**Progression of Care Innovations:**

*Employment of Video Debriefing, Scripting, and Scoring to Improve Quality of Multidisciplinary Rounds*

Danni Hackner, Akshay Lokhande, Megan Olman, Carolyn Sharp, Nathan Bernstein, Geri O’Neill, Shelly Mason, David Esquith, Joanne Pileggi, Brigitte Failner, Peachy Hain, Therese Carrabine, Jeff Wood, and Larry Santiago

**Materials and Methods**

- Initial planning involved unit leadership to obtain agreement with quality cycle elements.
- Leadership was advised to maintain current processes and to allow frontline staff to debrief prior to leadership participation.
- After staff assent, a Sony HDR PJ260 captured rounds at the usual time and location.
- All video was retained in a locked office.
- In a subsequent meeting over 1 hour, excerpts were shared and front line staff debriefed with leadership present.
- An action plan was determined by the frontline staff with a defined metric—most staff choosing to focus on discharge by 11 AM as primary outcome.
- The entire cycle was repeated.

**Study Overview**

**Background and Evidence**

Multidisciplinary progression of care rounds has been reported to improve communication and care coordination through the use of process-oriented information tools. 1 Several models have varied in their approaches to improving rounds and bedside care (Studer, TCA, the Productive Ward). 2,3 Video-debriefing has been effectively used to improve rescue team function in a bottom-up approach. 4 We explored whether video-debriefing and scripts enhance routine management.

**Study Question**

Can we implement a rapid test of change approach to enhance and standardize multidisciplinary progression of care rounds through video-debriefing and scripting of best practice? Can adult learning techniques such as video-debriefing speed the pace of change and encourage frontline workers to advocate for system-wide improvements in their processes?

**Rapid Test of Change**

We implemented a 2-week plan-do-study-act cycle for quantitative and qualitative improvement of multidisciplinary progression of care rounds.

- Our “plan” involved scoring and sharing of key processes.
- Our “do” phase involved video of rounds.
- Our “study” phase involved facilitated video debriefing focused on staff feedback and empowerment.
- Our “act” involved key interventions chosen by the debriefing unit to enhance quality, speed and outcomes.
- Specific best practices were chosen for implementation by the teams.
- Specific outcomes were chosen as goals by the teams: “discharge by 11 AM” selected most frequently.
- Selected rounds content (eg: plan for day) and processes (eg: scripting and prompting), were also measured.

**Adoption of Anticipated Discharge Date on POC Rounds**

<table>
<thead>
<tr>
<th>Day</th>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>4</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>5</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>6</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>7</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>8</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>9</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>10</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

After one PDSA cycle to establish best practices, the unit above integrated anticipated discharge date (expected length of stay).

**Conclusions**

- Video-debriefing may facilitate spread of fundamental best practices in multidisciplinary progression of care.
- In this QI project, we report that staff have a high level of engagement in adult-learning approaches.
- We found that that medical and surgical units could indeed adopt a uniform set of best practices and tools.
- Functional best practice items such as choice of optimal location did not mandate a one-size-fits-all format.
- Situational awareness, reflection, self-improvement, and sharing of team learning were keys to success.
- Additional goals such as inclusion of anticipated discharge date could be introduced in subsequent PDSA cycles.

**Learning Objectives**

1. Identify strategies to enable staff to engage in “self reflection” (‘hansel’) through video debriefing.
2. Employ specific process improvements to effect change in patient flow/throughput.
3. Identify key elements for successful multidisciplinary progression of care rounds.

**Acknowledgments**

The Care Management Staff including Social Workers and Case Managers (RNs). Special thanks to Susan Rivera and her staff who participated in the PDSA integrating anticipated length of stay.

Thanks to our leadership team over the course of the year including Patricia Kittell, Linda Procci, Sharon Mass, and Linda Burns Bolton. Thank you to the QI staff including Paige Heaphy, Karla Van Der Geest, and Regina Hagono.

**References**

2. Starchuk J.L. (2008) Nurses participate in presenting patients in morning rounds: the first test of change was more complex than was anticipated. American Journal of Nursing 108(11), 70-72.

---

**Agreed Progression of Care**

- Use a checklist focused on plan for day/stay
- Display the checklist as a prompt during rounds (a cheat sheet)
- Encourage 1-rounds to avoid handoff errors
- Batter-on-deck to reduce any wasted time
- Electronic health record open during rounds
- Clearly defined leadership of rounds
- Action plan at the unit level following rounds
- Hand off action plan to night shift leader
- Allow staff to set their own goals
- Encourage engagement (not report)
- Choose optimal rounds location

**Sample Hangtag**

<table>
<thead>
<tr>
<th>Time Discharge / Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012 (Aug 25-29)</td>
</tr>
<tr>
<td>2013 (Oct 25-31)</td>
</tr>
<tr>
<td><strong>AVERAGE FOR YEAR</strong></td>
</tr>
</tbody>
</table>