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### Quality Improvement Project to Improve Provider-to-Nursing Communication During Daily Rounds

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## **Quality Improvement Project to Improve Provider-to-Nursing Communication During Daily Rounds**

**Submitting/Presenting Author (must be a trainee):** Kayeleigh Higgerson; Sara McElroy  
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**Fellow**

**Primary Mentor (one name only):** Joel Thompson

**Other authors/contributors involved in project:** Helen Murphy, Robert Richards

**IRB Number (if applicable):**

**Describe role of Submitting/Presenting Trainee in this project (limit 150 words):**

Kayeleigh and Sara are fellows who implemented the strategies in the project, carried out interventions, and participated in a problem solving course for this quality improvement project.

**Problem Statement/Question, Background/Project Intent (Aim Statement), Methods (include PDSA cycles), Results, Conclusions limited to 500 words**

**Problem Statement/Question:**

We aim that by June 2021, our Heme/Onc resident service daily table rounds will include 80% of bedside nurses to improve communication between the provider team and bedside nurse.

**Background/Project Intent (Aim Statement):**

Daily rounds on our Heme/Onc resident service include table rounds (discussion of overnight events and daily plan) and bedside rounds (team goes to see patients and relay daily plan). These rounds infrequently include the bedside nurse caring for the patient, leading to poor communication of the plan from the provider team. This is a problem, because it has the potential to lead to medical errors and inadequate patient care. Improved communication will also better healthcare team dynamics and increase patient/parent trust in the team.

**Methods (include PDSA cycles):**

A survey was conducted of inpatient Heme/Onc nurses regarding barriers to attending daily rounds. Several barriers were identified and included on a root cause analysis. We found that often nurses were busy with other tasks when they were called for rounds, but they would be able to plan their tasks around a scheduled rounding time. Following our nursing survey, we performed PDSA cycles to try to improve those numbers. Our first intervention was in September 2020, in which we asked the charge nurse to call bedside nurses to daily table rounds. A second intervention was carried out in March 2021. In this intervention, we asked the fellow on service to

split the patient list into 2 groups and designate a 45-minute approximate time period that each group would be rounded on. These groups were posted at main nurse stations at least 30 minutes prior to rounds.

**Results:**

Prior to our first intervention, bedside nurses were very rarely involved in table rounds. After this intervention, we found that from September 2020 to February 2021, 8.1-63.0% of bedside nurses were present during table rounds. After our second intervention in March 2021, 75% of bedside nurses were present during daily table rounds.

**Conclusions:**

By making these interventions, the percentage of nurses able to make daily rounds increased substantially. We expect this to directly lead to improvement in overall communication between all the providers for our Heme/Onc patients.