

Changing staff perceptions of the presence of parents on critical care ward rounds through a Quality Improvement initiative

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Background

Effective communication between staff and patient families is acknowledged to be pivotal to the overall satisfaction and perceived experience of the care in a Paediatric Critical Care setting¹. Improving relationships between staff and families is also known to have positive effects on staff morale².

Historically, in our Paediatric Critical Care Unit (PCCU), parents were being asked to leave the bedside during medical ward rounds as per unit policy.

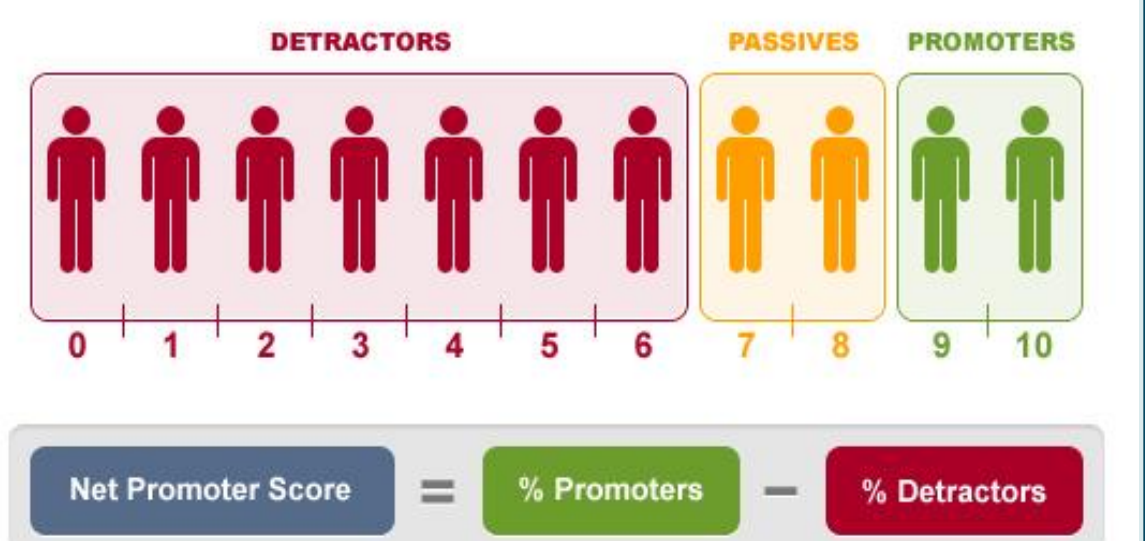
Aim

To further involve families in their child’s care by inviting them to be present on the afternoon ward round, as part of a larger Quality Improvement project to improve parent satisfaction.

Method

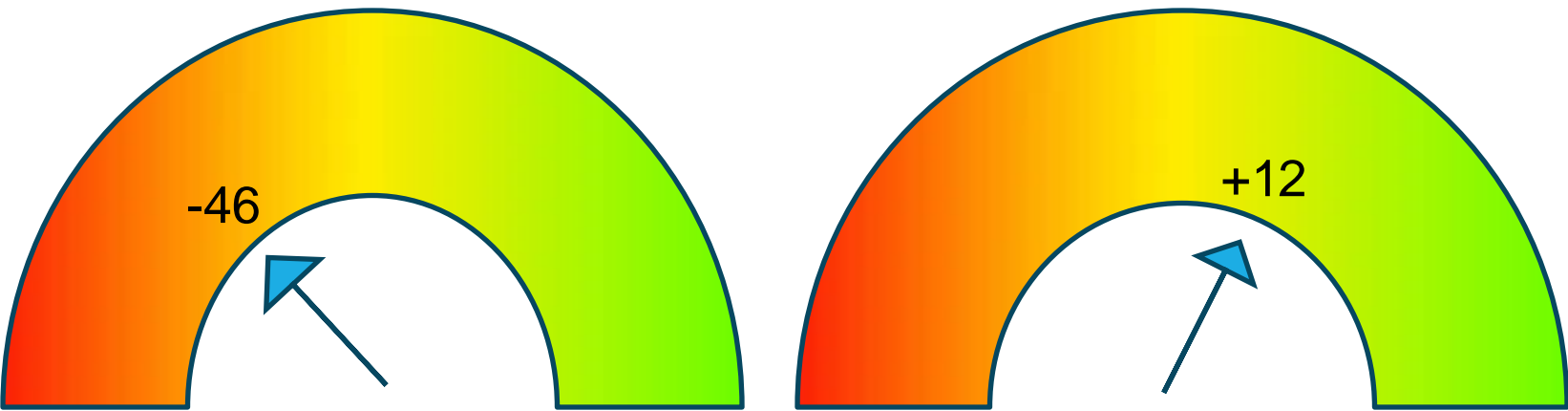
- We created a pilot structure for a family integrated ward round over a 3 week trial period
- The Multidisciplinary team were involved in designing the pilot
- We gathered opinions of our staff and families using pre- and post-pilot surveys
- We used **net promoter scores** and thematic analysis of our questionnaire to measure the satisfaction and confidence in the implementation of the new structure.

Net promoter score: A measure of a person’s willingness to promote a product. In healthcare it can be used to gauge satisfaction and likelihood to recommend a service to friend’s and family. In this case we used it as a ‘thermometer’ to measure the feelings of the staff and family before and after the trial.



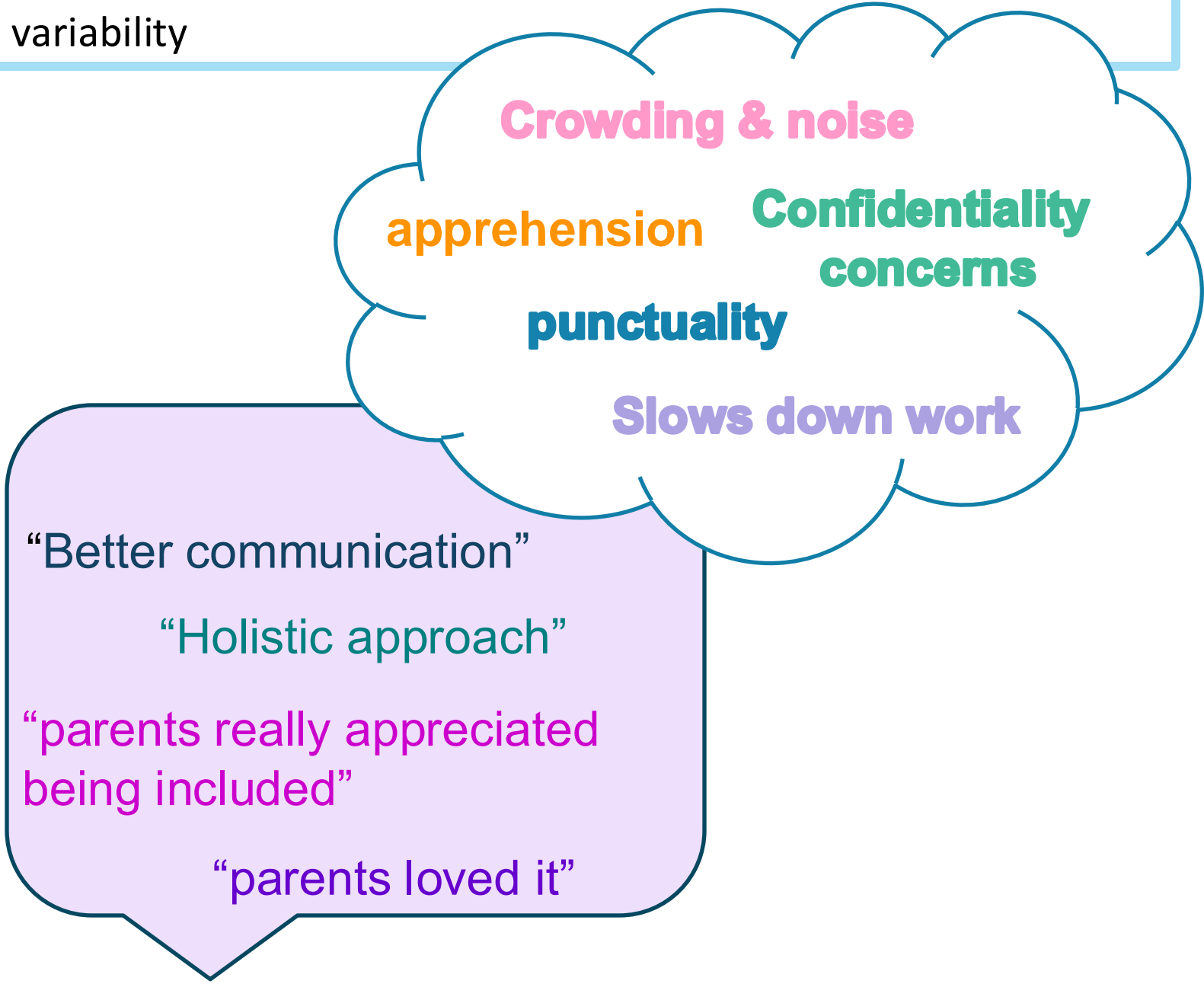
Results

- 58 questionnaire responses were received from staff during the three-week trial period.
- Responses from parents were overwhelmingly positive in the pre- and post trial surveys



- Pre-trial surveys from staff revealed negative feelings towards the intervention.
- The net promoter score from staff rose to a **positive value of 12 from -46** after the 3-week trial period.

Barriers identified by authors:
Confidentiality, language barriers, habits, resistance to change, patient complexity and workload, sensitive social issues, staff variability



Conclusion

With careful and inclusive communication, we were able to change opinions within our team. We achieved **positive support** and confidence in our new ward round structure which has ultimately been **incorporated into daily unit practice** and policy.

Next steps: Improving the current WR structure and incorporation of parents on the morning ward rounds.

References:
1.Enhancing parental experience and improving communication through parental participation on PICU ward rounds. Archives of Disease in Childhood, Ross P, Willis S, Corrigan J, et al. 2023
2.Complexity and challenge in paediatrics: a roadmap for supporting clinical staff and families. Archives of Disease in Childhood. Hiliary Cass et al., January 2020.
3. <https://www.checkmarket.com>