

MEETING: AUGUST 13, 2019

“DAY IN THE LIFE” BRAINSTORM

Patient Profile: Adam, age 11

- Inpatient for antibiotics
- Single room
- Moderately healthy (not acute critical care)
- Crohn disease: GI flare, connected to IV, go through testing during time, not post-surgery
- Idea of being lonely, especially during care that is a flare-up and not post-surgery, because not sure exactly what care is coming next, when and how things might change, highly dependent on communication with care team
- 9 South

What happens in a day:

- **5:45am** - noise outside the room
 - Care team does huddle before starting rounds
 - Familiarity of physicians with patients dependent on many factors
- **6am** - start doing rounds, team of residents, nurses, attendants, physicians
 - Typically only happen in morning, could potentially have another round at 9-11am
 - Especially because of teaching hospital aspect
 - Surgeon has own round
 - At least 7 people in room -> corresponds to pain point of not knowing care team
 - Attendings for specific floor go through rounds, make care plan for the day
 - Nurses called in and asked how the night went
 - Patient point of view: “you’re waking me up at 6am are you kidding me,” idea of teenagers needing more sleep
 - Overview, potentially vitals taken
 - Potentially scheduled for testing
- **6:30am** - nurse follows up
 - Food involved: depends on state of patient at rounds and whether patient will be doing testing later
 - Patient/family/nurses have to pick up the phone and call for food
 - Options for food communicated by nurse/attending after
 - Time disconnect between ordering food and the food service being able to clear new options presented during rounds
 - Food services runs 24/7

- Robotic tugs that take food around to patients, requires food service person to unlock it
 - Nurse may recommend patient goes back to sleep
- **7am** - nursing staff and cleaning folks go through shift change
 - This floor is being connected to new building (opening 2021), so construction is ongoing
 - Need to be cognizant of discussions outside room, especially if parents not present with child: could be concern depending on patient involvement with care
 - Could put on TV and/or Playstation
- **8:30am** - turn on Get Well network
 - Pillow speaker, keyboard
 - Integrated with age
 - Nurses put in orders for education, not necessarily for Adam unless initial diagnosis, more common for something like asthma (made through Asthma Education Network)
 - Perceived by patient as disruptive
 - Work on physicians' timeline rather than patient's
- **9am** - another rounding
 - Potentially dietician
- **Between 9 and 11am** - not much
 - Shower
 - Food
 - Child life: some distraction, but limited because of age group so patient generally turn to laptop/iPad/Playstation
 - Patient is curious about what's happening, when discharge is
- **On call for an MRI**
 - Wondering what it's for, what the results will be, how long everything will take
 - VR solutions to prepare kids
- **11am** - GI doctor visits
- **3-5pm** - lonely time
 - FOMO: friends out of school, might not be texting right away
- **Midnight** - vital signs
 - Patient and parent working up

Other events:

- In and out often: cleaning folks, clinical assistants, nurses
- One parent can sleep in room, so typically one present
- Challenges with patient families bringing in siblings and requiring nurses to be "day care"
- Discharge: so many moving pieces that hold it up
- Patients generally stay in bed even if not necessary, mental stimulation to actually get them to move, embarrassment of walking around in hospital gown