Anatomy of a Project: The Ideal Meets the Real World.

Christine R. Yatsko MSN, RN, CMSRN  
*Lehigh Valley Health Network, Christine_R.Yatsko@lvhn.org*

Kristine A. Petre MLS, CM, AHIP  
*Lehigh Valley Health Network, kristine_a.petre@lvhn.org*

Kim S. Hitchings MSN, RN, NEA-BC  
*Lehigh Valley Health Network, Kim.Hitchings@lvhn.org*

Tricia S. Bernecker PhD, MSN, RN, ACNS-BC  
*DeSales University / Lehigh Valley Health Network, tricia_s.bernecker@lvhn.org*

Follow this and additional works at: [http://scholarlyworks.lvhn.org/patient-care-services-nursing](http://scholarlyworks.lvhn.org/patient-care-services-nursing)

Part of the [Nursing Commons](http://scholarlyworks.lvhn.org/patient-care-services-nursing)

Published In/Presented At


This Presentation is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
Anatomy of a Project

The Ideal Meets the Real World

Chris Yatsko, DNP, RN, GCNS-BC, CMSRN
Kristine Petre, MLS, AHIP, CCM
Tricia Bernecker, PhD, RN
Kim Hitchings, MSN, RN, NEA-BC

© 2017 Lehigh Valley Health Network
Who We Are

- 8 Campuses
- 1 Children’s Hospital
- 160+ Physician Practices
- 17 Community Clinics
- 16 Health Centers
- 12 ExpressCARE Locations
- 81 Testing and Imaging Locations
- 18,000+ Employees
- 2,005 Physicians
- 834 Advanced Practice Clinicians
- 4,208 Registered Nurses
- 57,272 Admissions
- 212,897 ED Visits
- 1,838 Acute Care Beds
Quality Milestones

2011
- America's Best Hospitals for endocrinology, gastroenterology and geriatrics - U.S. News & World Report
- No. 1 and No. 2 Hospitals in the Region - U.S. News & World Report
- Magnet Hospital redesignation for nursing excellence - American Nursing Credentialing Center
- Top Performer on Key Quality Measures - Joint Commission
- Architecture and Design Award for environmentally friendly health care - GreenCare
- Top 100 Integrated Health Networks - Verispan
- 100 Most Wired Hospitals - Hospitals & Health Networks
- 100 Best Places to Work in Healthcare - Becker’s Hospital Review

2012
- America's Best Hospitals for gastroenterology, orthopedics and pulmonology - U.S. News & World Report
- Leapfrog “A” Grade for Patient Safety - The Leapfrog Group
- Accredited Chest Pain Centers - Society of Cardiovascular Patient Care
- 100 Most Wired Hospitals - Hospitals & Health Networks
- NCI Community Cancer Centers Program (NCCCP) redesignation - National Cancer Institute, U.S. National Institutes of Health
- 100 Best Places to Work in Healthcare - Becker’s Hospital Review
- Computerworld Honors Laureate - Computerworld Magazine
- VHA Leadership Award for Supply Chain Management Excellence - VHA
- HealthGrades Emergency Medicine Excellence Awards (LVH and LVH-Muhlenberg) - HealthGrades
- Certified Comprehensive Stroke Center - Joint Commission

2013-2014
- America's Best Hospitals in 7 specialties - U.S. News & World Report - 2013
- America's Best Hospitals in 10 specialties - U.S. News & World Report - 2014
- Magnet Prize - American Nursing Credentialing Center
- Leapfrog “A” Grade for Patient Safety - The Leapfrog Group 2013 & 2014
- America’s Safest Hospitals - AARP
- Most Wired Hospitals - Hospitals & Health Networks
- Integrated Health System to Know - Becker’s Hospital Review
- 100 Best Places to Work in IT - Computerworld Magazine

2015-2016
- America’s Best Hospitals in 7 specialties - U.S. News & World Report - 2015
- America’s Best Hospitals in 5 specialties - U.S. News & World Report - 2016
- Leapfrog “A” Grade for Patient Safety - The Leapfrog Group - 2015
- Circle of Life for Palliative Care - American Hospital Association
- Most Wired Hospitals - Hospitals & Health Networks Group - 2015
- Most Wired Advanced - Hospitals & Health Networks Group - 2016
- “Above Average” In Aortic Valve Replacement - Consumer Reports
- Re-certified Comprehensive Stroke Center - Joint Commission
- Magnet Hospital redesignation for nursing excellence - American Nursing Credentialing Center - 2016
Objective

- Discuss the essential elements of an evidence-based practice project.
Evidence-Based Practice
The Iowa Model

The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care

1. Identify existing health opportunities
   - Clinical or patient identification
   - Organization, state, or national initiatives
   - Data or new evidence
   - Accounting agency requirements/regulations
   - Influence of care

2. State the question or purpose

3. Is the topic a patient?
   - Yes
   - No

4. Find existing evidence

5. Assess: Appraise and Synthesize Body of Evidence
   - Quality
   - Quantity
   - Relevance
   - Methodology

6. Is the evidence sufficient?
   - Yes
   - No

7. Change and Plan the Practice Change
   - Specify patient and verify preferences
   - Create or modify patient outcomes
   - Develop localized protocol
   - Plan an implementable plan
   - Implement: Develop implementation plan
   - Monitor and evaluate
   - Promote adoption
   - Collect and report and pilot data

8. Consider alternatives

9. Integrate and Establish the Practice Change
   - Specify and maintain processes
   - Evaluate: Analyze and summarize effect
   - Monitor and evaluate
   - Implement key indicators through quality improvement intervention
   - Disseminate results

10. Demonstrate success

*University of Iowa Hospitals and Clinics, Revised June 2015
Do not reproduce without written permission
http://www.uofihc.org/achieving/research and evidence-based practice
“Spirit of Inquiry”

We learn more by looking for the answer to a question and not finding it than we do from learning the answer itself.

Lloyd Alexander
The Clinical Question

**P**opulation

**I**ntervention

**C**omparison

**O**utcome

and sometimes….

**T**ime
Let’s Give it a Shot!

Hourly Rounding…is it still relevant?
What’s the Trigger?

- Clinical or patient identified issue
- Organization, state, or national initiative
- Data / new evidence
- Accrediting agency requirements / regulations
- Philosophy of care
State the Question or Purpose

Is this topic a priority?

Yes → State the Question

No → Return to prior step
In hospitalized adult medical-surgical patients, what is the impact of purposeful hourly rounding on patient and staff satisfaction.
### Results For: rounding

- **Patient Rounds**
  - Rounds, Patient Use: Patient Rounds
  - Nursing Rounds Use: Patient Rounds
  - Grand Rounds Use: Patient Rounds

- **Other**
  - Walnut
  - Uterine Fundus
  - Spiders
  - Somatotypes
  - Purkinje
  - Neuroectodermal Tumors, Primitive, Peripheral
  - Mica
  - Metacarpophalangeal Joint
  - Knee
  - Femur Head
  - Delphi Technique

- **rounding (Search as Keyword)**

### Subheadings for: Patient Rounds

- **Include All Subheadings**
- Or select one or more subheadings to restrict your search

- **Check box to view subheadings.**

- **Click linked term for tree view.**

- **Expand (+) Major Concept Scope**

- **Search Database**

- **Search Term**
  - Patient Rounds

- **Exploze (+)**
  - Major Concept

- **Search Options**
  - Administration/AM
  - Classification/CL
  - Economics/EC
  - Education/ED
  - Ethical Issues/EI
  - Evaluation/EV
  - History/HI
  - Legislation And Jurisprudence/LJ
  - Manpower/MA
  - Methods/MT
  - Organizations/OG
  - Psychosocial Factors/PF
  - Standards/ST
  - Statistics And Numerical Data/SN
  - Trends/TD
  - Utilization/UT

- **Help**

- **Library**
<table>
<thead>
<tr>
<th>S8</th>
<th>S4 AND S7</th>
<th>Search modes - Boolean/Phrase</th>
<th>View Results (171)</th>
<th>View Details</th>
<th>Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td>S7</td>
<td>hour*</td>
<td>Search modes - Boolean/Phrase</td>
<td>View Results (79,483)</td>
<td>View Details</td>
<td>Edit</td>
</tr>
<tr>
<td>S6</td>
<td>S4 AND S5</td>
<td>Search modes - Boolean/Phrase</td>
<td>View Results (11)</td>
<td>View Details</td>
<td>Edit</td>
</tr>
<tr>
<td>S5</td>
<td>huddl*</td>
<td>Search modes - Boolean/Phrase</td>
<td>View Results (237)</td>
<td>View Details</td>
<td>Edit</td>
</tr>
<tr>
<td>S4</td>
<td>S1 OR S2 OR S3</td>
<td>Search modes - Boolean/Phrase</td>
<td>View Results (3,507)</td>
<td>View Details</td>
<td>Edit</td>
</tr>
<tr>
<td>S3</td>
<td>(MH &quot;Hand Off (Patient Safety)&quot;)</td>
<td>Search modes - Boolean/Phrase</td>
<td>View Results (1,420)</td>
<td>View Details</td>
<td>Edit</td>
</tr>
<tr>
<td>S2</td>
<td>(MH &quot;Shift Reports&quot;)</td>
<td>Search modes - Boolean/Phrase</td>
<td>View Results (774)</td>
<td>View Details</td>
<td>Edit</td>
</tr>
<tr>
<td>S1</td>
<td>(MH &quot;Patient Rounds&quot;)</td>
<td>Search modes - Boolean/Phrase</td>
<td>View Results (1,648)</td>
<td>View Details</td>
<td>Edit</td>
</tr>
</tbody>
</table>
Hourly rounding is key contributor to patient-centered care at highperforming hospitals.


Subjects: Emergency Service; Patient Centered Care Methods; Quality Assessment; Hospitals Standards; Patient Rounds Utilization

Request this item through CLIO interlibrary loan

Hourly patient rounding: an effective program can decrease call bell usage and patient falls, and increase patient and staff satisfaction.


Subjects: Patient Rounds

Request this item through CLIO interlibrary loan
<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
<th>Search modes</th>
<th>View Results</th>
<th>View Details</th>
<th>Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td>S12</td>
<td>S8 AND S10</td>
<td>Boolean/Phrase</td>
<td>View Results (44)</td>
<td>View Details</td>
<td>Edit</td>
</tr>
<tr>
<td>S11</td>
<td>S8 AND S9</td>
<td>Boolean/Phrase</td>
<td>View Results (23)</td>
<td>View Details</td>
<td>Edit</td>
</tr>
<tr>
<td>S10</td>
<td>(MH &quot;Quality of Health Care&quot;) OR (MH &quot;Quality Improvement&quot;) OR (MH &quot;Quality Assessment&quot;) OR (MH &quot;Quality of Nursing Care&quot;)</td>
<td>Boolean/Phrase</td>
<td>View Results (98,125)</td>
<td>View Details</td>
<td>Edit</td>
</tr>
<tr>
<td>S9</td>
<td>(MH &quot;Attitude of Health Personnel&quot;) OR (MH &quot;Physician Attitudes&quot;) OR (MH &quot;Nurse Attitudes&quot;) OR (MH &quot;Patient Attitudes&quot;) OR (MH &quot;Attitude to Illness&quot;) OR (MH &quot;Family Attitudes&quot;) OR (MH &quot;Maternal Attitudes&quot;) OR (MH &quot;Paternal Attitudes&quot;)</td>
<td>Boolean/Phrase</td>
<td>View Results (104,408)</td>
<td>View Details</td>
<td>Edit</td>
</tr>
</tbody>
</table>

5. **Hourly rounding: perspectives and perceptions of the frontline nursing staff.**

-includes abstract-


Abstract: Aims To gain knowledge of a nursing staff's perspectives and perceptions of hourly rounding in an acute care hospital setting. Background Research has shown hospitals that have successfully implemented hourly rounding have significant decreases in adverse patient events with improvements in patient and staff satisfaction. More recent studies and clinical observations by the author are revealing barriers and difficulties in translating this evidence-based practice to the bedside. Method An original survey was distributed to direct care staff on six inpatient units. Descriptive analysis of each survey item and subanalysis of the registered nurse (n = 82) and patient care assistant (n = 15) responses was reported and aggregated according to demographic data and Rogers' Theory of Diffusion of Innovation. Results Findings varied considerably between job category, staff worked, unit worked on and educational level of the registered nurses. Overall only 25% (n = 13) of the registered nurses felt a sense of ownership of the hourly rounding initiative and only 23.1% (n = 12) agreed that completion of the hourly rounding paper documentation tool was a true indication that hourly rounding was actually being done. Conclusions and Implications for nursing management Results from this study may give nursing leadership and educators' insight on how to lead and sustain a new initiative or evidence-based practice.

Subjects: Patient Rounds; Perception; Nurse Attitudes; Acute Care

Cited References: (33)

---

6. **Team Concepts. How do patients perceive hourly rounding?**

-includes abstract-


Abstract: The article discusses a study on the perception of patients on hourly nurse rounding. Topics covered include the responses of patients to the Baptist Health Hourly Rounding Checklist (BHHR), the management of patients' pain by nurses, and the high patient satisfaction regarding hourly rounding. Also mentioned is the practice by nurses of explaining medication adverse reactions to patients, and the understanding of patients of their pain management schedule.

Subjects: Patient Attitudes; Quality of Nursing Care; Patient Rounds; Pain Drug Therapy

Cited References: (10)

(includes abstract) Kessler, Beth; Claude-Gutelkunst, Marie; Donchez, Ashley M.; Dries, Rachel F.; Snyder, Megan M.; MEDSUGR Nursing, Jul/Aug 2012, 21(4): 240-245. (6p) [Journal Article - research, tables/Charts] ISSN: 1092-0611 PMID: 22966527 AN: 18449598

Abstract: Staff members on a medical-surgical unit in a large community teaching hospital adopted the hourly rounding concept to their specific patient population. Lessons learned and strategies to assure continuous success with the rounding process are addressed.

Subjects: Patient Rounds; Medical-Surgical Nursing; Nursing Protocols; Quality Improvement; Nursing Practice; Evidence-Based

Cited References: (10) Times Cited in this Database: (5)

Abstract: Hourly rounding in the acute hospital setting has been proposed as an intervention to increase patient satisfaction and safety, and improve the nursing practice environment, but the innovation has not been adequately tested. A quasi-experimental post-test non-randomized parallel group trial design was used to test the effect of hourly patient comfort rounds on patient satisfaction and nursing perceptions of the practice environment, and to evaluate research processes and instruments for a proposed larger study. A Patient Satisfaction Survey instrument was developed and used in conjunction with the Practice Environment Scale of the Nursing Work Index. Results on patient satisfaction showed no significant changes. Significant changes were found for three of the five practice environment subscales. Consistent with the aim of a pilot study, this research has provided important information related to design, instruments and process that will inform a larger sufficiently powered study.

Subjects: Comfort; Medical-Surgical Nursing; Nursing Assistants; Patient Rounds; Patient Satisfaction; Work Environment; Adult: 19-44 years, Middle Aged: 45-64 years, Female: Male

Cited References: (25) Times Cited in this Database: (13)
In hospitalized adult medical-surgical patients, what is the impact of purposeful hourly rounding on patient and staff satisfaction.
Need to revisit the Iowa Model

**PICO Question:** In hospitalized adult medical-surgical patients, what is the impact of purposeful hourly rounding on patient and staff satisfaction?
Not Enough Evidence

No

Conduct research
YES: Evidence!

Design and Pilot the Practice Change

- Engage patients and verify preferences
- Consider resources, constraints, and approval
- Develop localized protocol
- Create an evaluation plan
- Collect baseline data
- Develop an implementation plan
- Prepare clinicians and materials
- Promote adoption
- Collect and report post-pilot data
KEY WORDS:  Rounding, Patient Rounding

I. KEY POINTS:
1. Patient Rounding was previously referred to as Hourly Rounding however was changed to reflect the focus on “patients” and the appropriate hours rounding occurs.
2. Patient Rounding occurs hourly from 0600 to 2300 and every 2 hours from 2300 to 0600.
3. Steps in the Rounding process are found in key questions in the patient SCARPS survey as identified on the Performance Checklists.

II. PURPOSE:
Patient Rounding is an integral part of care for our patients. Its purpose is to establish standard work with the desired goal to increase patient satisfaction, patient safety, and patient outcomes.

III. DEFINITIONS:
AIRSET: Five fundamental communication components to use with every patient and family encounter—Acknowledge—Introduction—Delegation—Explanation—Thank you.

Patient-Focused Rounding: Frequent, bedside, and consistent rounding on each patient to demonstrate particular behaviors, accomplish particular tasks, increase safety, increase staff efficiency, and create outcomes that improve both patient and employee satisfaction.

IV. SCOPE:
In-patient on medical/surgical units and low level units at LVH-CC and LVH-M.

V. SKILL LEVEL:
Registered Nurse, Licensed Practical Nurse, Technical Partner, Department Nursing Leadership Teams

VI. INTERVENTION/GUIDELINE:
Guidelines:

ACTION
1. Clinical staff will round on their patients based on the process identified and standard work established.

RATIONALE/PREREQUISITES
1. To facilitate a safe environment for our patients and increase patient/customer satisfaction and quality outcomes.
**Standard Work Instructions: Bedside Shift Report**

**Trigger:** Hourly rounding occurs 0600-2200; every two hours 2200-0600.  
**Last Updated:** 8/15/16  
**Owner:** PCS Leadership  

**Done:** See above  
**Revision Number:**  
**Latest Rev. Includes:**  

**Performed by:** Staff RN’s, Technical Partners  
**Revised by:** A. DeRoberts

**Purpose:** To ensure the safe handover of care (at shift change) between nurses by involving the patient and family.

<table>
<thead>
<tr>
<th>Details (if applicable)</th>
<th>Diagram, Work Flow, Picture, Time Grid, Scripting</th>
</tr>
</thead>
</table>

**Expectations**

1. Patient Rounding is present on all medical-surgical and low level units.
2. Rounding occurs hourly between 0600-2200; every two hours 2200-0600.  
   **Rounding occurs hourly on M/B**
3. “Patient Rounding” order is placed by AP on admission to unit.
4. AIDET and PRIDE BEHAVIOR principles are utilized with each patient or family interaction.

- **AIDET**
  - **A:** Acknowledge patient/family
  - **I:** Introduce self and role
  - **D:** Duration, how long will rounds take
  - **E:** Explain what will take place during rounds
  - **T:** Thank patient and family

- **PRIDE**
  - **P:** Privacy - Knock and announce self. Cover & screen patients appropriately
  - **R:** Respect - Diversity and maintain a professional demeanor
  - **I:** Involvement - Commit to teamwork, collaboration and communication
  - **D:** Dignity - Be courteous and put patients and families first
  - **E:** Empathy - Express understanding, care and concern

5. Documentation should be completed in Epic at the time of rounding.

**Document one of the following and add comments as needed.**

- Done
- Sleeping
- Off Unit
- Refused
Measurement – Hourly Rounding

- Patient Satisfaction – HCAPS
- Staff Satisfaction – Employee Satisfaction Survey
- Benchmark/Quality Data
  - Falls
  - Call Bells/Lights
  - Pressure Ulcers
  - DVT Prevention
  - Pain Management
Dissemination
Pitfall
Just like….If it’s not documented, it wasn’t done.

If you don’t have data/outcomes, what’s the point?
Show me the data! (Empirical Outcomes)

- Pre-intervention data
- Post-intervention data

How many data points for each?
Pitfall

- Fata Flaw
  - Inappropriate design

Does what you are measuring match your study intent/problem statement and goal/PICO question?
Dissemination Options

- Posters
- Oral presentations
- Publications

Pragmatic Interventions to Prevent Hospital-Acquired Venous Thromboembolism Events
7C - Hematology Oncology Medical-Surgical Unit
Lehigh Valley Health Network, Allentown, Pennsylvania

What is VTE?
- Formation of blood clots in any vein
- Location in deep veins: “deep vein thrombosis” (DVT)
- Location in lungs: “pulmonary embolism” (PE)

Background/Rationale
Venous thromboembolism events are prevalent in hospitalized oncology patients, due in part to their relative ages and disease conditions. These events add to morbidity and mortality and increase costs and length of stay. Though largely preventable, many patients may not receive prophylaxis, such as enoxaparin, sequential compression devices (SCDs) and intravenous, due to a number of factors.

Significance
7C Hematology Oncology Unit had the highest incidence of VTE in the hospital. Identified root causes were staff and patient knowledge deficit regarding minor-medications, anticoagulant injection discomfort and bruising, and SCD inconveniences.

Interventions
- Nurse Resident EBP project on best practice techniques for subcutaneous anticoagulant injections
- Electronic shift report and 1:1 education on importance of prophylaxis for all
- Patient education regarding DVT prevention upon admission
- Bedside shift report discussion and Leadership rounding in early AM regarding prophylaxis compliance
- Discussion with team at daily safety huddle and collaborative rounds
- Magnet on communication boards showing prophylaxis compliance or refusal

Evaluation
There was a decrease in VTE number and percentage following defined interventions.

VTE Refusal
VTE Compliant

Risk Factors for VTE
- Malignant Neoplasm
- Chemotherapy
- Surgery
- Hemostatic Disrupting Drugs
- Immobility
- High energy work
- Chronic Obstructive Pulmonary Disease
- Cancer
- Neutropenia
- VTE
- Pregnancy
- Polycythemia

© 2017 Lehigh Valley Health Network
Poster and Oral Abstracts

- **WHAT** -- overview of your presentation proposal
- **WHEN** -- year or more prior to conference
- **WHERE** – sponsoring organization or conference website
- **WHO** – Presenter in collaboration with Center for Professional Excellence staff
- **HOW** – Web-page or e-mail with attachment
Key Points

- Read the directions
  - Due dates
  - Format/headings
  - Word count
  - What needs to be included
    - Objectives
    - Resume or CV
    - Conflict of interest forms
    - Bio sketch
Abstract Content

- Introduction/Background
- Problem Statement/Opportunity
- Interventions
- Empirical Outcomes -- related to problem statement/opportunity
- Discussion
  - Implications for nursing
  - What attendees will learn and applicability to their setting
Lessons Learned (from 25 years of experience!)

- Start early
- Plan to complete submission 1 week prior to due date
- Schedule adequate time to prepare and submit
- Do not expect an extension
- Expect the unexpected
- Obtain approval from director and administrator
- Assure all authors able to attend
Other Learning Considerations

- Join a conference planning committee
- Volunteer to be an abstract reviewer
- Offer to be a room facilitator
- Be open to alternative presentation formats
  - Breakfast roundtable
  - Virtual poster
Publications

- Often prompted by
  - Poster presentations
  - Oral presentations
  - Professional networks
  - Awards

How Project LeaRN promotes lifelong learning
What happens when nurses visit other healthcare facilities to observe and learn?

By Kim S. Hitchings, MSN, RN, NEA-BC, and Karen Jones, BSN, RN, CCRN
Clinical Practice

The Merry-Go-Round of Patient Rounding: Assure Your Patients Get The Brass Ring

Beth Kessler, Marie Claude-Gutekunst, Ashley M. Donchez, Rachel F. Dries, and Megan M. Snyder

Staff members on a medical-surgical unit in a large community teaching hospital adapted the hourly rounding concept to their specific patient population. Lessons learned and strategies to assure continuous success with the rounding process are addressed.
PICO

P - hospitalized adult patients on a 30-bed medical-surgical unit
I - purposeful hourly patient rounding
C - no purposeful hourly rounding
O - patient and staff satisfaction scores, and the nurse-sensitive clinical outcome indicators of falls and nosocomial pressure ulcers?

Will purposeful hourly rounding on hospitalized adult patients on a 30-bed medical-surgical unit impact patient and staff satisfaction scores, and the nurse-sensitive clinical outcome indicators of falls and nosocomial pressure ulcers?
<table>
<thead>
<tr>
<th>Comment</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Rounding has helped me with prioritization.&quot;</td>
<td>Staff RN</td>
</tr>
<tr>
<td>&quot;I am able to assist my patients in a timely manner.&quot;</td>
<td>Technical Partner</td>
</tr>
<tr>
<td>&quot;I feel as though teamwork immediately improved.&quot;</td>
<td>Staff RN</td>
</tr>
<tr>
<td>&quot;Communication is key for effective rounds.&quot;</td>
<td>Technical Partner</td>
</tr>
<tr>
<td>&quot;Now I feel as though everyone is working together.&quot;</td>
<td>Technical Partner</td>
</tr>
<tr>
<td>&quot;Rounding helped us identify tasks that might have otherwise been missed.&quot;</td>
<td>Staff RN</td>
</tr>
<tr>
<td>&quot;You can just feel the camaraderie throughout the unit.&quot;</td>
<td>Staff RN</td>
</tr>
<tr>
<td>&quot;Hourly rounding allows me to be proactive versus reactive. Instead of the daily work controlling me, rounding lets me control the work.&quot;</td>
<td>Staff RN</td>
</tr>
<tr>
<td>&quot;When rounds are not done, it is clear there seems to be a sense of chaos that immediately disappears when rounds do take place.&quot;</td>
<td>6T Director</td>
</tr>
<tr>
<td>&quot;I love it there, someone is always checking on me.&quot;</td>
<td>Patient</td>
</tr>
<tr>
<td>&quot;We actually felt as if our brother was the only patient on the floor. Everyone kept checking on him constantly.&quot;</td>
<td>Patient's family member</td>
</tr>
<tr>
<td>&quot;Participating in patient rounds helps me recognize patient needs and thus address these in a proactive, timely manner.&quot;</td>
<td>Chaplain</td>
</tr>
<tr>
<td>&quot;Care of my patients has most definitely improved since hourly rounding has been initiated. Nurses contact me in a more timely manner regarding the need to address a wide variety of issues. There are far fewer surprises when I complete my daily patient rounds.&quot;</td>
<td>Attending Physician</td>
</tr>
</tbody>
</table>
# TABLE 2.
LVHN 6T Employee Satisfaction Survey Scores for Specific Indicators

<table>
<thead>
<tr>
<th>HealthStream Indicator</th>
<th>Department Performance Mean Score (0-5) 2007</th>
<th>Department Performance Mean Score (0-5) 2009</th>
<th>Department Performance Mean Score (0-5) 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>My department operates at 100% efficiency.</td>
<td>3.69 (3.36)*</td>
<td>3.68 (3.40)*</td>
<td>4.11 (3.42)*</td>
</tr>
<tr>
<td>My co-workers have a great deal of interest in satisfying patients</td>
<td>4.59 (4.08)*</td>
<td>4.45 (4.11)*</td>
<td>N/A (question not asked)</td>
</tr>
<tr>
<td>Employee morale</td>
<td>4.16 (3.65)*</td>
<td>4.02 (3.68)*</td>
<td>4.22 (3.70)*</td>
</tr>
<tr>
<td>Overall satisfaction</td>
<td>3.78 (3.59)*</td>
<td>3.77 (3.63)*</td>
<td>3.83 (3.65)*</td>
</tr>
</tbody>
</table>

* HealthStream National Database Performance Mean Score (0-5)

*Source: Survey conducted by HealthStream, formerly The Jackson Organization.*
FIGURE 4.
LVHN 6T Vacancy Rate (2005-2011)

Note: Raw scores (%) for pre-rounding process and for fiscal years 2007-2011

FIGURE 5.
LVHN 6T Fall Rate (2006-2011)

Note: Raw scores (%) for pre-rounding process and for fiscal years 2007-2011
Hourly Rounding

Challenges With Implementation of an Evidence-Based Process

*Lynn M. Deitrick, PhD, RN; Kathy Baker, MPH, RN; Hannah Paxton, MPH, RN; Michelle Flores, BSN, RN; Deborah Swavely, MSN, RN*

Introduction of an evidence-based practice change, such as hourly rounding, can be difficult in the hospital setting. This study used ethnographic methods to examine problems with the implementation of hourly rounding on 2 similar inpatient units at our hospital. Results indicate that careful planning, communication, implementation, and evaluation are required for successful implementation of a nursing practice change. **Key words:** evidence-based practice, hourly rounding, nursing workflow, quality of care
Questions?

Christine_R.Yatsko@lvhn.org
Kristine_A.Petre@lvhn.org
Tricia_S.Bernecker@lvhn.org
Kim.Hitchings@lvhn.org