BACKGROUND

- Poor teamwork: 55% of all active failures in hospital settings (Riley, Davis, Miller & McCullough, 2010)
- Patients do not expect health care practitioners to make mistakes or cover up communication errors (Baker, Day & Salas, 2006)
- The Joint Commission (TJC) report from 1995 to 2005: sentinel events showed failure in communication was the root cause of human error.

PURPOSE AND OBJECTIVES

- To apply Lewin’s Theory of Change in PICU settings.
- To improve team communication in the Pediatric Intensive Care Unit
- To identify the proposed planned change, reason for change process, benefits and barriers to change
- To improve patient satisfaction and communication scores.
- To apply team communication strategies
- To help improve AVATAR scores on recommend hospital, nurse communication, pain, responsiveness and hand hygiene

REASON FOR CHANGE

- Patient safety through effective communication
- Empower the PICU staff as collaborative team
- Hierarchical structure of communication
- Geographical location of the unit
- Numerous leadership changes
- Staff’s cultural diversity
- Infusion of new and experienced PICU nurses

TEAM COMMUNICATION AVERAGE MEAN RESULTS 2010 - 2013

DESCRIPTION OF CHANGE

- Creation of the rounding sheet:
  - Summary of the systems the past 24 hours.
  - The summary filled out by the out-going night nurse
  - At 0900, the team with the parents gather for report.
  - The day nurse, reports the summary using the rounding sheet
  - Parents are active participants during rounds

TIMELINE EVALUATION

- 6 to 12 months
- Evaluation will be reflected in these AVATAR questions:
  - “I was given good explanation of daily routine by the nursing staff.”
  - “There was good teamwork among doctors, nurses, therapist, & other staff who cared for my child.”

REFERENCES


PIGU MULTIDISCIPLINARY ROUNDING WITH PARENTS

BENEFITS OF CHANGE

- Closed-loop communication amongst team members
- Parents are part of the team
- Improve public speaking
- Emphasize patient safety
- Improve patient satisfaction
- Transparency
- Improve AVATAR scores

BARRIERS TO CHANGE

- Challenges the status quo
- Unfamiliar to the new rounding process
- Medical and Nursing staff’s resistance to process change
- Physician not wanting to have parents present during rounds
- Pediatric resident feeling left out during rounds