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| **Work Performed By** | Unit care team members | **Total Time (min)** | 2-3 min/ patient |
| **Purpose(s)** | To establish a clear plan of care for each patient for each day, and throughout the patient’s hospitalization |
| **Expected Outcome(s)** | Team members are aligned on a plan to meet patient goals. |
| **Roles** | ***Room Set-up:*** *key participants should be placed in a circle in sequence from HM->RNs->Rx->PT (if applicable)->CM****Facilitator role:*** *keep timely moving forward, engage everyone***Nurse:** Facilitate standard work for their patients, Share patient updates/plan**Case Manager**: Update plan of care in computer during rounds, Share patient updates/plan**Hospitalist:** Share patient updates/plan**PT/OT:** Share patient updates/plan**Rx:** Reviews and updates patient medications and discharge meds |

| **Step** | **Expected Outcomes** | **Diagrams, Workflow, Pictures, Tips, Etc.** |
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| * *Hospital Medicine*
 | Total Time (sec) | 30 |
| 1.1 | Introduce patient and principal medical problem causing hospitalization | Establishing care starting point | Starting from lowest bed number and move throughSymptoms X caused by pathology Y |
| 1.2 | Briefly share the plan for the patient TODAY | Highlight interventions needed for today and how they help move care forward | * Top parameters being monitored today
* Procedure/tests needed today
* Expected outcome
 |
| 1.3 | Share any updates to the patient’s plan for THIS HOSPITALIZATION | Describe overarching goals and align efforts for all team members | Share clinical milestones for the hospitalization with expected progress timeline |
| * *Nursing*
 | Total Time (sec) | 20 |
| 2.1 | Complement hospitalist assessment of the patient | Provide the team feedback around plan set by hospitalist | Provide feedback on patient status: * physical
* psychological
* social

Focus on changes from baseline or day to day |
| 2.2 | Update team about patient plans for the day | Common understanding of timeline of events that patient has for the day | Infusion schedule that is long (pharmacy) or high quantity, procedures timing,… |
| 2.3 | Bring up items not conforming to safety standards | Ensure that patient safety procedures are being followed | Tele, Foley, Central line, restraints, fall precaution, isolations, IVF when patient is eating, oxygenWhen nurses are concerned |
| * *Pharmacy*
 | Total Time (sec) | 20 |
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|  3.1 | Review patient’s meds and labs. | Make sure the correct medication updates have occurred.  |
|  3.2 | Anticipate and review discharge medications. | Prepare patient medications for discharge. |

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| * *Rehab (if applicable)*
 | Total Time (sec) | 15 |
| 4.1 | Share patient mobility status | Common understanding of patient starting point and current progress | i.e. patient at baseline is fully independent, and now requires 1 person assist. |
| 4.2 | Share hospitalization mobility plans and beyond | Understanding of plan for care team regarding mobility | Includes specific plans for each team member.i.e. PT will see patient 3x week, MWF. Likely needs to set up SNF. RN be careful when pt is using toilet. Motion seems to be limited by pain. |
| * *Case Management*
 | Total Time (sec) | 20 |
| 5.1 | Identify any new social challenges | Establish resources constraints for the patient post discharge | Raise issues when insurance might not cover patients’ needs. Offer alternatives options.Description should be brief, to the point without sharing stories about how the patient got to where they are. |
| 5.2 | Establish post discharge plans | Team understands who needs to act, what and when the services/equipment’s will be delivered | i.e. BSC will be delivered to bedside by tomorrow afternoon. Ordered placed for MD to sign.i.e. medications needs to be sent today by 11AM to Plaza pharmacy. We will fill them for the patient. |
| * *Hospital Medicine* Total Time (sec)
 | *5* |
| 6.1 | Provide EDD | Common understanding of the case timeline | Educated guess based on available information. It needs to be a date |
| 6.2 | Complement post discharge needs | Describe other nuances for patient post discharge needsIdentify high-risk discharge needs | High-risk needs include:* TPN
* High-cost meds not covered by insurance
* Outpatient services that are critical but cannot be afforded by the patient
 |
| ***Repeat for each patient*** |