

TAP TO GO  
 BACK TO  
 KIOSK MENU

# Improving Communication and Teamwork with Morning Meeting. Morning Awareness Plan, M.A.P.

Barbara Donovan RN, MSN

## Introduction/Problem

The Joint Commission (TJC) identified communication as a contributing factor in serious preventable adverse events. Improved communication and teamwork may lead to less communication errors. The Institute of Medicine (IOM) recommendations for research priorities include the question; "What policies and incentives foster teamwork and professional collaboration?"

Staff on the medicine units begin their day with a morning meeting called MAP. The meeting occurs on the unit in the patients pod. The MAP is coordinated by the resident with a structured format for both nurses and physician to share information and concerns. The sharing of information updates everyone on the patients current status and concerns. Staff can discuss the best way to address any patient events like triggers, untreated pain, discussion of change in condition and patient goals.

## Aim/Goal

- All staff are more aware of important changes
- Better coordinated care fro the patient
- Prioritization of care (urgent issues called out early in the day) and reduction in miscommunication

## The Team

- Alice Bradbury, RN, MSN
- Denise Corbett-Carbonneau RN,DNP
- Barb Donovan RN, MSN
- Chris Gervino RN, BSN
- Lilian Castillo RN, BSN
- Katey Hathaway RN, BSN
- Kim Campbell RN, MSN
- Kym Peterson RN, MSN
- Devin DiNatale RN, BSN
- Jed Von Freyemann RN, BSN
- Nicole Keefe RN, BSN

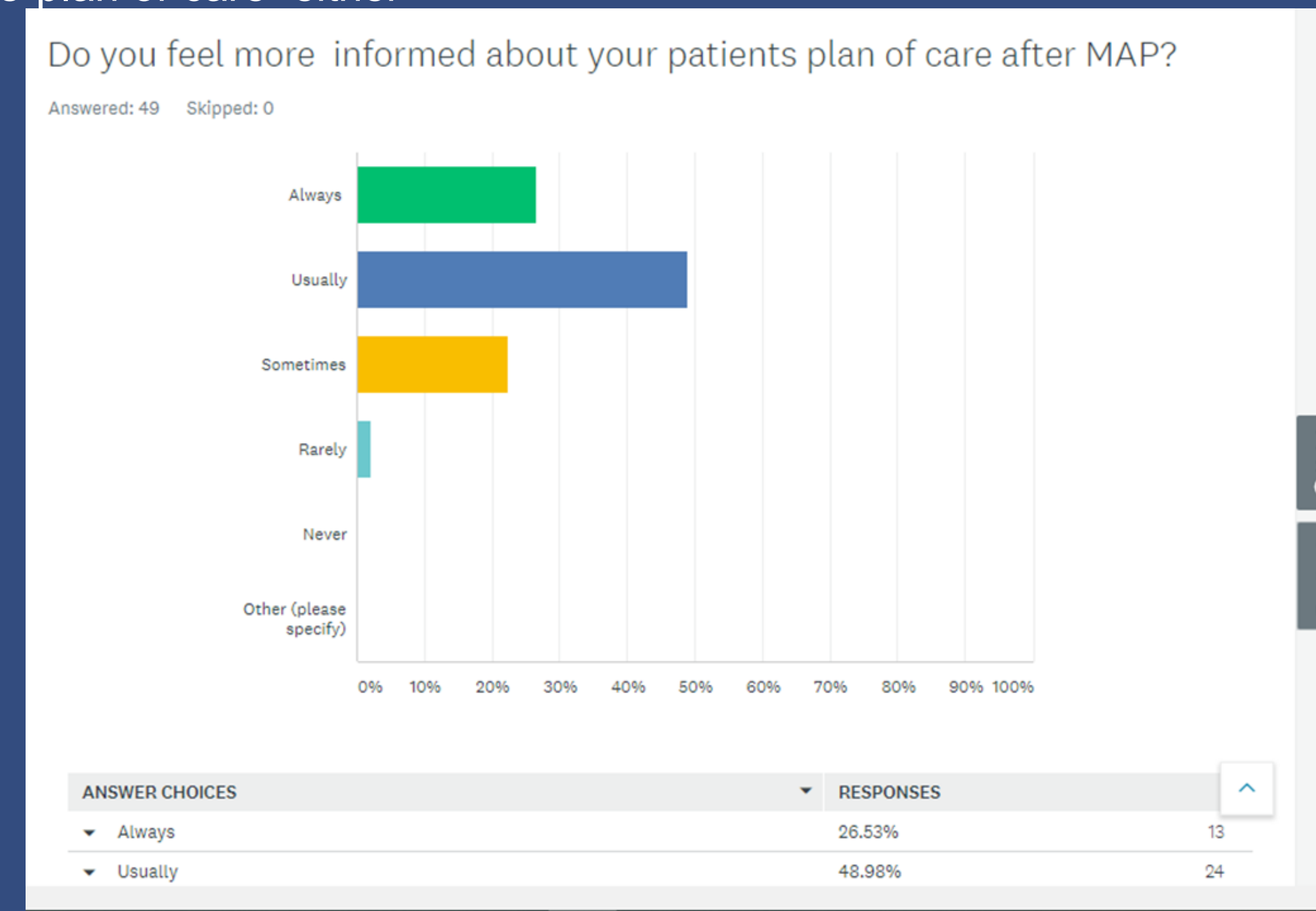
## The Interventions

- Who: Goals for attendance at MAP: Attending, Resident, Interns, Nurses, PCT
- When: meet M-F from 9:00am-9:15 am at designated areas on the PODs.
- Each RN runs through their patient list and highlights any urgent or critical needs to prioritize care and request bedside rounding together. Reviews overnight changes in behavior, questions on any pending or scheduled tests, efforts for pain relief ,any patient or family concerns or nursing questions related to need for continued care like tele/Foley, plans for discharge

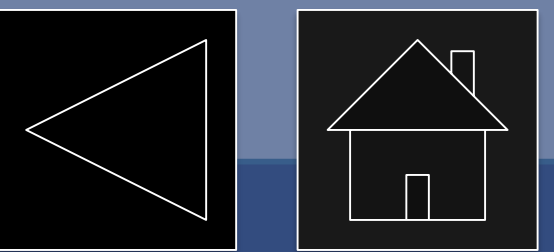
## Results/Progress to Date

As a result of MAP more than ¾ of Staff surveyed indicated they were better informed about the patient's plan of care either

Always /Usually



For more information, contact:  
**bcdonova@bidmc.harvard.edu**

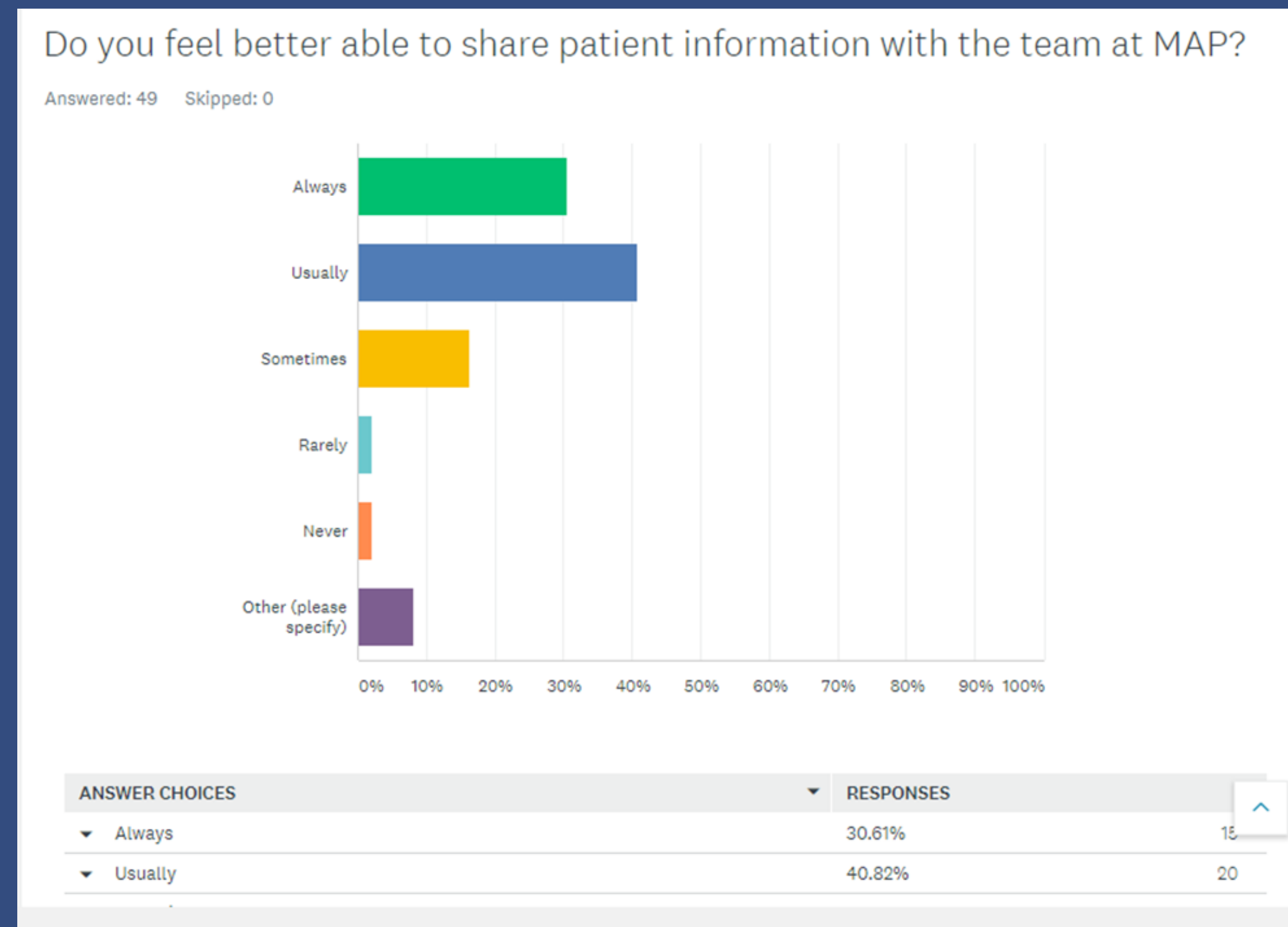


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## More Results/Progress to Date

72 % of Staff felt they were better able to communicate patient concerns at MAP



Survey monkey results from Staff all from 3 Med Surg units

The MAP was rolled out a department of Medicine paired with geographic assignments to facilitate nurse physician teams. This was called FIRM. Patients will be geographically co-located in Pods known as FIRMs (fully integrated regionalized micro teams)

This model has also helped to support the teamwork and collaboration during the MAP.

## Lessons Learned

- It has been essential to adhere to a start and finish time. MAP occurs during nurses morning medication pass and morning ADL. This is a very busy time for all the team.
- This meeting occurs in addition to Patient Progression Rounds and some staff feel they are spending too much time away from the bedside
- Posting a script on the wall where MAP occurs helps set expectation for staff new to the process.

## Next Steps

- Nursing leadership will continue to support MAP occurring during the week since staff feel it has enhanced sharing of patient information.
- Other units may choose to begin using MAP