

Interprofessional Bedside Rounding Improves Nurse-Physician Communication and Satisfaction

Jason C. Flynn, BS¹, Anh Nguyen, BS¹, Joshua S. Bernard, MD², Gabrielle L. Mangan, MSN, RN³, Gina Urban, MSN, RN³, Alyssa M. Yeager, MD², Alan A. Kubey, MD^{2,4}

(1) Sidney Kimmel Medical College, Thomas Jefferson University Hospital, Philadelphia, PA (2) Division of Hospital Medicine, Department of Medicine, Thomas Jefferson University Hospital, Philadelphia, PA (3) Thomas Jefferson University Hospital, Philadelphia, PA (4) Department of Internal Medicine, Mayo Clinic, Rochester, MN

INTRODUCTION

- A 2013 Mayo Clinic initiative encouraged proactive communication between physicians and nurses by paging each to bedside for morning rounds.
- Previously, we employed an updated interprofessional bedside rounds (IBR) model that utilized secure-texting platform alerts to improve attending, resident and nurse communication and satisfaction on select general medicine services.
- Our primary objective was to validate the scalability and sustainability of the IBR model across the entire division of Hospital Medicine.

METHODS

- Participants included all hospitalist attendings and advanced-practice clinicians, the residents on those teams, and nurses for patients on all 11 Hospital Medicine services at a single, urban academic teaching hospital.
- A multidisciplinary executive committee developed and communicated process expectations via email, secure-texting platform, and in person.
- To engage in IBR, the medical team sends a secure-text to alert the primary nurse to bedside rounds (**Figure 1, 2**). The medical team then prompts the nurse to advise IBR regarding (1) any questions/concerns and (2) any orders needed, and the medical team advises the nurse of the plan for the day.
- Participants were surveyed before and after the intervention across twelve domains using a 5-point Likert scale: team-nurse communication satisfaction, medical plan knowledge, burden of post-rounds unnecessary communications and orders, and the six-question Safety Attitudes Questionnaire (SAQ).
- Matched pre-post analysis was used to evaluate for significant effects.

FIGURE 1. Secure Text Alert

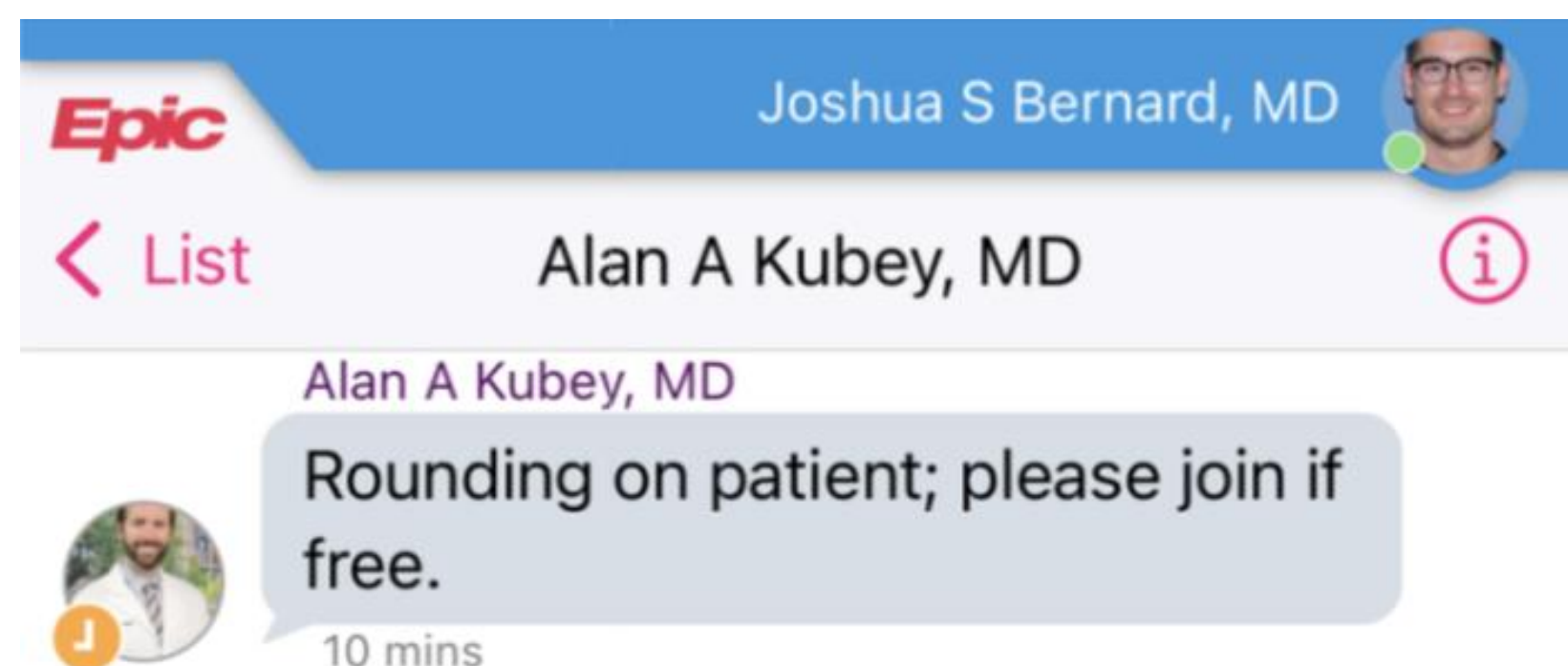
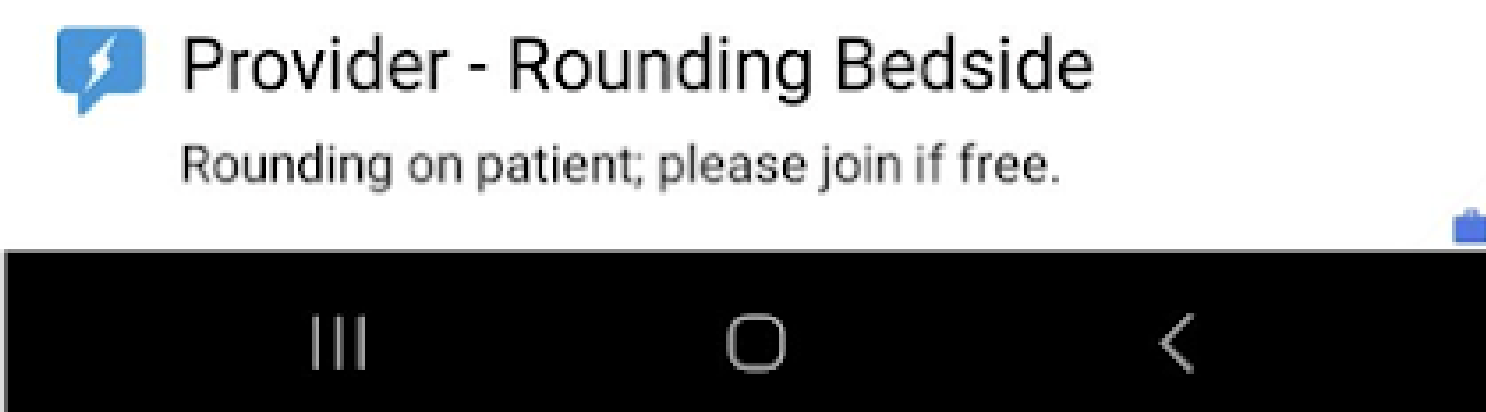


FIGURE 2. Sample EHR Button



RESULTS

- Using matched pre-post survey analysis (42% [44/104] post response rate), 11/12 domains showed trends toward improvement (10 were significant).
- The average pre-post response increased from 3.2/5 to 4.1/5. Satisfaction with medical team-RN communication and collaboration increased 1.2 (p<0.001); RN knowledge of medical plan 1.3 (p<0.001); team knowledge of nursing input 1.0 (p<0.001); team and nurse are on the same page 1.0 (p=0.001); SAQ-nurse input well received 0.7 (p<0.03); SAQ-not difficult to speak up 1.0 (p=0.002) SAQ-physician-nurses work together as a well-coordinated team 0.9 (p<0.004); SAQ-disagreements are resolved appropriately 0.8 (p=0.007); SAQ-easy to ask questions 0.8 (p=0.006); and SAQ-have support from other personnel to care for patients 0.7 (p=0.02), respectively.

TABLE 1. Results

IBR Survey Questions	Pre-Survey	Post-Survey	Δ	P
Satisfaction with medical team-RN communication and collaboration	3.0	4.2	1.2	<0.001
RN knowledge of medical plan	2.7	4.0	1.3	<0.001
Team knowledge of RN input	3.0	4.0	1.0	<0.001
Medical team and primary RN on same page	2.9	3.9	1.0	<0.001
How often to receive a call, secure chat, or text after-rounds regarding an issue that should or could have been handled on rounds	3.1	3.3	0.3	0.58
How often orders placed after rounds that should have been handled during rounds	3.4	3.3	0.0	0.64
SAQ 1: Nurse input is well received in this area	3.5	4.1	0.7	0.03
SAQ 2: Not difficult to speak up if I perceive a problem with patient care	3.4	4.3	1.0	0.002
SAQ 3: Physicians and RNs work together as a well-coordinated team	3.2	4.1	0.9	0.004
SAQ 4: Disagreements in this clinical area are resolved appropriately	3.4	4.2	0.8	0.007
SAQ 5: Easy to ask questions	3.6	4.4	0.8	0.006
SAQ 6: Have support from other personnel to care for patients	3.3	4.0	0.7	0.02

CONCLUSIONS

IBR through EHR-based notification is adaptable and sustainable at effectively enhancing clinician and nursing communication and satisfaction across all Hospital Medicine units.

ACKNOWLEDGEMENTS

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