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Patient Rounding: Improving the Process Through On-Line Documentation

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Abstract:
Patient rounding is a pro-active approach within the clinical setting to anticipate and address patient needs, incorporating specific discussions and actions into the daily workflow. Evidence has tied rounds to enhanced patient and nurse satisfaction and nurse sensitive outcomes. When patient rounding was implemented at LVHN, a paper form was utilized to capture documentation of rounding. A robust quality improvement study completed 3 years post implementation revealed a wide variation in rounding practices, including documentation. The findings prompted a redesign to eliminate variances in the process and install ownership at the staff level.

Initially, the paper documentation form was revised and rolled out as part of the overall redesign effort. At the same time, discussions began regarding a transition from paper documentation to computerized documentation.

Patient Rounding:
Patient rounding is completed to promote our patients’ comfort, safety and needs during their hospital stay.

- Nurses or technical partners round:
  - every hour from 6am – 10pm
  - every two hours from 10pm – 6am

- Patient rounding includes:
  - an explanation of the rounding process
  - addressing pain medication needs
  - addressing bathroom needs
  - patient repositioning
  - environmental checks

Design Goals:
The ideal solution was an on-line worklist which allows real-time documentation of patient rounding. Developing a standard approach to a computerized work process proved challenging and demanded commitment from the rounding redesign taskforce. Goals of On-line Patient Rounding Documentation:

- Streamline staff workflow to an on-line process for the documentation of hourly rounding
- Develop a comprehensive worklist screen for real-time documentation
- Develop a worklist which is order based, actions are populated by new frequency
- Provide an on-line audit trail of user documentation of hourly rounding; documentation captured on existing report

Implementation:

Pilot Units
Piloted 3 inpatient medical-surgical units, allowing the taskforce to address any further on-line development required prior to house-wide implementation.

Education
1. On-line educational program assigned to appropriate staff.
2. Need for licensed and non-licensed staff to document on the same worklist. While the licensed staff had exposure to the concept of worklist charting, the non-licensed staff had to be educated.

Housewide Implementation
A patient rounding order was placed for all admitted patients and documentation was initiated.

Post-Implementation:
- Leadership Tool - audit the process and compliance
- Unit based Monitoring-utilizing real-time worklists
- Call Bell Study
- Consideration for additional patient care environments