Patient Rounding

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*Lehigh Valley Health Network*

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Background/Significance

- Patient rounding helps reduce falls by being proactive in addressing patients’ needs.
- It increases the satisfaction of our patients and their families.
- It decreases the amount of call bells, easing the atmosphere for nurses and TPs.
- There is an identified need to improve real time documentation of patient rounding and increase compliance of patients and staff in rounding.
# HCAHPS

**FY 2015 HCAHPS Data**

*Lehigh Valley Hospital-Cedar Crest*

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PICO QUESTION

In adult medical/surgical staff and patients, does multiple forms of education on rounding compared to the current practice, increase compliance and real time documentation of rounding?

P: Staff and patients on an adult medical-surgical unit

I: Increased education through teach back, TLC and visual bulletin boards and the offering of incentives

C: Current practice and compliance

O: Increase in compliance, real time documentation of current rounding and patient satisfaction.
The Iowa Model of Evidence-Based Practice to Promote Quality Care

- **Problem Focused Trigger**
  - Internal/External Benchmarking Data
    - Internal- unit based auditing
    - External- HCAHPS
      - Response of staff
      - Pain management
  - Identification of clinical problem
EVIDENCE

- Search Engines: CINAHL, OVID
- Key words: Purposeful rounding, nursing, improving patient rounding, patient rounding, intentional rounding, falls
½ of nurses who filled out nurse satisfaction survey after implementation of hourly rounding stated they felt the number of call bells decreased (Harrington, 2013).

Only 8% of patients pre-implementation of purposeful rounding felt confident that the nursing staff could meet the patient’s needs, whereas after implementation, 72% of patients were confident (Woodward, 2009).

Compliance with nurses filling out additional paperwork for patient rounding study was very low (Hodgson, 2012).

Nurse rounding logs were at only 30% compliance during trial periods of patient rounding (Harrington, 2013).
Current Practice at LVHN

- A staff member asks the patient about the four P’s (position, potty, pain and personal items) and then checks the environment.

- Real time documentation in the Patient Rounding flowsheet by the nurse or TP in a timely manner, no more than 10 minutes before or 10 minutes after the hour the rounding was due to be completed.
Barriers to implementation

- Knowledge and motivation of staff
- Availability of support staff
- Lack of documentation compliance
- Lack of consistency in staff between rounds
- Education of patients
- Continuing to place emphasis on rounds when study is over
IMPLEMENTATION

▪ Baseline Data
  - Auditing five patient rooms from each unit over a three day period (Sunday, Monday, Thursday).

▪ Evaluation (Post data) of Process & Outcomes
  - Auditing five patient rooms after education has been implemented.
Unit Based Education

- **4K**: No education implemented (control unit)

- **5K**: TLC module, poster board presentation during huddle, staff meetings, picture reminders on computers

- **6K**: TLC module
Practice Change

- Supplemental education for nurses and technical partners
- Ongoing focus
Technical Partners had higher compliance rates with real time patient rounding versus Registered Nurses (56% v. 44%)

The education implemented on 5K (Poster board, memory cue cards, TLC module) showed the greatest improvement to staff compliance with an increase from 21% to 76%.

The TLC module implemented on 6K did not greatly improve compliance with real time rounding as compliance went from 20% to 24%.

The data collected from 4K stayed virtually consistent regarding compliance pre and post education; however, 4K was our control unit.
Pre-Education Data

percent compliance

4K
5K
6K
percent compliance
Post- Education Data

Percent Compliance

- **4k**: 50% percent compliance
- **5k**: 100% percent compliance
- **6k**: 20% percent compliance
Pre Versus Post Education Data
Staff compliance

RN vs TP (all data)

- RN
- Technical partner
Implications for LVHN

- An increase in patient satisfaction.
- An increase with nurse and technical partner compliance with real time rounding and documentation.
- A decrease in various injuries that can occur to patients when their needs are not met or addressed.
Strategic Dissemination of Results

- Plan:
  - UHC/AACN Nurse Residency Graduation
  - Share results with our colleagues at a unit level.
Lessons Learned

▪ Ongoing education on all units is key to patient satisfaction and staff compliance with real time documentation of patient rounding.
▪ Memory cards on computers, a poster board presentation in the Daily Safety Huddle and a TLC module best improved compliance with real time patient rounding.
▪ Communication between RNs and technical partners that rounding is done in real time.
References

Make It Happen

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