

Round and Round We Go: Grabbing the Brass Ring for Innovations and Improvements

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Patient Care Services Lehigh Valley Health Network, Allentown, Pennsylvania



Collaborative Rounds:

- Patient, family, interdisciplinary care team
- Virtual and bedside
- Daily or more frequently
- **Purpose:** Design and review plan of care
- **Success Factors:** Standardization



Hourly Rounds:

- RN & unlicensed assistive personnel
- 24/7
- **Purpose:** Address Pain, Position & Personal Needs; be proactive
- **Success Factors:** Standardization throughout Network; engagement & accountability; patient/family orientation; electronic prompt to staff; monitoring tool



Leadership Rounds:

- Unit manager or designee
- Daily
- **Purpose:** Build relationships; be proactive; enhance manager visibility
- **Focus:** Satisfaction; service recovery; facilitation of family presence; information gathering
- **Success Factors:** Standardization; appreciative inquiry

Background:

Evidence was the catalyst to design and implement 6 different rounding methods throughout LVHN. The intent was to embed within the culture a compendium of evidence based rounding strategies to positively impact patient, staff, and physician satisfaction; and, nurse sensitive quality indicators.

Purpose:

This presentation details methodologies, outcomes and strategies to achieve and maintain success with the varied rounds.



References:

1. Hughes LC, Chang Y, Mark BA. 2009. Quality and strength of patient safety climate on medical-surgical units. *Health Care Management Review*. Jan-Mar; 34(1):19-28.
2. Meade C, Bursell A, Ketelsen L. 2006. Effects of nursing rounds on patients' call light use, satisfaction, and safety. *American Journal of Nursing*. Jan(9):58-70.
3. Thomas E, Sexton B, Neilands T, Frankel A, Helmreich R. 2005. The effect of executive walk rounds on nurse safety climate attitudes: A randomized trial of clinical units. *Bio Medical Central Health Services Research*. Apr 11;5(1):28.
4. Vazirani S, Hays R, Shapiro M, Cowan M. 2005. Effect of a multidisciplinary intervention on communication and collaboration among physicians and nurses. *American Journal of Critical Care*. Jan(14):71-77.



Quality Rounds:

- Masters prepared unit educator with staff member(s)
- Daily, Monday – Friday; rotating among all shifts – 1 nurse per day
- **Purpose:** Identify staff educational needs and facilitate critical thinking
- **Focus:** Core measures; NPS Goals; nurse sensitive indicators; standards of care; patient, family, staff education
- **Success Factors:** Standardization; transparency



Safety Rounds:

- Senior hospital executives (CEO, COO, Patient Safety Officer) with staff members
- 1 unit/month
- **Purpose:** Opportunity for executives to meet with front line staff to hear concerns
- **Focus:** 6 scripted questions, eg. What keeps you awake at night?
- **Success Factors:** Standardization; action planning to address concerns & resolution



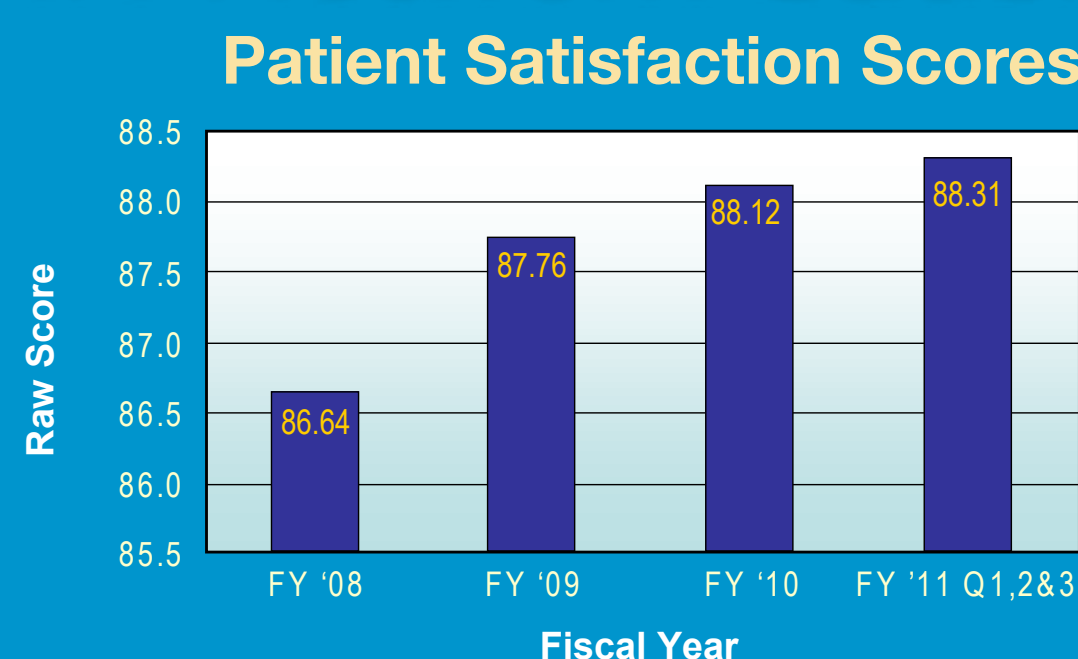
Administrative Rounds:

- CNO & unit administrator
- Quarterly visits to every unit
- **Purpose:** Recognize staffs' hard work & dedication to patient care
- **Focus:** Recognition of staff for achievements; 5 scripted questions, eg. Do you have the tools and equipment to do your job?
- **Success Factors:** Standardization; scheduled visits & staff preparation with questions

RN Employee Job Satisfaction

	LVHN	National Benchmark
2006	3.75	3.49
2009	3.65	3.51

LVHN Network Satisfaction



Nurse Sensitive Quality Indicators

Pressure Ulcers →
VAPs →
CLABSI →
CAUTIs →

Rates for the majority of units outperform the national data base benchmark the majority of the time for an 8 quarter period

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