

KIDS CARE: A Model to Improve Patient and Family Safety and Satisfaction

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Purpose

- As a Family-Centered Care institution, our nursing department focuses on core values of safety and patient/family satisfaction and tracks data to measure our progress. In 2011, opportunities for improvement were identified and we turned to an existing model for inspiration.
- The original KIDS CARE model was designed in 2002 to teach and reinforce respectful behaviors for nurses initiating therapeutic relationships with patients/families.



Significance

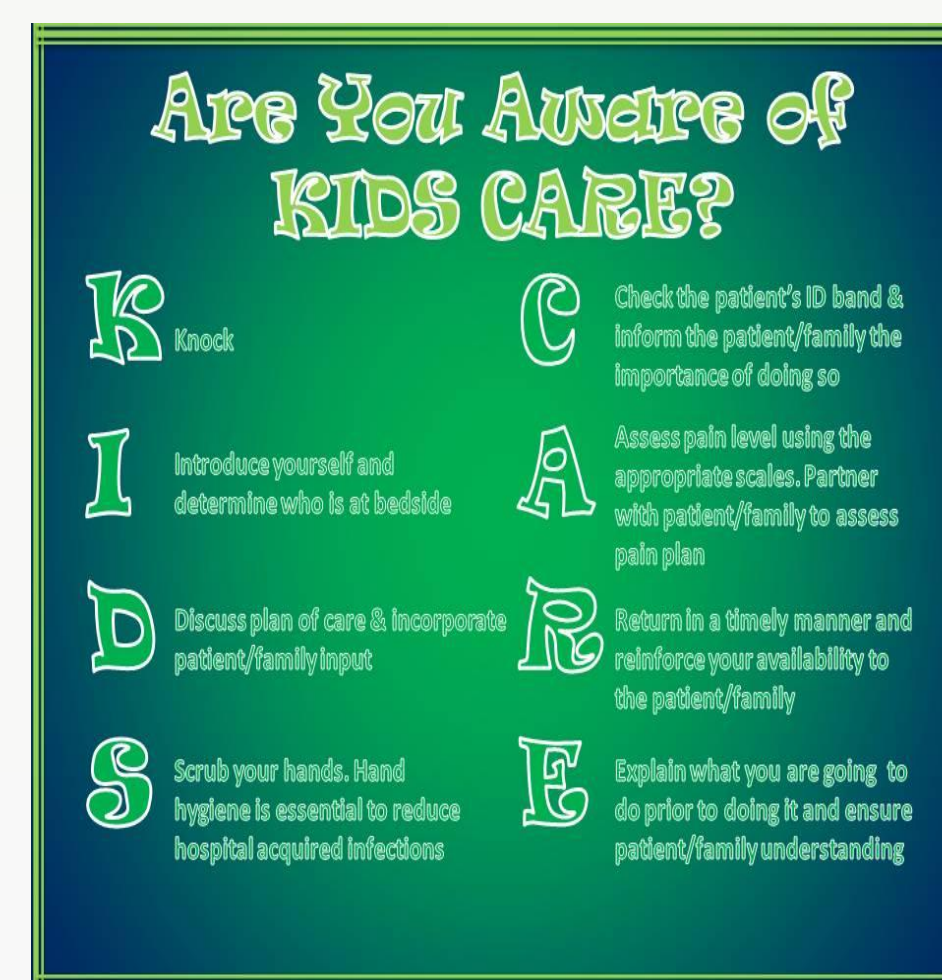
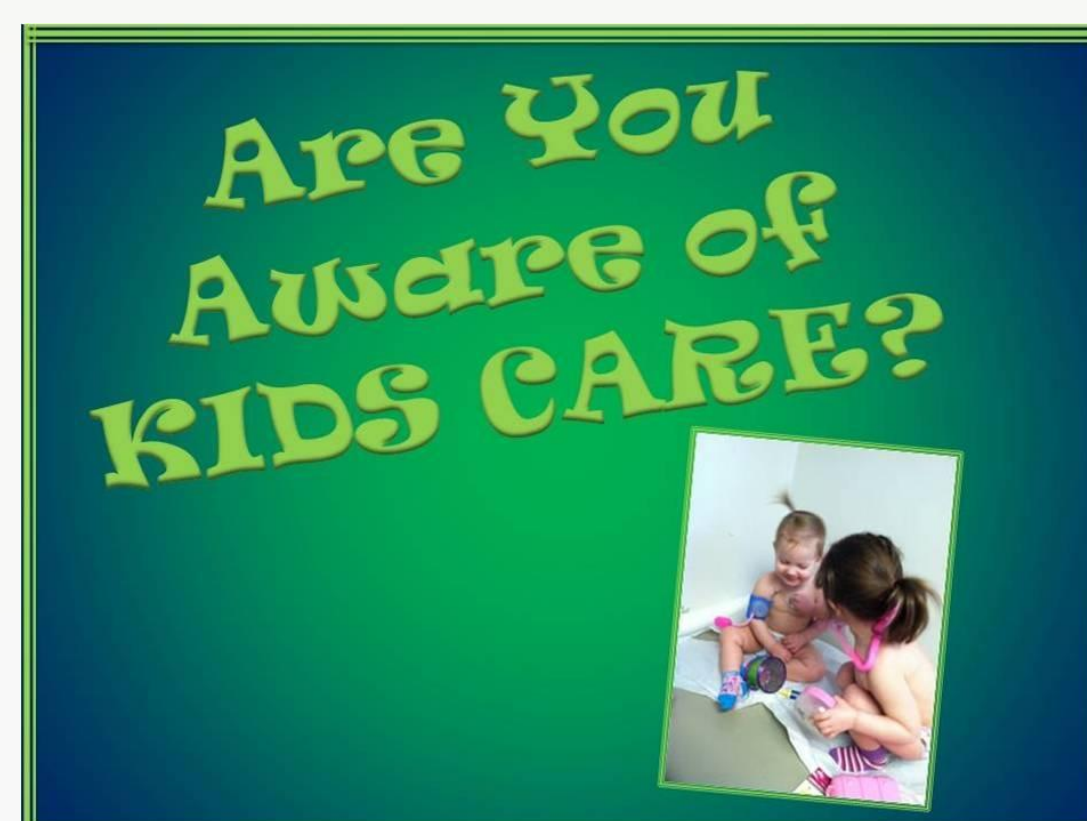
- The original model was successful, but needed updating to meet our current safety and patient/family satisfaction challenges.
- Major goals for the revised model were to:
 - re-introduce behavioral strategies to improve partnerships between staff, patients, & families
 - increase opportunities to discuss safety concerns
 - incorporate feedback from our Family Advisory Council regarding methods to increase trust

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Strategy and Implementation

- The Patient Satisfaction task force partnered with our Shared Governance (SG) and Family Advisory Council to invigorate and revise the model to help improve patient outcomes, safety, and quality care perceptions.
- The revised KIDS CARE model now stands for: **Knock**, **Introduce** yourself, **Discuss** the plan of care, **Scrub** hands, **Check** ID band, **Assess** Pain, **Return** in a timely manner, and **Explain** what you are going to do prior to doing it and ensure patient/family understanding.
- Education involved implementing multi-modal techniques such as: email blasts, presentations, screensavers, and an internal webpage. SG members also engaged in peer to peer mentorship.
- To advertise KIDS CARE, laminated flyers were placed at every bedside, posters were displayed in high traffic areas, and SG created themed t-shirts for staff to wear at work.
- A music video, developed by hospital staff, also plays on the internal TV station that reinforces tenets of KIDS CARE.
- Staff believe that by reinforcing these concepts, it enhances safety, communication, & increases expectations of quality care.

Screensavers:



We Care About KIDS CARE

Here at CHOP, we strive to provide the best and safest family-centered care possible. To do this, we follow the **KIDS CARE** model, explained here.

We will:

- Knock** before entering the room.
- Introduce** ourselves and determine who is at the bedside.
- Discuss** the plan of care and incorporate patient/family input.
- Scrub** our hands. Hand hygiene is essential to reducing hospital-acquired infections.
- Check** ID bands and inform the patient/family why this is important.
- Assess** the patient's pain on the appropriate scales, and partner with the patient/family to assess the pain plan.
- Return** to the patient room in a timely manner, and reinforce our availability to the patient/family.
- Explain** what we are going to do before doing it and make sure the patient/family understands.

Our staff is following this model. Please gently remind them if you do not feel they are consistently doing so.

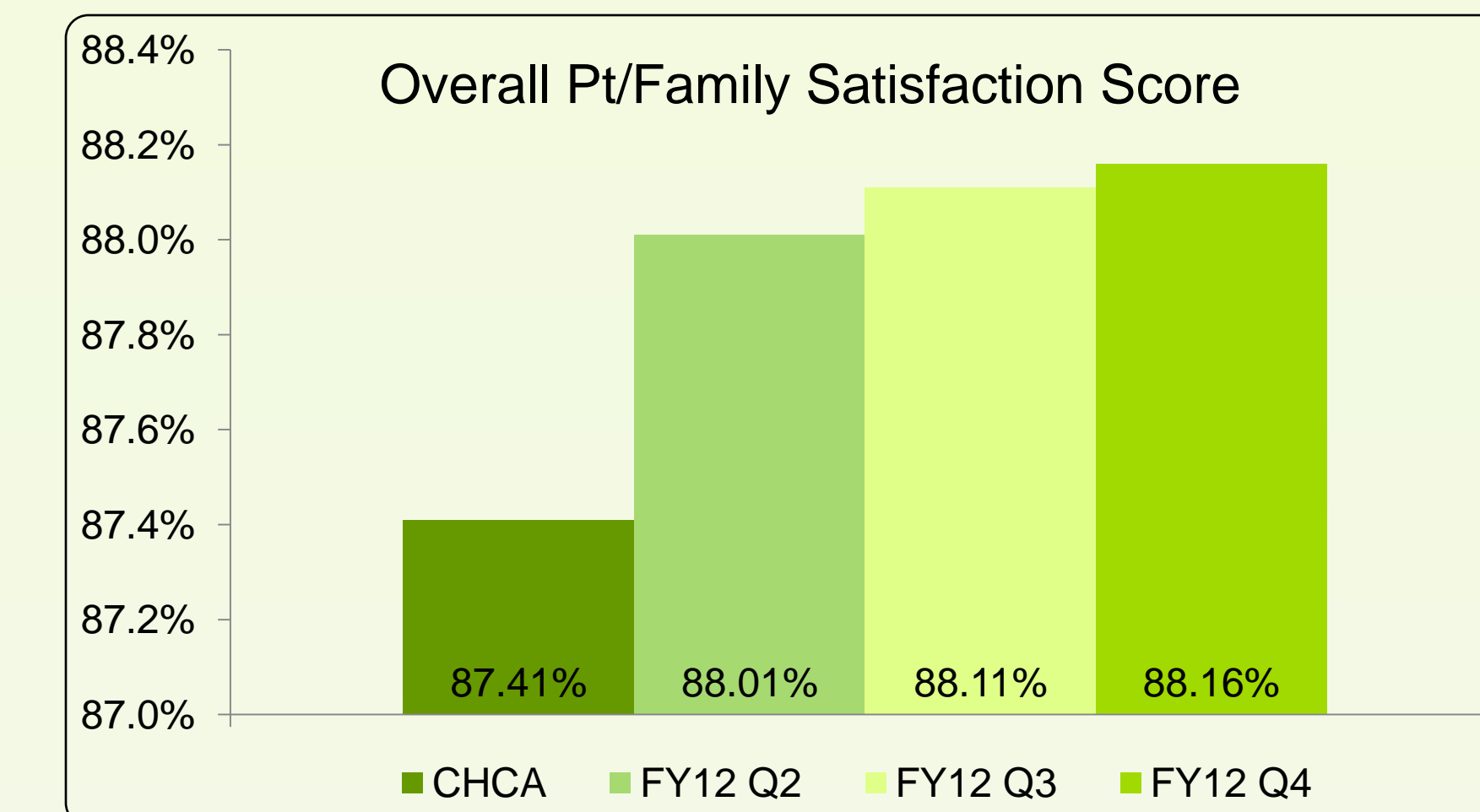
Thank you!

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- This patient and family information sheet was developed to assist with education.
- Bedside nurses are required to provide and document KIDS CARE education within the first 48 hours of the patient's hospital admission.

Evaluation



- Six nursing centric questions related to satisfaction scores are monitored quarterly and focus on nurses being courteous, available, answering questions in a way that is understandable, paying attention to patient/family input, checking ID bands, and controlling pain.
- Random audits of nursing care have shown improvements in practice of the KIDS CARE tenets.
- Since implementation, our overall patient satisfaction scores have been above the national benchmark mean.

Implications for Practice

- Nursing's multidisciplinary approach engages staff in the renewed commitment to patient/family satisfaction.
- Patient/families are encouraged to remind staff when the KIDS CARE model is not followed.
- We continue to examine our progress and develop systems and structures to keep KIDS CARE relevant.

Acknowledgements

- Special thanks to:
 - SG Supporting Practice/Management Council & Patient Satisfaction Task Force for their dedication to this project.
 - Denny Reid, BSN, RN, CPON, for revision assistance.
 - CHOP media department for video development.