

ACADEMY FOR EXCELLENCE IN HEALTHCARE

IMPACT ASSESSMENT PAPER

Executive Summary

Team-Patient Model: Creating a Collaborative Approach to Patient Care and Communications at Beth Israel Deaconess Medical Center

At Beth Israel Deaconess Medical Center (BIDMC), a teaching hospital of Harvard Medical Center in Boston, staff of the 24-bed Farr 7 general medicine unit sought to improve collaboration among patient providers (e.g., physicians, nurses, residents, sub-interns). Patients and families confronted different and/or repetitive messages, and the unit suffered from isolated roles and redundant work, which consumed valuable caregiving time.

An improvement team, consisting of the various patient providers, set two primary goals:

- *Conduct one collaborative visit per patient per day* (as opposed to independent scheduling of rounds by various parties). Nurses and physicians were simultaneously in a patient's room less than 1% of the time.
- *Increase the frequency at which patients' whiteboards are updated to reflect the current plan of care* (target of daily whiteboard updates). The patient's whiteboard reflected the current plan only 31% of the time.

To make the improvements, the team redesigned and standardized the workflow of rounds, calling the redesign *Team-Patient Model*. The team initially conducted collaborative rounds with just one patient for the duration of the patient's admission. When the one patient was discharged, another patient was selected. Soon the problem was not the effectiveness of the model, but how to expand the model to more patients. Compounding the problem was a three-week rotations schedule of four residents.

The BIDMC improvement team sought assistance and training from the Academy for Excellence in Healthcare at The Ohio State University. The group learned about various lean principles and tools — such as A3s and PDCA — and together developed a common understanding of what lean techniques could accomplish. The OSU training and on-site coaching helped the team to understand their project better, recognize a need for better data to understand issues and gauge improvements, and adjust their model to make it more manageable and expandable.

After initial training at OSU, the model for standardized, collaborative rounds was expanded to one *resident* at a time (two-month pilot) and then to two residents, with rapid-improvement PDCA cycles conducted daily. The model with two residents resulted in 88% of patients receiving at least one collaborative visit per day and whiteboards reflected an updated plan of care. The model also improved the working environment on the unit and resulted in a greater integration of nurses in patient care and improved patient “centeredness.”

Finally, the Team-Patient Model was expanded to all four residents, affecting every patient. The team continues to conduct feedback sessions and improve the model, and with the help of a training video that acquaints incoming residents with the model. The model boosted the level of collaborative communication with patients and families *and* requires less time during rounds to achieve that result: the time spent conducting rounds decreased on average per patient by 15 percent, while the face time with patients increased by 55 percent. Critical to these improvements and the sustainability of the effort going forward was coaching done by the unit’s resource nurse (i.e., patient flow manager), which helped to transfer lean techniques to those not directly involved in the OSU training and establish other coaches and facilitators.

Rapid Cycle Improvements and PDCA

The image shows three examples of PDCA Improvement cycles. Each cycle is a table with six columns: 'What's the problem?', 'What's the Impact?', 'What's the proposed countermeasure?', 'What's the Expected result?', 'What actually happened?', and 'What did we learn?'. The tables contain handwritten notes in black ink, detailing specific issues, proposed changes, and the outcomes of those changes. The first table discusses a problem with 'patient flow' and 'communication', the second discusses 'time spent' and 'face time', and the third discusses 'patient flow' and 'communication' again.

Source: Beth Israel Deaconess Medical Center

[Read the full study of the BIDMC Team-Patient Model project](#), which reveals how organizational barriers to improvement in patient-centered care can be overcome through careful planning, communication, effective use of data, and numerous PDCA cycles of experiments to demonstrate the efficacy of an improved process.

[About the Academy for Excellence in Healthcare:](#) AEH blends in-person class time with hands-on project work, interactive simulations, and recurrent coaching, all aimed at helping healthcare teams spark actionable change at their organization. To learn more about AEH, contact [Margaret Pennington](#), Faculty Director, or [Beth Miller](#), Program Director.