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FIT Rounds in the PCU

By: Karen Armenion, MSN RN CMSRN, Sarah Horman, MD, William Frederick, MD, Marianne Delos Santos, MSN RN

It's time to get FIT! Yes, it is! On our unit you will hear our clinical nurse leaders (CNL) say "It's time for FIT Rounds." This would be around 10:30 am on JMC 5F every weekday. We continue FIT Rounds on 5G at 11:20 am every weekday. FIT stands for Focused Interdisciplinary Team Rounds.

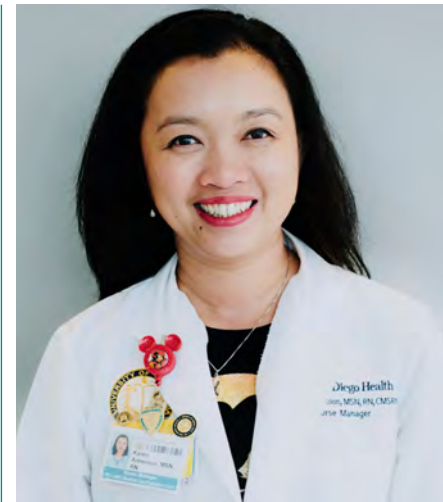
It's time to get FIT! Yes, it is! On our unit you will hear our clinical nurse leaders (CNL) say "It's time for FIT Rounds." This would be around 10:30 am on JMC 5F every weekday. We continue FIT Rounds on 5G at 11:20 am every weekday. FIT stands for Focused Interdisciplinary Team Rounds.

A coordinated interdisciplinary rounding is the ideal way to ensure patient safety through accurate, consistent and regular team communication (1). This is especially important in a progressive care environment where treatment interventions evolve with changes in the patient acuity. Interdisciplinary team rounds involve the various members of the healthcare team and preferably occur at the patient bedside with family present. This work-flow is an opportunity for patients and their families/caregivers to communicate simultaneously with the multiple disciplines involved in their care.

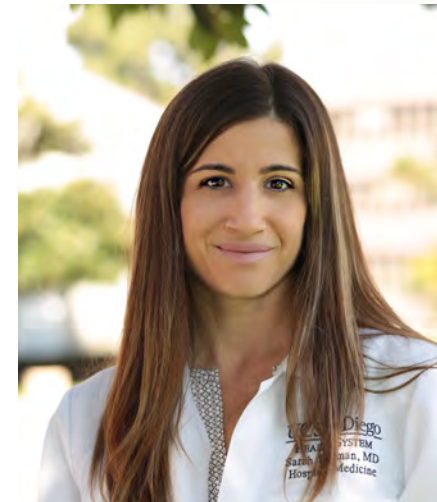
FIT rounding is a collaborative model developed by leaders in hospital medicine, nursing,

pharmacy, care coordination and rehabilitation. The FIT "loop" (Figure 1) is a standardized framework of communication; each team member has a designated checklist to maximize exchange of useful information among disciplines. Highlights of this discussion and patient concerns are summarized and addressed at the end of the loop to enhance patient understanding and participation. The goal of FIT is to create a structure for bedside rounds to improve communication amongst team members, patient experience and operational efficiency.

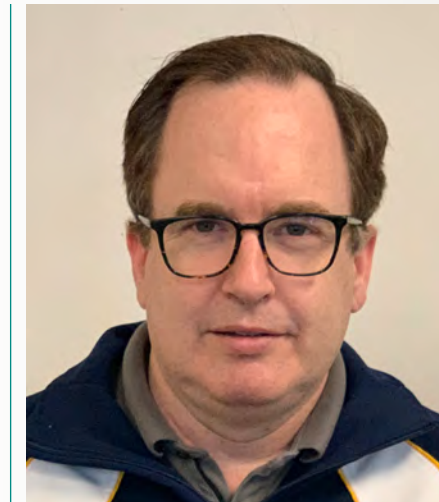
Jacobs Medical Center 5FG was the pilot unit for FIT Rounds implementation. 5FG is a 24-bed medical oncology and palliative care unit with an average daily census of 23 patients. The unit caters to patients with oncology diagnoses and those with specialized palliative needs. The medical management of the patients is led by Hospital Medicine with Team 4 on 5F and Team 5 on 5G. Hospitalists assign patients to Team 4 and 5 based on location on 5F or 5G respectively;



Karen Armenion, MSN, RN, CMSRN graduated with a BSN from Cebu Normal University in the Philippines in 1999. Since then, she has worked in several organizations as a registered nurse in the acute care setting. She joined UC San Diego Health in 2003 as a clinical nurse II in the HIV/Infectious Disease Unit (6 East). She pursued her Master's Degree in Nursing and graduated in 2009 from the University of Phoenix. Karen has 13 years of administrative nursing leadership experience and 8 years as an acute care nurse manager. She has been successful in improving operations, work processes, nurse-sensitive outcomes and patient experience at the unit, divisional and organizational levels. She has been a mentor for nursing staff in their leadership and clinical advancement. She promotes transformational leadership in her daily interactions with staff and patients. She provided leadership in the opening of Jacobs Medical Center 5FG, the Medical Oncology and Palliative Care Unit. Karen received the Nurse Leader of the Year award for Empirical Outcomes in 2014 and 2018.



Dr. Sarah Horman is a hospitalist at UC San Diego Health. She has helped lead the development and implementation of FIT rounds on JMC 5F and 5G as well as several other units (Thornton 2 East, 2 West, and 3 East and Hillcrest 6 West). As the chair of Patient Experience within the Division of Hospital Medicine, she is passionate about interdisciplinary collaboration to enhance communication amongst staff and patients.



William Frederick III, MD, PhD, is a hospitalist in the Division of Hospital Medicine, Department of Internal Medicine at the University of California, San Diego. He teaches both residents and medical students and has worked on the project to implement Focused Interdisciplinary (FIT) Rounding since its inception.

geographic cohorting of these patients maximizes the benefit of FIT for these units. Many oncology patients are high acuity with complicated medication regimens and lab monitoring schedules, planned procedures and various consultants at any given time. FIT promotes streamlined communication so that everybody—including the patient—understands the daily care plan and barriers for discharge.

The FIT rounding program is led Dr. Sarah Horman and Dr. William Frederick from Hospital Medicine. 5FG clinical nurse III Marianne Delos Santos is the project leader for the unit implementation. The teams met several times initially to create the structure for rounds and now have monthly working group meetings with leaders from each discipline. Staff nurses were coached daily in the initial pilot phase. We had mock rounds to practice the script that we created. Go live was July 5, 2017!

The charge nurses create the rounding schedule at the start of the shift. This schedule is given to the CNL and the rest of the team. Patients are rounded in an order that provides minimal disruption to nursing care. The CNL is the rounds coordinator on each pod, keeping rounds at a maximum of 4 minutes per patient. The attending physician leads the rounds in the room and provides each team member time to provide updates, including the patient/family. Patient encounter during rounds is maintained at an average of 4 minutes per patient. The nursing management team was available to coach during the initial phase and then 1-2x per week after the first 6 months of implementation. Monthly meetings occurred during the pilot phase to review best practices, re-organize scripts and streamline our process. The same structured process has been implemented in Thornton 2East/2West and will be rolled out to other units in Thornton including 3East. Outcomes on each of these FIT units are being monitored after 6 months and after 1 year of

Focused Interdisciplinary Team (FIT) Rounding

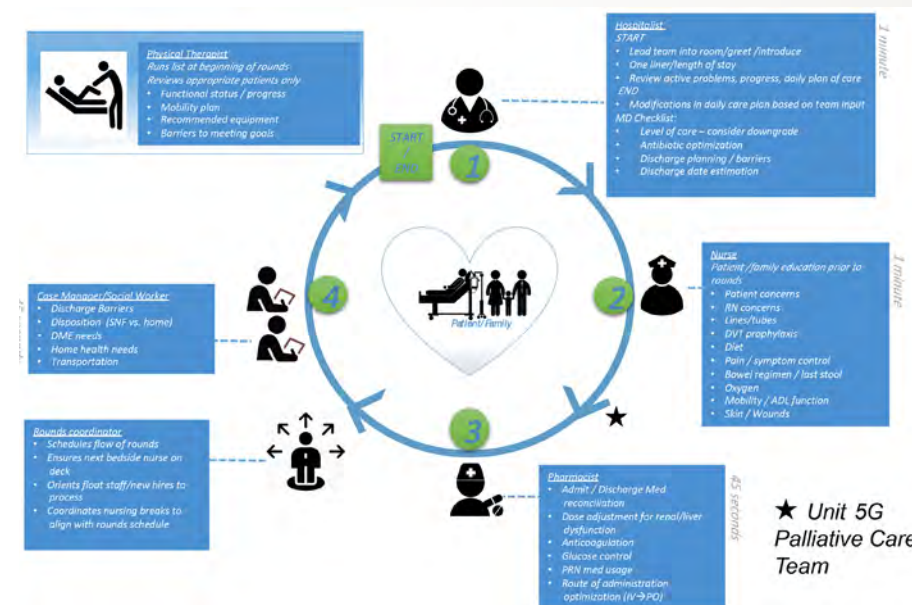


Figure 1. FIT Rounding Loop

HCAHPS Patient Survey Results (Top Box Percentile Rank, All Press Ganey)	Baseline 1/1/17 to 7/4/17	Implementation 7/5/17 to 2/28/18	6 Months Post Implementation 3/1/18 to 6/30/18
Likelihood to Recommend	90 (n=79)	98 (n=82)	91 (n=42)
Communication with Nurses	29 (n=81)	39 (n=82)	21 (n=43)
Communication with Doctors	8 (n=80)	39 (n=82)	76 (n=43)
Communication about Medicines	17 (n=51)	57 (n=200)	66 (n=91)
Discharge Information	74 (n=74)	86 (n=74)	78 (n=42)
Care Transitions	83 (n=80)	94 (n=82)	88 (n=43)

Table 1. JMC 5FG Patient Satisfaction Survey Results

implementation.

Table 1 shows the Press Ganey scores on JMC 5FG. Patient satisfaction outcomes overall improved on Likelihood to Recommend, MD Communication, Communication about Medicines, Discharge Information and Care Transitions from baseline. Communication with Nurses decreased from baseline. Factors that may have contributed to this are changes in nursing and other department personnel. Outcomes continue to be monitored to ensure the sustainability of FIT Rounds on the unit.

The impact of staff experience was assessed through pre and post intervention surveys. Comparison of staff surveys (using a 10-point

Likert-type scale) pre and post implementation showed statistically significant improvement in mean scores (range 1-10) for communication among team members (6.29 vs. 7.29, $p < 0.001$), satisfaction that concerns raised on FIT rounds were addressed in a timely manner (6.48 vs. 8.04, $p < 0.001$), and understanding of daily care plans by all team members (7.21 vs. 8.07, $p < 0.05$). Furthermore, improved estimates of discharge date by Care Managers (35% versus 51% pre and post FIT implementation respectively) indirectly reflected improvement in team communication.

FIT Rounds has been implemented for about 1.5 years on 5FG. It has been part of the

unit routine and has shifted the milieu to a team-based culture. Our nurses look to FIT Rounds to clarify plans. It has been successful in integrating the healthcare team into a daily rounds process and has proved to be sustainable. Ongoing challenges we face include time limitations, fluctuations in census and cohorting, new hire onboarding and inconsistent staffing.

REFERENCES:

1 - Malec, A., Mørk, A., Hoffman, R., & Carlson, E. (2018). The Care Team Visit: Approaching Interdisciplinary Rounds With Renewed Focus. *Journal of Nursing Care Quality*, 33(2), 135-142. <https://doi.org/10.1097/NCQ.0000000000000279>

Igniting Innovation

By: Melissa Callahan BSN, RN, OCN, Jessica Mathers MSN, RN, CNL, CCRN, Laura Vento MSN, RN, CNL

Monitoring quality improvement is a cornerstone of a nurse leader's role and responsibilities. While there is a substantial amount of time devoted to optimizing the quality of patient care and service, there is no standardized methodology with which to share what is being done with everyone in the department and system wide. With two assistant managers and one manager all working on issues simultaneously, we found a need to improve our own leadership process. In an effort to break the pattern of operating in silos, the leadership on Jacobs 4th floor reimagined quality improvement structures and in doing so has expedited innovation and optimized communication within the microsystem of operational activities.

Purpose Rounding Recognition and Improving System Efficiencies (PRRAISE) is the first standardized system, which promotes solution-oriented problem identification and peer recognition. On a weekly basis, the leadership team rounds for two hours on both night and day shift. During rounds, they ask the following questions:

1. What is working well?
2. Is there an individual, group or department that I can recognize for doing exceptional work?

3. Are there any systems that need improvement?

4. Do you have the tools and equipment you need to do your job?

Through the consistency of the questions presented and time dedicated to the process, team members have begun to anticipate PRRAISE rounds and formulate ideas prior to the formal rounds. Leadership facilitates innovation brought forth by bedside team members and maximizes communication, which accelerates

Channel guide for patients like SH has?	emailed Dawn (manager of SH) for a copy	
Supplies	Storehouse working on increasing bin size	
ostomy/IV cover resources for shower?	clear plastic bags now stocked	
Clarifying med to bed process and communication with RN to avoid DC delays	left message with pharm to discuss process	presenting at Oct UBPC
when a sample sent to lab is invalid, they often cancel the order requiring RNs to page MD for another order	emailed lab to discuss process	emailed staff
Can we have additional Bedside commodes?	done and delivered!	
Can we have a storage of toilet paper when EVS can not be reached?	done! In equipment room by team elevators	
Can we have a boot shelf for boots club?	done!	
Can we have stools for nutrition rooms?	done!	
Patient tray process	Emailed nutrition to discuss rationale/ possible process change	emailed staff
Who is a direct admit vs admitted directly to pre op?	Emailed Uriel to meet and discuss	
Create a sign in break room to remind nurses to shred PPI	n/a	
Sign for Zan Dan when in use-thanks Kristina!!	n/a	
Request for more dry erase markers-order and received-they are stored in G Cove	n/a	



Melissa Callahan, BSN, RN, OCN was an Assistant Nurse Manager on the Surgical Oncology Progressive Care Unit at UC San Diego Health Jacobs Medical Center. She was recently promoted to Nurse Manager for the JMC 6th Floor BMT Unit. She earned her BSN and BA in Spanish at California State University San Marcos. She is currently enrolled in a MSN program at the University of Alabama with a concentration in nursing administration. She has been with UC San Diego Health since graduating with her BSN in 2012. Her experience ranges from bone marrow transplant, to surgical oncology. She is a member of the Association of California Nurses Leaders (ACNL), the National Collegiate Honor Society, Sigma Delta Pi, and is an oncology certified nurse (OCN).

Figure 1