A Successful Patient Rounding Redesign: Staff Empowerment Blended with a Research Project (Poster)

Jody Shigo RN, CMSRN
Lehigh Valley Health Network, Jody.Shigo@lvhn.org

Holly Tavianini RN, BSN, MSHSA, CNRN
Lehigh Valley Health Network, Holly.Tavianini@lvhn.org

Lynn M. Deitrick RN, PhD
Lehigh Valley Health Network, Lynn.Deitrick@lvhn.org

Kathy Baker MPH, RN
Lehigh Valley Health Network, Kathy.Baker@lvhn.org

Hannah D. Paxton BSN, RN
Lehigh Valley Health Network, Hannah_D.Paxton@lvhn.org

See next page for additional authors

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

Part of the Community Health and Preventive Medicine Commons, and the Nursing Commons

Published In/Presented At
Poster presented at: The 21st Annual American Medical Surgical Nurse (AMSN) Conference, Salt Lake City, UT. (2012, October 4-7)

This Poster 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.
Over the past five years, patient rounds have been widely adapted by healthcare organizations. However, more recent reports relate lack of consistent adherence to defined protocols, although proven to have positive effects on patient safety.

**Current Conditions**
Lehigh Valley Health Network (LVHN), a 980-bed academic, community Magnet™ hospital, instituted hourly patient rounds in 2008. Two years later, an ethnographic, grounded theory approach was used to study the rounding process and issues associated with implementation.

**Goals/Target Conditions**
- Improve clinical and quality outcomes
- Decrease risks
- Reduce call bell use
- Improve patient and employee satisfaction

**Root Cause Analysis - from Research Study**
Qualitative & Quantitative Methodology
- Observations
- Staff survey
- Interviews
- Call bell use*

**Findings**
Common Themes
- Attitude toward rounding - in room anyway
- Ambiguity
- Staff not included in development of initial rounding process

Barriers to Rounding
- Patient load
- Patient care demands
- Interruptions
- Documentation requirements
- Churn

**Example for ‘Interruptions’**
- Problem Tree
- Possibility Tree

**Redesign Retreat - Methods**
1. **Getting the right people involved**
   - Licensed and non-licensed bedside providers
   - Nurse Researchers
   - Patient Care Leadership
   - Lean Methodology Coach

2. **Reframing through “Forestry”**
   - LEAN tool to identify and problem solve factors which negatively impact rounding

**Countermeasures**
- Redesigned Rounding Log
- Standard Work
- Leadership Rounding Rounds

**Results**
Metrics
- Call bell use
- Patient and employee satisfaction
- Nurse sensitive quality indicators
- Adverse events

Lessons Learned/Recommendations
- Identify unit champions
- Involve direct care staff in design and implementation of rounding processes
- Clearly communicate relation between:
  - Hourly rounding & patient safety
  - Hourly rounding, nursing assessments, & clinical judgment
- Simplify rounding log for efficiencies

**Follow-up**
- Resurvey staff; process effectiveness and satisfaction
- Conduct and analyze call bell use
- Make documentation tool electronic

---

**A Successful Patient Rounding Redesign: Staff Empowerment Blended with a Research Project**

Jody Shigo, BSN, RN; Holly D. Tavlanini, MSHSA, BSN, RN, CNRN; Lynn Deitrick, PhD, RN; Kathy Baker, MPH, RN; Hannah Paxton, MPH, RN and Michelle Flores, BSN, RN

Lehigh Valley Health Network, Allentown, Pennsylvania