Meet the Team:
Pairing verbal introductions and visual handouts to improve family knowledge of their care team

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Background

- Hospitalized families often have poor knowledge of care team members which can negatively impact communication
- Local baseline data showed few families had knowledge of team members
- Our institution lacked standard process to introduce the multilevel learner interprofessional team to families
- We sought to create a standardized approach to introductions during Patient and Family Centered Rounds (PFCR) to improve family knowledge of their team
Aim Statement

• Increase the percent of families interviewed through our rounds coach program with knowledge of their team members to 75% over one year
Methods

• Quality improvement methodology

• Multiple Plan-Do-Study-Act cycles conducted to implement and test interventions

• Statistical process control charts to assess for change over time
Methods-Interventions

“Meet the Team” form (MTTF) visual handout

Verbal introductions during PFCR

Data sharing on current practices and family preferences
Methods-Measures

• **Outcome:**
  1. Percent of families interviewed by rounds coach able to successfully identify a team member

• **Process:**
  1. Percent of PFCR observed by rounds coach that included verbal introductions
  2. Percent of families interviewed by rounds coach who had the MTTF visual handout

• **Balancing:**
  1. Rounds length (minutes per patient)
  2. Percent of families who receive inaccurate or out-of-date MTTF
Methods

1. "Meet the Team" form (MTTF): Visual handout outlining members of care team
   - Names, photos, and role description
   - Inclusion of broad interprofessional team
   - Partnered with
     - Interprofessional team leaders on role description
     - Hospital administration to align verbiage with other resources
     - Family advisory committee on verbiage and layout
     - Medical education/provider admin team to keep up to date and patient specific
**Meet Green Team**

**Attending doctor:**
I am a pediatric doctor who has completed all my training. I am in charge of your child’s care, oversee medical decisions, and teach students and doctors.

**Senior Resident:**
I am a doctor in my last year of pediatric training learning how to take care of children. I supervise the team, help oversee medical decisions and teach students and doctors.

**Other providers:**
Other providers may be involved in your child’s care such as therapists, dieticians, and more. You can always ask someone on the team if you do not know.

**Nurse:**
I am a registered nurse who will be present in the room to care for your child and to coordinate the care that your child and family receive in the hospital.

**Patient and Family:**
You know your child the best. You provide important information and help make decisions about your child’s plans.

**Case Manager:**
I am a nurse who works closely with your family and other members of the team to help coordinate your child’s discharge plan.

**Intern:**
I am a doctor in my first year of pediatric training learning how to take care of children. I am the primary doctor for certain patients on our team and help gather information and develop our plan.

**Medical Student:**
I am a student in medical school learning how to be a doctor. I care for certain patients on our team and help gather information and present information to the team.

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**Attending doctors:**
I am a pediatric doctor who has completed all my training. I am in charge of your child’s care, oversee medical decisions, and teach students and doctors.

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Meet Orange Team

Attending Doctor:
I am a pediatric pulmonary doctor who has completed all my training. I am in charge of your child's care, oversee medical decisions, and teach students and doctors.

Senior Resident:
I am a doctor in my last year of pediatric training learning how to take care of children. I supervise the team, oversee medical decisions, and teach students and doctors.

Names:
I am a registered nurse who will be present in the room to care for your child and to coordinate the care that your child and family receive in the hospital.

Patient and Family:
You know your child best. You provide important information and help make decisions about your child's care.

Intern:
I am a doctor in my first year of pediatric training learning how to take care of children. I am the primary doctor for certain patients on our team and help gather information and develop our plan.

Medical Student:
I am a student in medical school learning how to be a doctor. I care for certain patients on our team and help gather information and present information to the team.

Fellow:
I am a pediatric doctor doing extra training to learn how to take care of children with pulmonary problems. I help oversee medical decisions and teach students and doctors.

Other Providers:
Other providers may be involved in your child's care such as consultants, therapists, dietitians, and more. You can always ask who someone is and what their role is if you do not know.

Case Manager:
I am a nurse who works closely with your family and other members of the team to help coordinate your child's discharge plan.

see all team members...
Methods

- Process mapped steps of MTTF distribution
Methods

• Refined process of MTTF distribution
  1. Inclusion in hospital admission welcome packet
  2. Nursing distribution at time of admission
  3. Intern distribution at time of H&P
  4. Team distribution at PFCR
  5. Team distribution at PFCR paired with verbal team introductions
Methods

2. Standardized verbal introductions during PFCR

“Meet the Team” form (MTTF) → Verbal introductions during PFCR
Methods

2. Standardized verbal introductions during PFCR

Introduce team

Leader starts (using AIDET) and all say name and role (takes 20 seconds), “I’m Amy Jones— the senior resident, I’m John Jones, a medical student, I’m Mary Jones, your nurse, I’m Jenny Jones, an intern . . .” Would distribute and refer to “Meet the Team” Photo Form “Here is a handout with all of us to help you understand who is on your team”
Methods

2. Standardized verbal introductions during PFCR
   • Annual education
   • Just in time reminders at start of new rotation
   • Visual prompts on “Workstation on Wheels”
Methods

3. Data sharing
   - Rounds coach shared data with teams on:
     - Current rates of MTTF and team introduction use
     - Family feedback regarding
       1. Use and preferred format for MTTF
       2. Utility and preferred frequency of team introductions
Results
Results

Trained rounds coach conducted focused interview of 141 families

- Visual handout
  - 83% (n=70) used the MTTF
  - 96% (n=55) preferred paper over electronic formal for MTTF

- Verbal introductions
  - 89% (n=109) found introductions helpful
  - 73% (n=93) preferred introductions occur on first day of rounds/if new team members join
Results-Outcome Measure

Percent of patients/families able to identify member of care team

Baseline (N=60) Current (n=44)
Results-Process Measure

Percent of families who received the MTTF

Rate

UCL

LCL

Annual education

Visual prompts on WOWs

9/1/18 10/1/18 11/1/18 12/1/18 1/1/19 2/1/19 3/1/19 4/1/19 5/1/19 6/1/19 7/1/19 8/1/19 9/1/19 10/1/19 11/1/19 12/1/19
Results-Process Measure

Percent of PFCR that include verbal introductions

- MTTF piloted on one team
- MTTF spread to additional patient teams
- Patient coach feedback began
Results-Balancing Measure

- Rounds length remained ~11 minutes/patient
- No families received inaccurate MTTF forms during weekly audits
Conclusions

• We successfully used QI methodology to improve family knowledge of the care team through paired verbal team introductions and visual handouts without leading to an increase in rounds length.
Limitations

- Data collection through rounds observation by rounds coach which may not reflect baseline behavior
- Impact may be multifactorial with concurrent interventions targeting rounds and family engagement
- Outcome measures limited to family knowledge of care team which may not relate to change in family engagement or satisfaction
Next Steps

• Evaluating of additional outcomes including
  • Family understanding/engagement with care plans
  • Family satisfaction/experience scores

• Assessing potential additional use of MTTF
  • RN/Resident Communication
References


Thank you

Questions?

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