Current State of Family-Centered Rounds Three Years After Patient and Family Centered I-PASS Implementation: A Sustainability Audit

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BACKGROUND

- Patient and Family Centered I-PASS (PFC I-PASS) is a health-literacy-forward structured rounds that uses teach-back, plain language, and visual aids
- Has shown a 38% reduction in preventable adverse events[1]
- Builds on I-PASS handoff intervention with 23% error reduction[2]
- Baystate participated in SHM PFC I-PASS collaborative 2019-2022
- Sustainment of complex rounding behaviors is a known challenge[3]
- Anecdotal drift in adherence prompted this structured audit

OBJECTIVE

- To characterize the current state of Family Centered Rounds three years post-collaborative and to identify targets for re-intervention

METHODS

- Direct observation, 45-bed Children & Adolescents Unit, Jun 2025 – Mar 2026 (N=55)
- Observers: research manager (n=31), attending (n=11), other staff (n=8), chief resident (n=2); convenience sampling of daytime rounds
- REDCap tool adapted from SHM PFC I-PASS study; captures rounds format, team participation, I-PASS fidelity, language access, family engagement
- Per-item denominators reflect item-level non-missingness (n=33-55); descriptive only

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For Abstract, References, Acknowledgements, and More

Families were rated as engaged (83%) — yet closed-loop verification was observed in under 1 in 5 rounds.

RESULTS (N=55 observations; per-item n=33-55)

- Currently observed at high frequency:
  - bedside format (93%), action items (100%), overnight events (92%), contingency planning (86%), one-liner (85%)
- Gaps — closed-loop verification:
  - family synthesis requested (18%) and performed (21%); teach-back (14%); visual aids (8%)
- Gaps — bedside nurse integration:
  - present in-room (52%); invited to share overnight (30%); actively participated (18%)
- Equity-sensitive practice:
  - interpreter used when needed in 9/10 encounters (90%, 95% CI 60-98%)

CONCLUSIONS

- Bedside delivery and upstream I-PASS components are currently observed at high frequency at our institution
- Largest current-vs-recommended gaps: family synthesis, bedside nurse engagement, teach-back
- Rounding teams: invite the bedside nurse to join and share overnight events
- Presenters: prompt families to teach back the plan ("S" closes the I-PASS loop)
- Findings suggest opportunity for targeted refreshers; re-audit planned after re-intervention

LIMITATIONS

- Single-site cross-sectional snapshot; no 2022 baseline available→ "current state," not "change over time"
- Item-level missing data was substantial (per-item n=33-55); items left blank may reflect non-occurrence, non-applicability, or observer omission — true gap rates may be even lower
- Observer presence may bias visible behaviors (Hawthorne effect)
- Mixed observer roster; interrater agreement not formally assessed
- Observation window spans an academic-year transition (Jun 2025 – Mar 2026); trainee experience varied across the sample

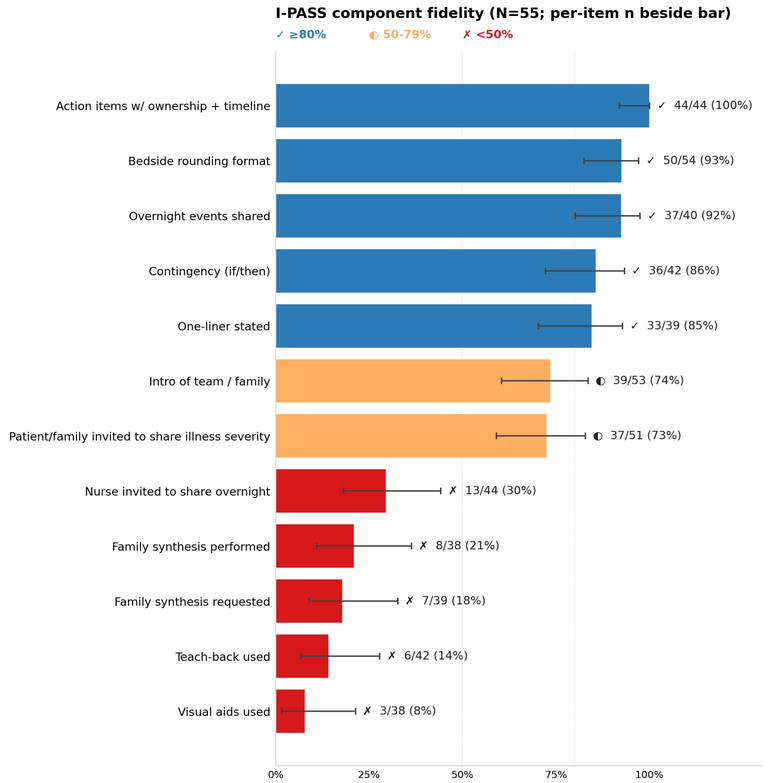

Figure 1. I-PASS component fidelity (N=55 encounters; per-item n=33-55 due to item-level missingness). Bars sorted by adherence and color/icon-coded by band. Error bars: Wilson 95% CI; Clopper-Pearson exact for boundary proportions. Caveat: 11/55 observations are blank for action items; 44/44 reflects completed entries only.

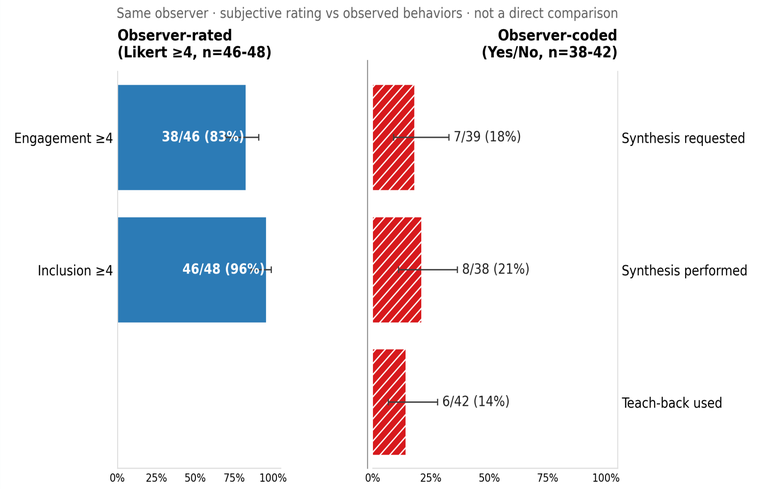

Figure 2. Observer-rated family experience vs observer-coded behaviors — one observer instrument, two measure types. Not a direct comparison. Wilson 95% CIs shown.