'Goodnight Rounds:' Improving Patient Communication Leads to Improved Patient Experience and Safety.

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Introduction/context: Timely communication with patients is the cornerstone of delivering quality care. In today's teaching hospitals, conflicting goals of delivering up-to-date medical treatment often clash with training demands and a reduced duty-hour environment, leaving little time to sit with patients to discuss their plans of care. Furthermore, when nurses and physicians deliver mixed messages at different times to patients about their clinical trajectory and prognosis, the result is increased patient anxiety and decreased confidence in the care plan, reducing patient satisfaction. This can be avoided if the physician and nurse speak directly to the patient as a united team.

Description of policy or practice innovation: ‘Goodnight Rounds’ were implemented on a pilot regional medical floor from July 2015 through November 2015 at a busy metropolitan acute care teaching hospital. The intervention brought the nurse and medical resident together to patients’ bedsides at 3:30pm every afternoon (prior to evening handoff to the night team) to review the day’s events and results with patients and to prepare for the next day’s agenda. This meeting was also used to manage patient and family expectations, briefly answer any questions (or schedule a meeting for more in-depth discussions), and address miscellaneous nursing concerns. It also provided an additional opportunity for medical evaluation to detect clinical deterioration sooner, potentially reducing reactive transfers of decompensating patients to monitored units during the night shift.

Evaluation/Impact: According to Press Ganey satisfaction surveys on the pilot floor, the percentage of patients who felt they were ‘always’ able to communicate with their doctors rose from 71.2% to 92.5%. The percentage of patients who felt their physicians adequately addressed their worries and concerns rose from 79.4% to 84.4%. The percentage of patients satisfied with their doctor’s communication rose from 84.2% to 92.1%. Interestingly, the percentage of patients who felt their physicians were ‘skilled’ also rose- from 90.2% to 96.2%. Although the number of rapid responses on the floor did not significantly decrease, the reasons for calling rapid responses shifted from more worrisome- ‘hypotension’ (defined as systolic blood pressure less than 90 mmHg) and ‘altered mental status,’ to ‘tachycardia’ (heart rate > 90) and ‘tachypnea’ (respiratory rate > 20). Lastly, the intervention was perceived to improve workflow, as patients and families learned to anticipate ‘Goodnight Rounds’ as the set time to have their questions answered, thereby reducing the number of ad hoc queries to nurses and residents.

Discussion/implications: Bringing nurses and floor residents together to update patients on their progress and lay out the next day’s agenda demonstrated improved cross-functional communication, thereby instilling confidence in proposed care plans. This improved patient experience scores and satisfaction. Evaluating patients again prior to the end of the workday allowed clinical deterioration to be detected sooner, before hypotension and impaired mental status manifested. Positive feedback for ‘Goodnight Rounds’ has led to its successful implementation on all regional medical floors. These rounds now serve as a temporal hub of communication that moves patient care forward smoothly.