Abstract

There are a lot of potential reasons that patient and nurse satisfaction can decrease. In order to target both of these an evaluative assessment and rounding tool were designed to increase both of these quality indicators. Specifically, the use of nurse integrated rounds at a leading research facility in the pediatric intensive care unit. Understanding positive patient care outcomes that are derived from using this change and improving nurse satisfaction are two crucial components that solidify the foundation and support this change process.

Background

Data obtained from PICU RN Survey showed a significant amount of barriers that impact an RN’s ability to be present during rounds. Patient care, MD inclusion, timing of breaks and RN comfort level. Nurses at LPCH have a responsibility to advocate and provide input to care decisions. Patients with in the Pediatric Intensive Care Unit require a heightened sense of acute awareness and

Methods

- Qualitative, and quantitative research methods used.
  - Systematic research review study examined the evidence of implementation of nurse integrated rounds
  - Environmental analysis from 110 RNs surveyed, 48 respondents.
  - Education provided to Nurses for implementation with PowerPoint presentation at staff meetings, and with Nurse Champions on the unit.

Results

- Have you used Nurse Integrated Rounds at another organization?
  - Response: 90%
  - No: 10%

- Are you familiar with Nurse Integrated Rounds?
  - Response: 100%
  - Yes: 100%
  - No: 0%

- What are barriers to Nurse Participation in rounds on the unit?
  - Response: 100%
  - Patient Care: 43.4%
  - MD Inclusion: 28.2%
  - RN Comfort: 17.3%
  - RN Break Time: 10.8%

- How often are you involved on rounds?
  - Response: 100%
  - 1 time a week: 15.2%
  - 2 times a week: 54.7%
  - More than a week: 30.1%

- Do you feel empowered to speak up on rounds?
  - Response: 100%
  - Yes: 90.4%
  - Sometimes: 5.6%
  - No: 4.0%

Conclusion

Research proved nurse integrated tool to be useful in creating a process change within a leading pediatric intensive care unit as a means to target nurse involvement in bedside rounds.

Further research and evidence based practice is suggested to continue to support the use of nurse integrated rounds in healthcare organizations.

Discussion

Strengths of this study included teamwork coordinating the efforts to develop a well thought out tool and implementation plan. Areas for improvement: Implementation did not occur due to significant leadership change within unit, prior to presentation. Implementation will occur in future. When implemented it will improve patient and nurse satisfaction. Future studies can look at implementation in other units such as acute care or outpatient settings.

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