figure 1- Sample Secure-Text



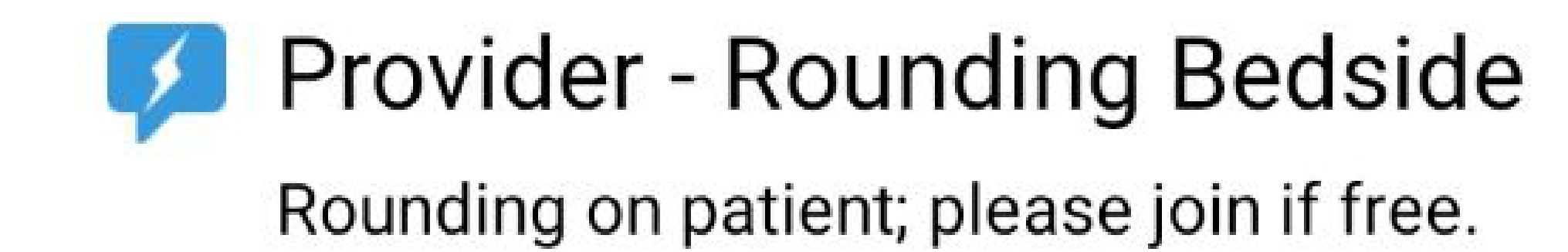
Results

- Matched pre-post survey analysis (49% [33/68] post response rate)
- The average pre-post response increased from 3.5/5 to 4.3/5
- All twelve domains showed trends toward improvement, nine demonstrated significance (Table)
- There was a non-significant decrease in post-rounds RN to MD/DO messages (-0.29 95% CI [-0.84, 0.26]) and post-round orders (-0.25 95% CI [-0.65, 0.15])

Table- Results

Domain	Response Increase	95% CI	p-value
Satisfaction with medical team-RN communication and collaboration increased	1.06	0.75-1.38	p<0.0001
RN knowledge of medical plan	1.2	0.82-1.56	P<0.0001
Team knowledge of nursing input	1.13	0.72-1.53	p<0.0001
Team and nurse are on the same page	0.69	0.33-1.04	p<0.0007
SAQ- Nurse input well received	0.82	0.51-1.13	p<0.0001
SAQ- Physicians-nurses work as a well coordinated team	0.73	0.45-1.00	P<0.0001
SAQ- Disagreements are resolved appropriately	0.64	0.34-0.93	P=0.0002
SAQ- Easy to ask questions	0.54	0.29-0.80	P=0.0002
SAQ- Have support from other personnel to care for patients	0.39	0.13-0.66	p=0.007
SAQ- Not difficult to speak up	0.42		p=0.08

Figure 2- Sample EHR Push Button



Conclusions

- IBR improves both provider and nursing communication and satisfaction
- EHR-based notification provides a novel modality to expedite communication between MD-team and RN to better coordinate IBR
- IBR shows promising trends in reducing post-round communications between RN and physician team and need for post-round order entry
- Results limited by low survey response rate
- Further work on broader implementation and uptake is ongoing

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References

1. Henkin, S., Chon, T. Y., Christopherson, M. L., Halvorsen, A. J., Worden, L. M., & Ratelle, J. T. (2016). Improving nurse-physician teamwork through interprofessional bedside rounding. *Journal of multidisciplinary healthcare*, 201-205.