

To Round or Not to Round: That is the dilemma!



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Background

- ▶ Patient satisfaction and patient safety outcomes are viewed by hospital leadership as crucial determinants of success for meeting this mission
- ▶ Centers for Medicare and Medicaid Services (CMS) withhold money from hospitals, with the option to earn some of it back based on the five domains (efficiency – 25 %, HCAHPS – 25 %, clinical care process – 5%, clinical care outcomes – 25%, and safety – 20 %).



Background

- There are 12 core measures which account for 70% of the weight while the other 30% are eight composited measures from HCAHPS
- The eight HCAHPS measures include nursing communication, doctor communication, responsiveness of staff, pain management, communication of medications, discharge information, cleanliness and quietness of hospital environment and overall rating



Background

- 25% of falls result from falling out of bed and approximately 30% of these falls result in injury with 4-6% listed as serious. Injuries included either fracture or death
- hospital costs for patients injured during falls are US\$4200 higher than for patients who do not fall




Background

- Multiple studies have been conducted in the past six years to assess the effectiveness of nursing rounds on outcomes such as call light use, patient satisfaction and patient safety
- Patient rounding has shown to have positive impacts on decreasing call light usage, decreased fall rates, decreased skin breakdown rates, and increased patient satisfaction, with nursing care resulting in improved patient satisfaction scores



Background

- ▶ Purposeful and timely rounding is a best practice intervention used to meet basic patient care needs routinely, ensure patient safety, decrease the occurrence of patient preventable events, and proactively address problems before they occur
 - ▶ Studer found hospitals that proactively instituted rounding increased patient satisfaction by 8.9%
 - ▶ The IHI endorsed hourly rounding in 2009 as the best way to reduce call lights and increase both the quality of care and the satisfaction of patients.
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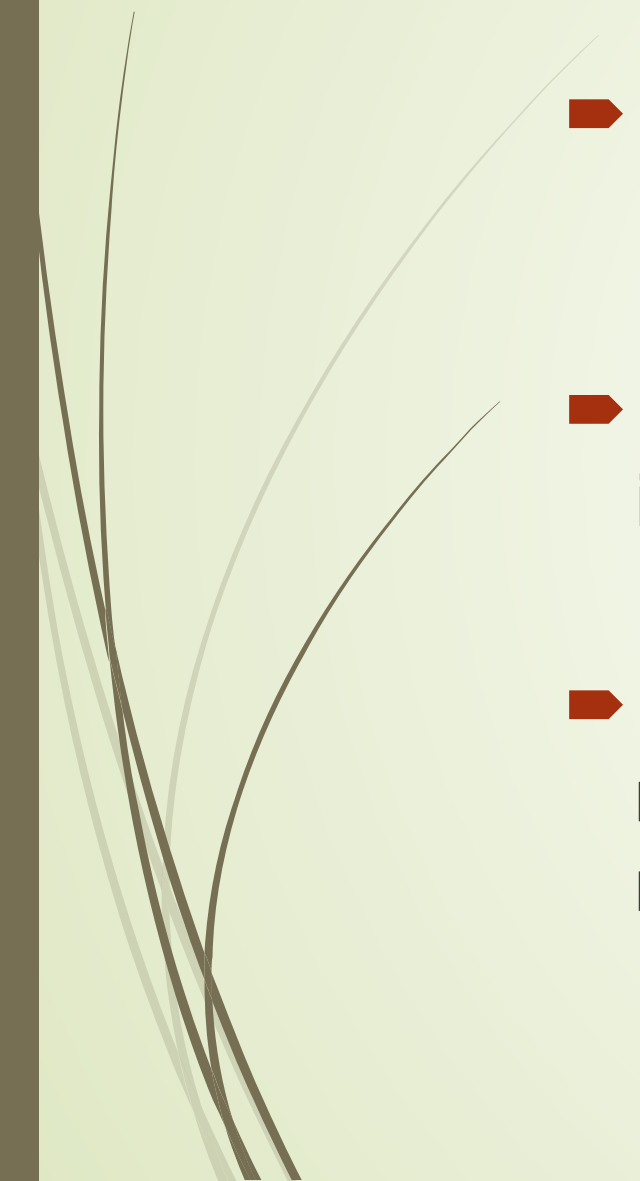


The Joanna Briggs Institute (JBI) Clinician Information Recommendations

- (JBI) Evidence Summary/Nursing Rounds: Clinician Information describes the following best practice recommendations for purposeful and timely hourly rounding:
 - 1. The hourly or two-hourly nursing rounds are recommended in hospital to reduce call lights, falls, and increased patient satisfaction.
 - 2. The “12 step” or “4P” protocols can be used while performing nursing rounds




Aim and Objectives

- Determine current compliance with evidence-based criteria regarding timeliness and purposefulness of nursing rounds.
 - Improve knowledge regarding best practice interventions amongst staff nurses regarding nursing rounds.
 - Improve compliance with evidence-based criteria regarding timeliness and purposefulness of nursing rounds
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Methods

- The project was conducted on a 28-bed medical surgical unit at a tertiary care non-academic faith-based facility in the United States
 - Direct observation was employed to assess nurses' timeliness and use of a protocol when rounding
 - Interventions were developed based on baseline data results and post intervention data was collected on the same criteria
 - Statistical analysis was completed to determine the significance of study results
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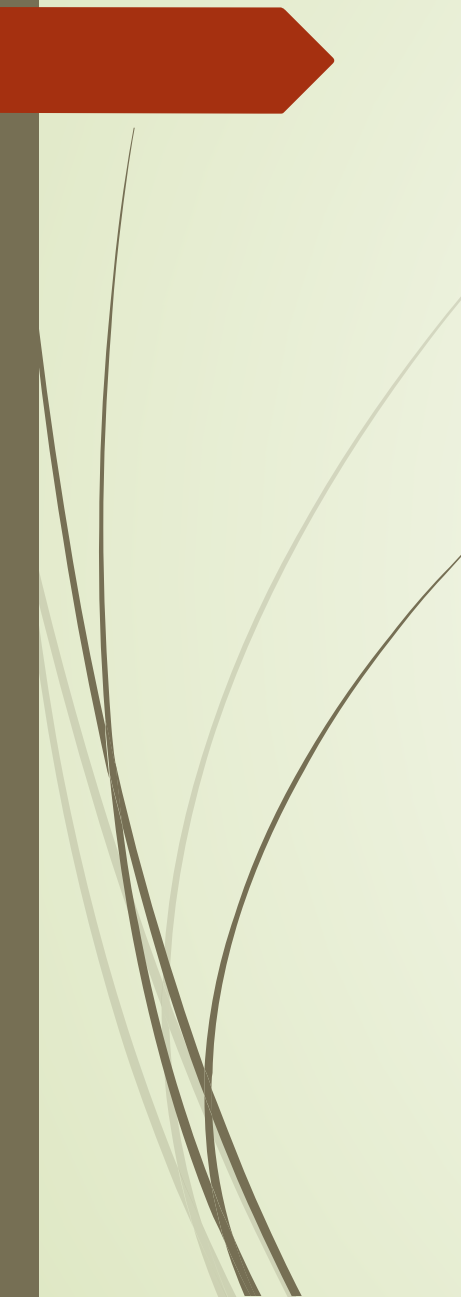
Methods

- The Joanna Briggs Institute Practical Application of Clinical Evidence System (JBI-PACES) and Getting Research into Practice (GRiP) audit and feedback tool framework was used. The 3 phases included:
 - 1. Establishing a team for the project and undertaking a baseline audit based on criteria informed by the evidence.
 - 2. Reflecting on the results of the baseline audit and designing and implementing strategies to address non-compliance found in the baseline audit informed by the JBI GRiP framework.
 - 3. Conducting a follow-up audit to assess the outcomes of the interventions implemented to improve practice, and identifying future practice issues to be addressed in subsequent audits.



Phase 1: Stakeholder Engagement Quality and Safety Indicators and Baseline Audit

- ▶ Three HCAHP categories directly related to outcome measurements for nursing rounds were:
 - ▶ a) nurse communication (achieve 82% score);
 - ▶ b) responsiveness of hospital staff (achieve 73% score); and
 - ▶ c) pain management (achieve 74% score)



Audit criterion	Sample	Method used to measure percent compliance with best practice
1. Hourly nursing rounds are conducted at a stipulated time during awake hours	32 rounding sessions on day shift by nursing staff on a medical surgical unit	Direct observation of the time the round started
1. Hourly or 2 hourly nursing rounds are conducted during sleeping hours	12 rounding sessions on night shift by nursing staff on a medical surgical unit	Direct observation of the time the round started
1. A protocol is used by nurses when conducting rounds	44 rounding sessions on day shift and night shift by nursing staff on a medical surgical unit	Direct observation of: <ul style="list-style-type: none">• Verbal use of the "4P script"• Completion of each "P" of the 4P rounding method (pain, position, potty [urination], possessions)



Phase 2: Design and Implementation of Strategies to Improve Practice (GRiP)

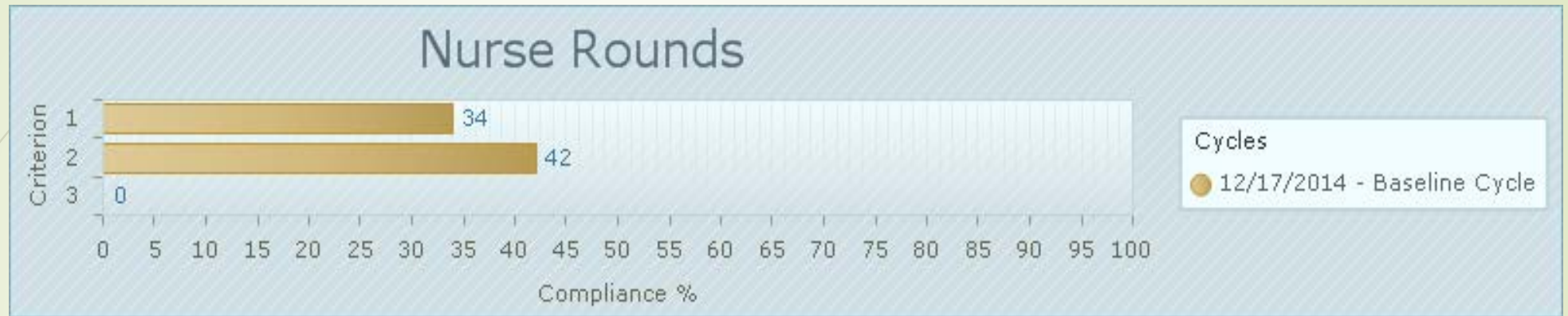
- One month later, a staff meeting was held with the nursing leadership and medical surgical unit nurses to discuss the results of the baseline data collected on the three criteria
- Identified barriers, strengths, resources and outcomes for nursing rounds
- Barriers to rounding which primarily focused on staffing, new unit management, and lack of knowledge of best practice interventions



Phase 3: Follow-up Audit Post Implementation of Change Strategy

- The third month of the project, a follow-up audit was conducted
- The same evidence-based audit criteria as those used in the baseline audit.
- A total of 32 observations were completed on the day shift and 12 on the night shift for timeliness of nursing rounds.
- The 4P protocol script that nurses developed, as one of the interventions, was assessed on both day shift and night shift observations

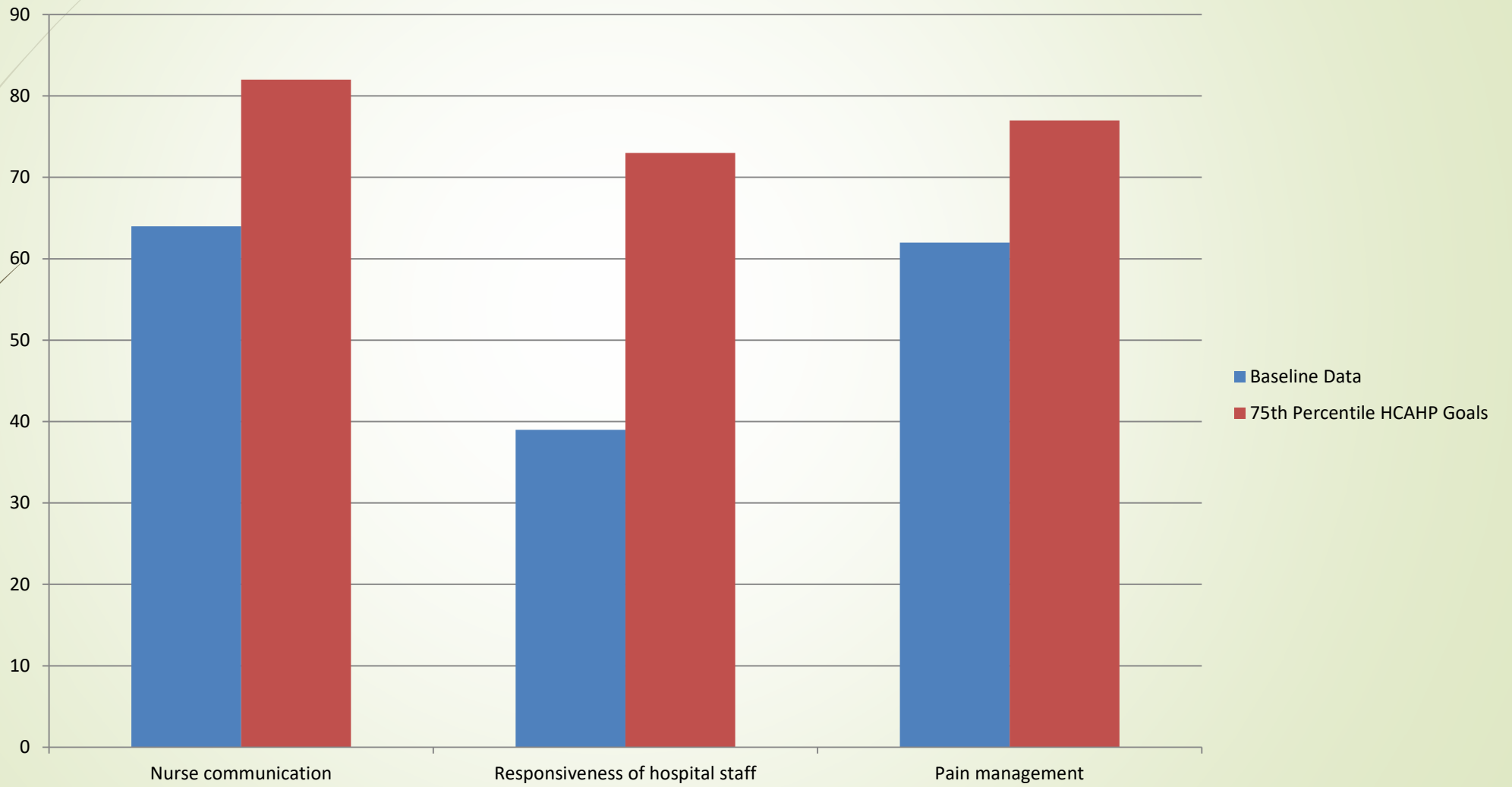
Results



Audit criteria and sample:

1. Hourly nursing rounds are conducted at a stipulated time during awake hours. (N=32)
2. Hourly or 2 hourly nursing rounds are conducted during sleeping hours. (N=12)
3. A protocol is used by nurses when conducting rounds. (N=44)

HCAHP Goals



NDNQI Baseline Data

Table 2: NDNQI data – Medical Surgical Unit Patient Falls - Volume per Month

Pre-intervention	Pre-intervention	Pre-intervention
1	3	2

Staffing

- ▶ Nursing unit manager and director will review a three-month staffing pattern and identified gaps to determine additional FTEs needed
- ▶ Vice President for Nursing will approve budget for hiring needed FTEs
- ▶ Unit manager and director then will work with human resources department to advertise, interview, and hire experienced nurses
- ▶ Staffing schedules
- ▶ Patient assignment logs for last three months
- ▶ Four nurses were hired and completed orientation prior to the March 3, 2015 follow-up audit cycle.

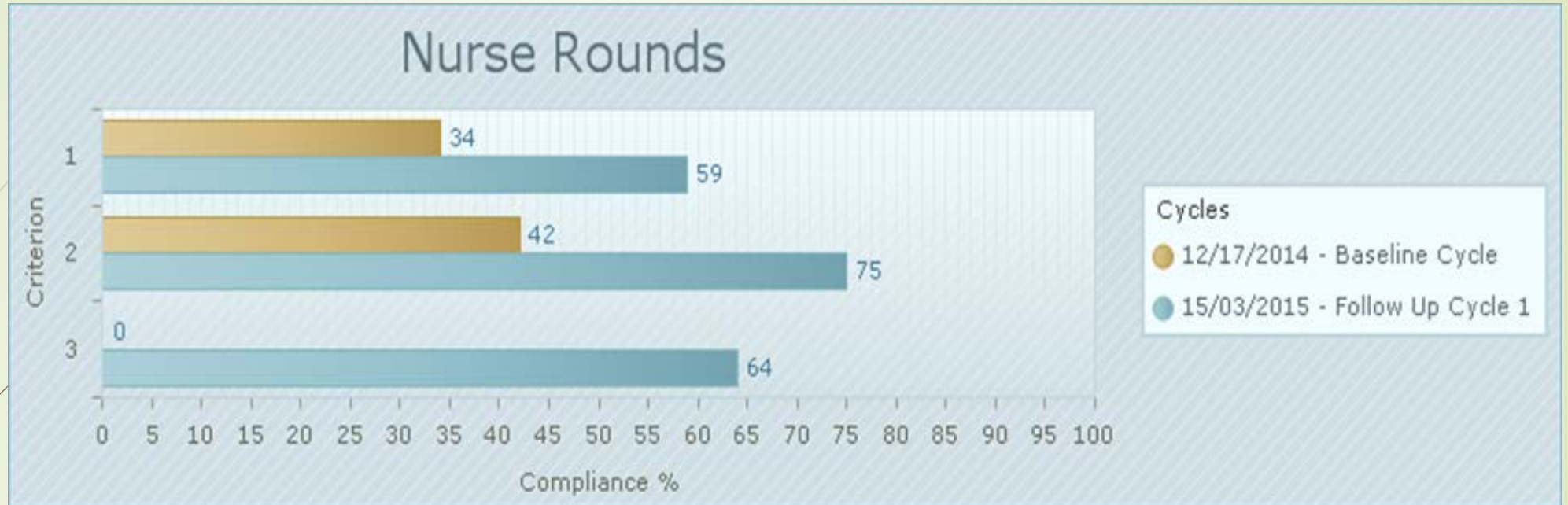
New Unit Management

- Unit manager will actively engage with the unit charge nurse to evaluate the daily unit acuity
- Unit manager will assist in performing nursing rounds when needed
- Charge nurse availability at the beginning of each shift
- Manager following audit criteria for rounding on the unit
- New unit manager presence on the unit has yielded positive comments from nursing staff to build teamwork and stabilize unit daily functions

Lack of Knowledge of Best Practice Interventions

- ▶ A journal club will be formed and articles on the topic will be circulated to nursing staff
- ▶ A journal club/QI board was developed to collect best practice interventions on the topic of nursing rounds
- ▶ A script was developed and put on a reminder card by each computer for staff to use as a communication tool on patient admission assessment, during rounds while the patient was in the hospital, and upon discharge
- ▶ The script and the 4Ps added to the nursing rounds documentation section in the electronic health record
- ▶ Nursing educator to obtain materials for the board
- ▶ Journal club team to post articles on nursing rounds
- ▶ Nurse educator to update compliance with the three audit criteria
- ▶ Timeliness of day shift rounding compliance increased 25%; night shift rounding increased 33%, and using a protocol when rounding increased 64%

Phase 3: Follow-up Audits



Audit criteria and Post-Audit Sample:

1. Hourly nursing rounds are conducted at a stipulated time during awake hours. ($N=32$)
2. Hourly or 2 hourly nursing rounds are conducted during sleeping hours. ($N=12$)
3. A protocol is used by nurses when conducting rounds. ($N=44$)

HCAHP Comparison

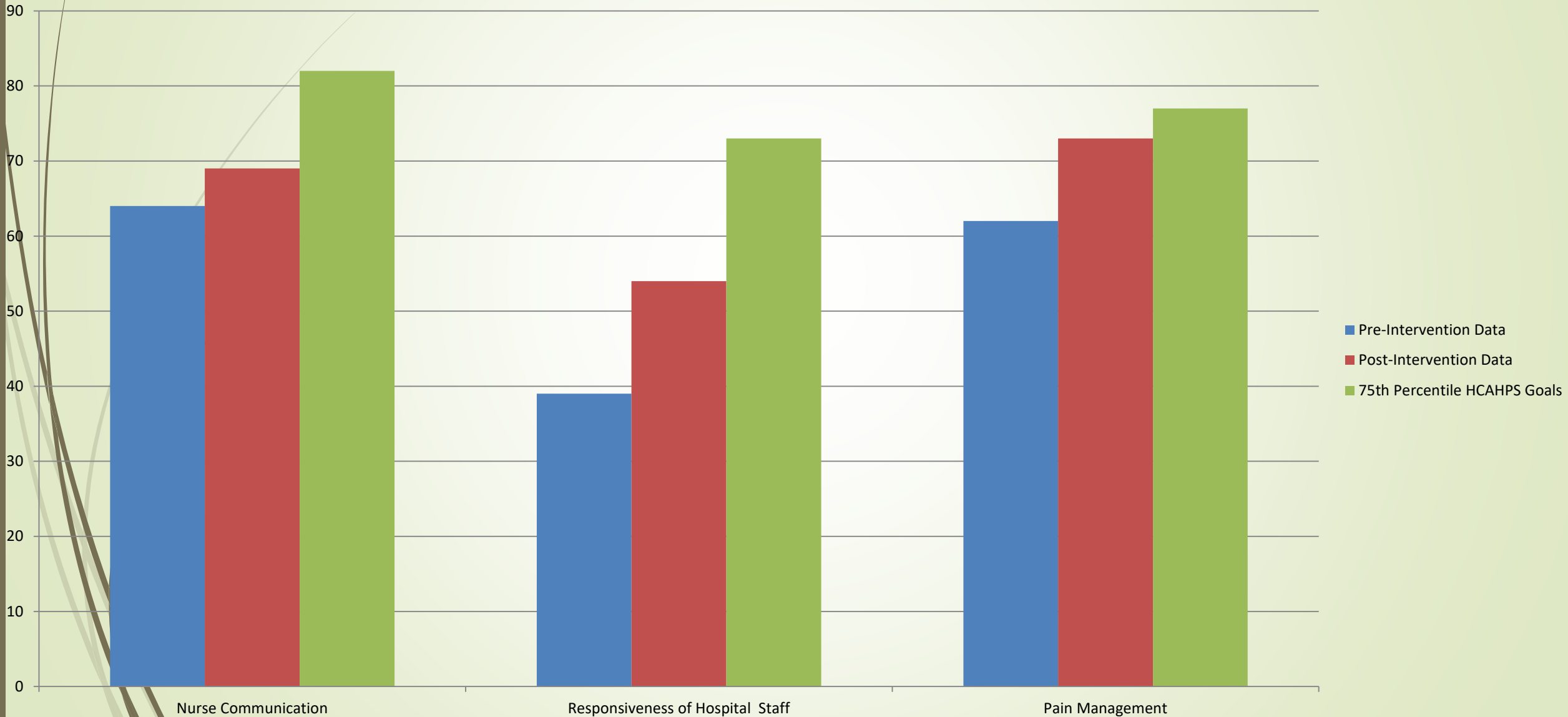


Table 4: HCAHPS sub-categories improvement rates

HCAHPS sub-category	Pre-intervention compliance	Post-intervention compliance	Change	Rate of improvement
Nurse communication				
Listen carefully	58 %	71 %	↑ 13%	18 %
Explain things	63 %	71 %	↑ 8 %	11 %
Responsiveness – staff				
Call light	45 %	45 %	0	0
Bedpan or bathroom	24 %	65 %	↑ 41	63 %
Pain management				
Pain control	56 %	68 %	↑ 12	18 %
Pain help	68 %	77 %	↑ 9	12 %



Discussion

- Timely and purposeful rounding was the intervention determined to have the greatest impact on improving patients' perspectives of, and satisfaction with, their care, as well as increasing patient safety during hospitalization.
- Initial improvement was made toward the established satisfaction benchmarks for the project. Responsiveness of staff, the HCAHPS category with the lowest scores, had a robust 28% improvement rate (a gain of 15%)
- The call light usage rate by patients was not evaluated. *Call light* did not change.



Discussion

- *Pain management*, with pre- and post-implementation scores most similar to those for *nurse communication*, realized a 15% improvement rate (a gain of 11%)
- The project aim of improved safety, indicated by a decreased volume of falls



Discussion

- ▶ *Nurse communication*, the category with the highest starting and ending scores, had a modest 7% improvement rate (a gain of 5%).
 - ▶ the improvement rates for sub-categories *listen carefully* and *explain things* had higher improvement rate gains, 18% and 11%, respectively. These sub-category results indicate a higher quality of purposefulness and intentionality when rounding and are most likely due to adoption of the standardized scripting protocol

Successes


- The use of best practice evidence to promote practice change and management staff teambuilding.
- This project has empowered and re-energized nurses to initiate a journal club focusing on nurse driven practices to improve patient care outcomes.
- Future directions for promoting best practice in this unit are to identify and address other medical-surgical practice issues related to oncology and bariatric patients by applying the learned concepts of process improvement.

Limitations

- 1. Barriers identified for this unit that may not be generalizable to other units in the hospital because nursing workflows and patient populations with their specific needs differ in each unit.
- 2. Results of the intervention unit were not compared to a control unit.
- 3. Direct observation could have biased nursing behaviors.
- 4. The call light usage rate by patients was not evaluated.
- 5. Sustainability measures needed to be established to maintain the gains and to continue to improve the outcomes



Conclusion

- Nurses have the ability to improve patient satisfaction and patient safety outcomes by utilizing nursing round interventions which serve to improve patient communication and staff responsiveness.
 - Having an appropriate infrastructure and an organized approach, encompassing all levels of staff, to meet patient needs during their hospital stay was a key factor for success.
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