

# COMMIT TO CONNECT:

CONNECTING THE DOTS BETWEEN FAMILY AND STAFF DURING BEDSIDE REPORT

JANNELL MATEO RN, BSN, CPN  
ASHLEY WYMER RN, BSN, CPN

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## Objectives

- DISCUSS INTEGRATION OF A BEDSIDE THERAPEUTIC COMMUNICATION TOOL FOR NURSES DURING BEDSIDE SHIFT REPORT
- EXAMINE IF A THERAPEUTIC COMMUNICATION TOOL WOULD DECREASE GUARDIAN STRESS DURING THEIR CHILD'S HOSPITALIZATIONS
- DEVELOP IMPROVED COMMUNICATION BETWEEN CAREGIVERS/PATIENTS AND THE HEALTH CARE TEAM
- EXTEND OPPORTUNITY FOR INCREASED AUTONOMY FOR CAREGIVERS

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## SETTING



Cook Children's Medical Center

- Licensed for over 400 patient beds
- Accredited nurse residency program with four cohorts annually
- Over 24 resident-led evidence-based practice projects each year

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## ASKING A PICO QUESTION

For this project, we utilized the PICO model to ask a question to guide our process.

A PICO question is defined as a "clinical [question], often addressing the effect of an intervention/therapy/treatment" and is comprised of a population/problem, interventions, comparison, and an outcome.

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## FRAMING A PICO QUESTION

Population/problem  
Interventions  
Comparison  
Outcome

"In \_\_\_\_\_ (P), how  
does \_\_\_\_\_ (I) compared  
to \_\_\_\_\_ (C)  
affect \_\_\_\_\_ (O)?"

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## PICO QUESTION

In family members of hospitalized children, would a therapeutic communication tool decrease guardian stress during their stay in comparison with those who do not receive a communication tool?

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## SIGNIFICANCE

We began our search by inquiring from the complaint center what the most consistent complaint Cook Children's Medical Center (CCMC) receives is.

The most reported complaint of caregivers during their stay at Cook Children's was the **need for more communication or misunderstandings between staff and the caregiver.**

Our mission is to make these stays stress-free for our patients and their families and to improve **communication between them and the healthcare team.**

We aim to reduce occurrences of complaints such as these.

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## WHY WE CHOSE THIS TOPIC

Hospitalizations are very stressful events for children and their caregivers. Every day, we see the effect that hospitalization has on guardians and how stress can impact emotional the wellbeing of the caretaker and child.

Based on the research articles, we believe a **therapeutic communication tool significantly decreases caretaker stress and improves communication** between caregivers and healthcare workers.

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## Literature Review

**THERAPEUTIC COMMUNICATION TOOLS WERE SHOWN TO:**

- Decrease anxiety and provide emotional support in neonatal intensive care unit (NICU) parents
- Be an easy, low cost solution to decrease anxiety and depression while promoting family-centered care
- Help mothers understand what their child is feeling and decrease feelings of isolation
- Give nurses a greater chance to connect with families and help them understand what the parents are feeling

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## Source Analysis

According to our literary synthesis, the studies used in our research fall under **level one** and **level two** category of evidence. This includes systematic reviews, meta-analysis, and quasi-experimentation.

This means that we can say with confidence our sources are quality pieces of research that support the claims we make today.

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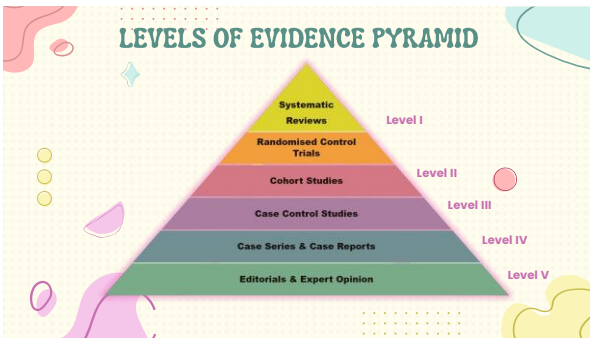
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### THE DAILY CHECK-IN

DATE: \_\_\_\_\_

TODAY I FEEL... \_\_\_\_\_

MY GOALS FOR MY CHILD(EN) TODAY ARE...

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

THINGS THAT HAVE GONE WELL TODAY/TONIGHT ARE...

STAFF CAN SUPPORT MY CHILD TODAY BY...

STAFF CAN BEST SUPPORT ME AS A CAREGIVER TODAY BY...

### THE TOOL

- THE FRONT OF THE DAILY CHECK-IN FEATURES SIMPLE, STRAIGHTFORWARD PROMPTS, WHILE THE BACK OFFERS SPACE FOR CAREGIVERS TO TAKE NOTES OR JOT DOWN QUESTIONS FOR THE CARE TEAM.
- IN OUR PROTOTYPE, WE PROPOSED LAMINATING OUR TOOL AND SUPPLYING CAREGIVERS WITH DRY OR WET ERASE MARKERS TO BE MORE SUSTAINABLE.
- WE CHOSE THESE QUESTIONS BECAUSE AS HEALTHCARE WORKERS, THESE ARE THE QUESTIONS WE FIND CAREGIVERS OFTEN FORGET TO ASK DURING BEDSIDE REPORT

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**Plausibility for Bedside Implication**

WE CREATED A SURVEY DESIGNED TO INQUIRE THE PLAUSIBILITY OF IMPLEMENTING OUR BEDSIDE TOOL INTO A STANDARD NURSING SHIFT.

THIS SURVEY WAS DESIGNED TO GAUGE NURSE INTEREST, WILLINGNESS AND ABILITY TO IMPLEMENT OUR TOOL ON A PILOT UNIT.

WE CHOSE TO SURVEY NURSES ON CARDIC STEPDOWN DUE TO THE CHRONIC NATURE OF PATIENT CARE AND THE NECESSARY INVOLVEMENT OF CAREGIVERS FOR FAVORABLE OUTCOMES.

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**Survey Participants**

REGISTERED NURSES ON CARDIC STEPDOWN WERE SURVEYED FOR DATA COLLECTION

AGE, GENDER, ETHNICITY, SOCIAL BACKGROUND, AND YEARS OF EXPERIENCE VARY AMONG PARTICIPANTS

DEGREE LEVELS VARY AS WELL (MSN, BSN, AND ADN)

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**Survey Questions**  
Survey to Cardiac Stepdown Nursing Staff

I believe **caregivers of newly-admitted children would benefit** from this bedside communication tool.

I believe **caregivers of chronically-ill children would benefit** from this bedside communication tool.

I believe this bedside communication tool could **decrease miscommunication between staff and caregivers.**

I believe this bedside communication tool could be **useful for setting realistic expectations for the oncoming shift.**

I believe I can **realistically add this bedside therapeutic communication tool to my workload as a bedside nurse.**

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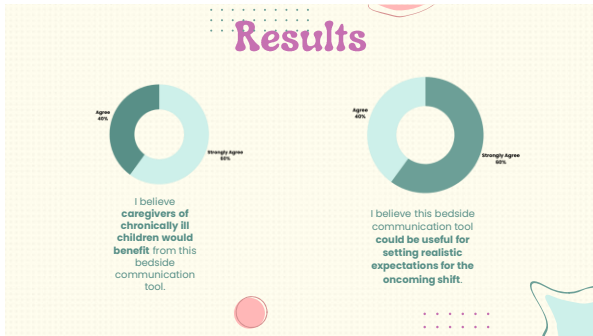
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## Implementation

THE "DAILY CHECK-IN" IS CURRENTLY BEING PILOTED IN COOK CHILDREN'S TRANSITIONAL AND REHABILITATION CARE UNIT, WHICH CARES FOR MORE CHRONIC PATIENTS THAN CCMC'S OTHER UNITS.

WE ARE CURRENTLY AWAITING DATA ON THE SUCCESS OF THE PILOT

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## Our Team

SARAH GLENN RN, BSN  
 MARYBEL JIMENEZ RN, BSN, CPN  
 JANNELL MATEO RN, BSN, CPN  
 NICHOLA MOORE RN, BSN  
 ASHLEY WYMER RN, BSN, CPN

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## REFERENCES

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## QUESTIONS?

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