

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

