

★ Winner - APPD 2017 QI Project Award ★

**IMPROVING RESIDENT-NURSE COMMUNICATION WITH COLLABORATIVE QUALITY IMPROVEMENT**

*Allison Rose MD, Nichole McCollum MD, Laura Wilson MD, Monica Vielkind MD, Nguyet Tyler RN, BSN, Emory University, Atlanta, GA*

**Background:** Medical errors occur frequently, and miscommunication is the leading cause of inadvertent patient harm. In a teaching hospital, resident-nurse communication is a basic, yet crucial interaction that can facilitate safer and better quality healthcare delivery. In our institution, nurses and residents inconsistently round together during general pediatric bedside rounds. **Aim Statement:** The aim is to increase nursing participation on bedside rounds from 25% to 70% by March 2017 for general pediatrics patients on one inpatient unit.

**Interventions:** This is a collaborative quality improvement study using the Model for Improvement and iterative Plan, Do, Study Act (PDSA) cycles. Pediatric residents and nurses completed surveys to assess barriers to nurse presence on bedside rounds. Ideas for tests of change were developed from collaborative meetings with residents, nurses and nurse managers and the surveys. PDSA cycles were implemented, including the addition of nurse phone numbers to resident reports (PDSA 1), training residents on an in-room communication system (PDSA 2), and daily nurse huddle announcements (PDSA 3). Baseline and post-intervention data on communication methods and joint presence on rounds were collected. **Measures:** Descriptive statistics and run charts were used to analyze data. **Results:** Barriers to collaborative bedside rounds included the needs of other patients, nurses not aware of rounds, multiple teams rounding simultaneously, residents not wanting to interrupt the pace of rounds, residents not wanting to bother nurses. Baseline data revealed residents notified nurses of rounds in 34% of instances, and nurses were present in 24%. PDSA 1 increased nursing contact to 73% and nursing presence to 66%. PDSA cycles 2 and 3 showed sustained improvement. Finding nurses in person or calling directly were the primary methods for communication. **Conclusions and Next Steps:** Baseline data confirmed that nursing presence on rounds occurs infrequently. Simple measures that align with current team and system processes can improve resident-nurse collaborative bedside rounds and thus potentially improve patient care. PDSA cycles 2 and 3 sustained improvement but did not add to it.