

Title:

Nurse-Led Interprofessional Bedside Rounds: Impact on Patient Experience

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Session Title:

Nurse Rounding

Slot:

G 04: Monday, 30 October 2017: 1:15 PM-2:30 PM

Scheduled Time:

1:55 PM

Keywords:

Bedside Rounds, Interprofessional Practice and Patient Experience

References:

Institute for Healthcare Improvement. (IHI). Triple Aim. Retrieved from:

<http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>

Institute of Medicine (2010). The future of nursing: leading change, advancing health. Washington, D.C.: The National Academies Press.

Robert Woods Johnson Foundation (2011). Implementing the IOM Future of Nursing Report-Part II: The potential of interprofessional collaborative care to improve safety and quality. *Charting Nursing's Future, Reports on Policies That Can Transform Patient Care*, (Nov. 2011), 1-8.

Walsh, K., Reeves, S., & Maloney, S. (2014). Exploring issues of cost and value in professional and interprofessional education. *Journal of Interprofessional Care*, 28(6), 493-494.

World Health Organization. (2010). Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization.

Abstract Summary:

This project implemented nurse-led Interprofessional bedside rounds on a surgical service to improve communication and collaboration between providers for this complex patient population. Outcome examined was patient experience using HCAHPS scores. Findings demonstrated improved patient experience over one year compared to previous year after implementation of nurse-led interprofessional bedside rounds.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
1. The learner will be able to explain the process of implementation of nurse-led interprofessional bedside rounds.	a.) Planning b.) Implementation c.) Evaluation
2. The learner will be able to apply ways to measure efficacy of rounds.	a.) Use of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) b.) Other potential measurement tools
3. The learner will be able to identify challenges and opportunities related to implementation of nurse-led bedside rounds.	a.) Barriers to implementation b.) Ongoing re-evaluation and revisions c.) Opportunities for expansion of the project to other services/adaptation to a variety of patient populations and settings

Abstract Text:

In 1991, the Institute for Healthcare Improvement (IHI) proposed the triple aim: 1) improve healthcare through patient satisfaction and quality; 2) improve population health; and 3) reduce the cost of healthcare per person as a solution to the issues of fragmented and frequently poor quality healthcare. The impact of IPCP achieved by all healthcare providers influences the quality of care for patients and health care delivery systems (Walsh, Reeves, & Maloney, 2014). The Institute of Medicine (IOM, 2010) issued a report with recommendations for nursing to lead in changing and improving healthcare. Two key recommendations were to develop opportunities for nurses to contribute and lead in innovative models of patient-centered care, and participate in interprofessional collaborative practice. RWJF (2011) & WHO (2010) also recommend interprofessional collaborative practice as a means to improve siloed and fragmented care. This project implemented nurse-led interprofessional bedside rounds on a surgical oncology service at a large urban academic medical center to improve communication and collaboration between care providers for this complex patient population. Team members included: nursing, medicine, pharmacy, social work, dietary, and rehab services. Nurses participated in a leadership development program prior to implementation of bedside rounds. Nurse-led Interprofessional Collaborative Practice (IPCP) Rounds focus on the previous 24-hours and goal setting for the next 24-hours. Patient and family actively participate in rounds. IPCP Rounds are at a specific time each day and are structured with the use of a standardized communication tool. Outcomes examined the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient experience scores, particularly the questions related to 'Rate Hospital Overall'; 'Communication with Nurses'; 'Communication with Doctors'; and 'Discharge Information'. Findings demonstrated significant improvement in patient experience over one year compared to previous year after implementation of nurse-led interprofessional bedside rounds. The HCAHPS 'Rate Hospital Overall' score for 2016 improved 10.6 percentage points over 2015. Similarly, 'Communication with Nurses' score increased 7.8 percentage points. 'Communication with Doctors' actually decreased 2.6 points, potentially due to changes in physician coverage during the project. 'Discharge Information' improved by 3 points from 2015 to 2016. One of the challenges in the implementation of this project was a cultural shift of moving from a teaching focused rounding process to an interprofessional patient-centered care planning process. Additional challenges were the development of the nurse leader role for the IPCP rounds and identifying a time convenient for all care providers. Plans for the future include rollout of nurse-led interprofessional rounds to additional service teams at our academic medical center. This project can also be customized to meet the needs of a variety of patient populations in different healthcare settings.