

# ACADEMY FOR EXCELLENCE IN HEALTHCARE

## IMPACT ASSESSMENT PAPER

### Executive Summary

#### **Improve Physician Rounding with Comprehensive Medical Unit at OhioHealth Riverside Methodist Hospital**

OhioHealth Riverside Methodist Hospital is the largest member of OhioHealth's 11-hospital network. The 1,090-bed facility established a Comprehensive Medical Unit (CMU) based on the idea of an accountable care unit, with an objective to provide "exceptional value in an agile environment that respected each member of the healthcare team centered around the patient." The CMU will trial, assess, and share improved processes.

The CMU's steering committee identified physician rounding as one of five "critical moments" to address in achieving the unit's mission. Rounding presented an opportunity to get nursing staff and ancillary personnel in sync with physicians' plan of care for patients and improve communication among disciplines and with patients.

A cross-functional CMU improvement team attended training at the Academy for Excellence in Healthcare (AEH) at The Ohio State University in June 2016. The training helped members to better grasp and apply lean concepts, such as A3 thinking, flow and pull concepts, process mapping, and takt time. After AEH training, the team and CMU leadership facilitated a four-day event, during which they used a production preparation process (3P) focused on rounding and observed rounds at other Riverside units. Rounds — which typically involved a physician, charge nurse or bedside nurse, and pharmacy staff — took from 14 minutes to 3 hours and 37 minutes. A multidisciplinary huddle (MDH) took place with ancillary departments after rounds.

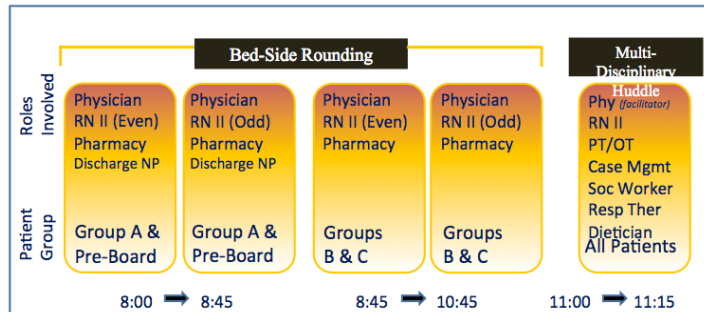
The team witnessed inconsistent, disorganized, and physician-centered rounding practices. Times varied by physician, floor, service, consultation, and patient availability/patient care/patient condition. The result was patient-care planning problems and poor communication among staff and with patients and families. For example, the bedside RN was unaware of the presence of the rounding physician and only available to participate 10 percent of the time, and only 60 percent of stakeholders were present for MDHs. From speaking with patients, the team found that 89 percent of patients were unable to articulate their hospitalist's identify, expected time of rounding, or who to have present when rounding occurs.

Goals for the improvement project were originally set by the unit's steering committee and included team integration, standardization of workflows, care centered around the patient, high-quality transition of care

out of the hospital, maximize quality of care (defined in terms of safe, highly-effective, and efficient care), associate engagement, and minimization of expenses (a consideration but not a priority). Based on their analysis, brainstorming, and experimentation, the improvement team set a goal that rounding for 20 patients would be completed within 2.75 hours and that patients and their care team will be able to accurately identify a rounding time-frame for each patient: either 8:00-8:45 am or 8:45-10:45 am.

The team recommended that CMU patients be categorized into three groups — similar to Southwest Airlines boarding groups. The first group included patients with increasing acuity and/or those that require immediate attention as well as patients expected to be discharged that day (see *CMU Rounding Future State*). A nightshift Comprehensive Charge Nurse (CCN) identifies patients and assigns them into one of the three groups. At 7:00 am, the nightshift CCN and dayshift CCN review the categories with the rounding physician. The list is then posted for the CMU staff to review and communicate with patients, families, etc.

### CMU Rounding Future State



Source: OhioHealth Riverside Methodist Hospital

For 20 patients, one physician will round, accompanied by a clinical (bedside) nurse.

The rounding flow was simulated and tested in the CMU with individuals who were not patients: Rounding for a single Group A patient took on average 6 minutes and 32 seconds. When actual rounding began, RNs collected process measures, such as percentage of time accuracy for rounding and overall adherence to group rounding times, to determine success of the new process over a longer period.

By October 2016, rounding time had dropped to 10 minutes (average) per patient, and an RN accompanied the rounding physician 100 percent of the time. The team adjusted rounding categories and the categorizing process, and by late November the per patient time had dropped to 8 minutes and 39 seconds. The changes also led to improved quality outcomes for patients, physicians, and staff. For example, patients have been able to articulate when they expect to see their physicians during rounding. The improvement team will share and expand the new rounding practices to other Riverside units.

[Read the full study of the Physician Rounding project](#), which illustrates the importance of physician engagement when attempting to improve hospital processes in which physicians are the cornerstone participants, and how operational metrics, such as throughput, help to get the attention and buy-in of physicians. The project also shows how standardization establishes a common language and approach for work, helps staff consistently pursue goals, and frees up scarce resources and time.

[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.