

Progression Of Care Rounds (POCR) 2.0

A recommitment to providing safe, timely care for the *right* patient at the *right* level of care across ECU health.



BACKGROUND

POCR is our interdisciplinary team rounds that was designed in 2019 to provide a dedicated platform for a collaborative team approach to care delivery with the goal of eliminating costly delays that result from inefficiencies and breakdowns in communication. This enables our patients to receive the *right* care at the *right* time and location and helps plan a safe transition to post-acute care.

In 2022, the decision was made to reimagine this process due to the following variabilities:

- Amount of time spent in rounds
- Poorly defined roles and expectations
- Inconsistency in the rounding focus and documentation
- Team members turnover

PROJECT AIM

Goal is to improve cost efficiency by achieving operating margin target and reduce length of stay as a result of improved care coordination across disciplines.

PROJECT DESIGN/STRATEGY

A charter was initiated with a core team consisting of a project manager, executive sponsorship, nurse managers, medical director, case management, allied health services, patient experience, pharmacy, dietician, and IT.

- **Pre-Data:** An initial audit of current POCR was done on various units by reboot team assessing timeliness, rounding imperatives, attendees, roles/responsibilities and EHR documentation.
- **Intervention:**
 - POCR Education Resource Book and e-inform was created with a keen focus on gaps identified during audit.
 - Pilot was launched on 4 N Surgery and 2 South prior to go live October 17 for all clinical team members.

CHANGES MADE (PDSA CYCLES)

- Reboot team formation
- Evaluation of existent process
- Revision of Roles/responsibilities/rounding imperatives
- EHR POCR 2.0 list creation
- Presenting the proposed process at various committees
- Dissemination of information on Roles/imperatives via Chief of staff email, Badge cards
- Go Live on October 17, 2022

Figure 1 (POCR My list)

Figure 2 (Provider Badge cards front and back)

POCR

- Meet daily
- Set time and location
- Include the bedside nurse
- Follow agenda
- Stay on topic
- Come prepared
- Follow up on your action items

Providers

- Communicate level of care
- Set and update EDOD
- Tests/Procedures
- Communicate to the patient and family
- System bed placement
- Barriers/solutions to pending discharge

Figure 3 (EDOD, Mark as reviewed acknowledgement)

RESULTS/OUTCOMES (Awaiting results)

Process measures:

- Implementation audit
- compliance with "Mark as reviewed"
- Accuracy of EDOD by 12 noon

Outcome measures:

- LOS
- discharge before 10 am

Figure 4 (QR code for audit)

DISCUSSIONS/LESSONS LEARNED

- It is important to rethink existent process if there is significant staff turnover
- Engagement and buy in from key multi-disciplinary leaders is paramount
- Information in EHR can be harnessed to improve efficiency
- Measurable objective data is necessary to drive change
- Sharing the results with front line staff is as important as sharing it with executive leadership

In conclusion, interdisciplinary POCR rounds is essential to maintaining *safety* as our top priority. This includes creating a psychologically safe space for team members to:

- Exchange information related to their respective expertise
- Discuss patient safety or experience related concerns
- Explore solutions together to foster trusting relationships

NEXT STEPS

- Create unit level score cards
- Pilot patient experience coordinator joining POCR rounds

ACKNOWLEDGEMENTS

Executive Leader: Jacob Parrish **Lead Provider:** Dr. Greeshma Sheri
Project Manager: Maria Yost
Project Team Members: Amanda Hargrove, Angela Mayo, Njeri Njunguna, Angela Zambardino, Angela Still, Mike Dunkerly, Dr. Moore, Eva Clayton, Dr. Sarwar, Cindy Stillely, Dr. Newell, Brandon Bishop, Chris Norman, Kamilah Williams, Ryan Moore, Misty Skinner, Katrina Nichols, Alicia Howe and Joe Davis

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