

UW School of Medicine and Public Health: Family-rounds checklist study shows increased family engagement and safety perceptions

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MADISON– The simple practice of using a checklist can promote better care for hospitalized children, according to a study published today in *Pediatrics*.

Elements of a checklist used in family-centered rounds (FCR) increased family engagement and the safety of hospitalized children from the perspective of the families. The study, led by Dr. Elizabeth Cox, associate professor of pediatrics at the University of Wisconsin School of Medicine and Public Health, was conducted at UW Health's American Family Children's Hospital.

"The study indicates that the checklist can effectively promote consistent delivery of high-quality, family-centered pediatric inpatient care," said Cox.

Her research team examined the impact of the FCR Checklist Intervention, developed with input from AFCH staff and the families of hospitalized children, on performance of FCR elements, family engagement, and patient safety. The Intervention, championed by Dr. Michelle Kelly, a hospitalist and an assistant professor of pediatrics, consists of an eight-point checklist and provider training. The checklist elements are:

- ensure the nurse is present

- check family preference for rounds
- ask if the family knows everyone on the team
- discuss with the family the patient assessment and plan for the day
- review and update goals for discharge
- ask the family and the team for questions
- read back orders.

The randomized clinical trial included 298 families of children hospitalized at AFCH. One hospitalist service and hematology/oncology were randomized to use the checklist. Another hospitalist service and the pulmonary service used usual care. A researcher video recorded FCRs during each child's stay in the hospital.

More than 650 videos were evaluated to see which elements of the checklist were performed and to gauge family engagement in tasks like building a relationship with the rounding team, giving and gathering information, and engaging in decision-making. The families also completed the Children's Hospital Safety Climate Survey to get a picture of how parents view safety during the hospital stay.

Cox said the completion of checklist items increased significantly on the services using the FCR checklist, and two particular items significantly increased family engagement. She found that when the health-care team read back orders, families provided more information and engaged in more decision-making. Families also engaged more when the team talked about goals for discharge.

Cox said two checklist elements actually resulted in less family engagement: health care teams assessing children's progress and asking families for questions. Cox said one theory is that the assessment may have created reassurance or clarity for families who then felt less need to engage. Alternatively, because the study measured only whether the assessment was provided and not how well the assessment was done, it is possible that these assessments could be improved to be more engaging for families. Cox said even though providing assessment reduced family engagement, it should not necessarily be seen as a detriment to care.

Further, with regard to patient safety, specific elements of the checklist were associated with parents believing that their child was safer during the hospital stay. For example, parent perceptions of safety were greater when the team asked the family for questions. In addition, parents' perception of the safety of handoffs and transitions were greater when the rounding team gave an assessment of children's

progress.

Testimonials and all the materials needed to implement the FCR Checklist Intervention are free and publicly available at <https://www.hipxchange.org/fcr>.