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

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Workshop Objectives

- The attendee will:
  - Identify a clinical issue and collaborate to uncover cause
  - Describe research methods used to uncover root cause
  - Explain how to translate research findings to redesign a clinical process
  - Recognize the need to create an evaluation plan to monitor effectiveness of a clinical process change

What is Evidence Based Practice (EBP)?

- “The conscientious, explicit and judicious use of current best evidence in making decisions about the care of the individual patient. It means integrating individual clinical expertise with the best available external clinical evidence from systematic research."

(Sackett D, 1996)

What Is Patient Rounding?

- LVHN adopted and adapted the Studer Group Patient Rounding Process
  - A process to assure that patient's needs are met in a timely fashion
    - Pain, position, and personal needs
      - Assess comfort
      - Conduct environmental assessment
      - Nursing assessment
  - Outcomes
    - Improve clinical and quality outcomes
    - Decrease risks
    - Improved patient satisfaction
    - Reduce call lights
    - Improve employee satisfaction

Why Round On Patients?

- According to the literature, patient rounding reduces the frequency of call bell use, increases patient satisfaction with nursing care, and reduces falls.

(Meade, Bursell & Ketelsen, 2006)

Addressing the Problem

- A3 Methodology
  - Background
  - Current Condition
  - Goal/Target Condition
  - Root Cause Analysis
    - The 5 WHY's
      - Analysis method that is used to move past symptoms and understand the true root cause of a problem.
      - Asking "Why?" five times will allow you to fully delve into a problem deeply enough to understand the ultimate root cause.
  - Countermeasures
  - Results
  - Follow Up

Background

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.

We 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

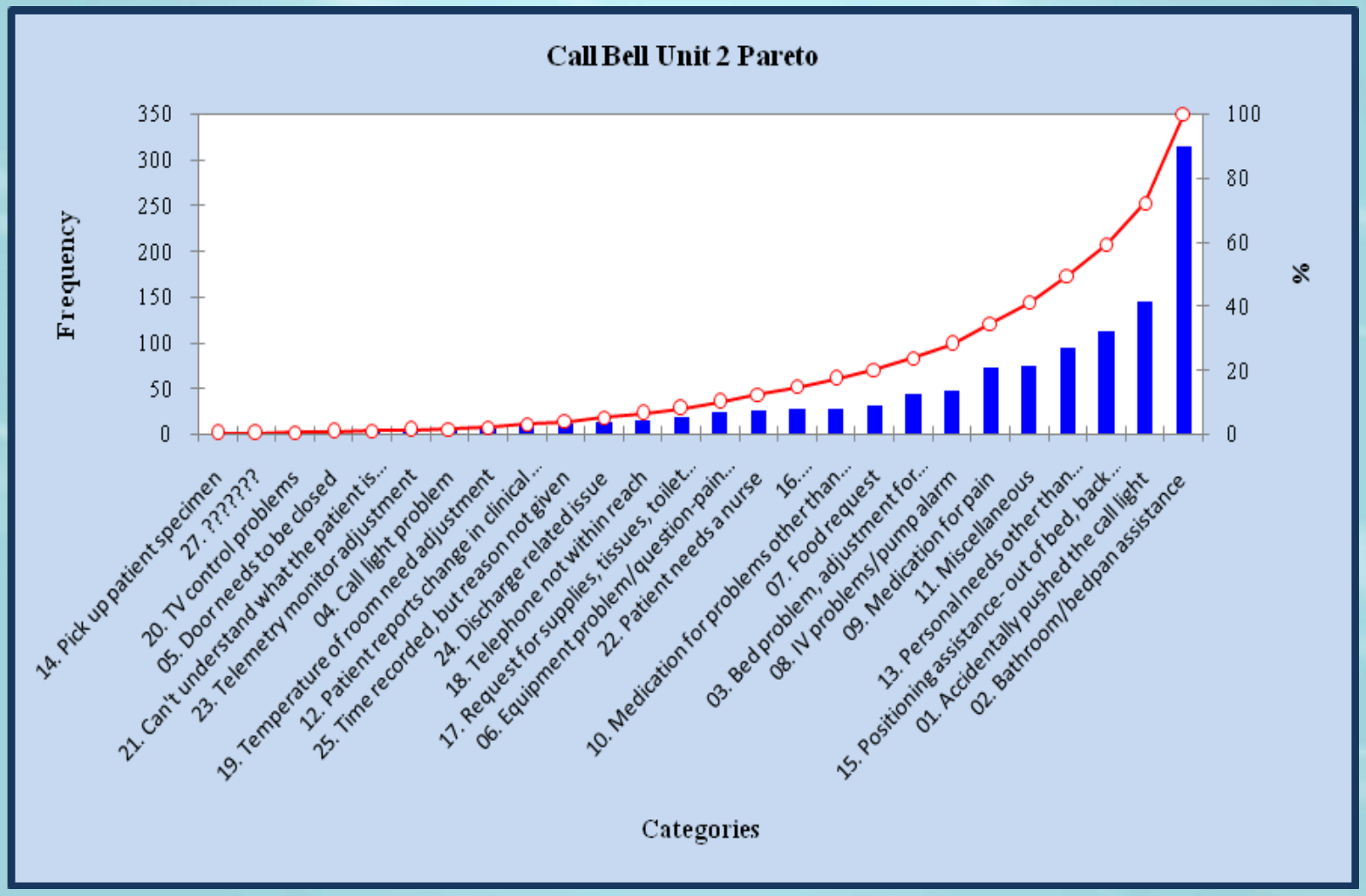
Goals/Target Condition

- Improve clinical and quality outcomes
- Decrease patient risks
- Reduce call bell use
- Improve patient and staff satisfaction

Root Cause Analysis

- Quantitative and Qualitative Research Methodology utilized
  - Observations'
  - Staff surveys
  - Interviews
  - Call bell observations

7A/NSU Pareto Chart



Analysis

- Descriptive statistics
- Tests of statistical significance
- Repeated measures for monitoring
- Clinicians and statisticians should collaborate
  - Statistician knows how to do analysis but not necessarily what is meaningful
  - Clinician helps statistician interpret results
- Statistically significant vs. clinically significant
- Be aware of limitations, confounders, threats to validity of your results

Research Findings

Common Themes

- Attitude toward rounding – in room anyway
- Ambiguity
- Staff not included in development and implementation of the rounding process

Barriers to Rounding

- Patient load and care demands
- Interruptions
- Documentation requirements
- Patient churn and flow

Translating The Evidence

- Moving from Research to Redesign of Clinical Process
  - Rounding Redesign Retreat
    - Change Agents
      - Frontline staff and leadership from 5A/TTU and 7A/NSU
      - Staff from original pilot units – 6T and 6B
      - SPPI Coach
      - Health Studies Research Colleagues
  - Reframing Through Forestry
    - Problem Trees
    - Possibility Trees
  - Seven Models Refined To **One**
    - Achieved through brainstorming
    - Development of standardized work

Problem Tree

"Missed" work

↓ Quality of care

↑ Frustration

↑ Stress with staff/pts

↑ Friction between TP & RN

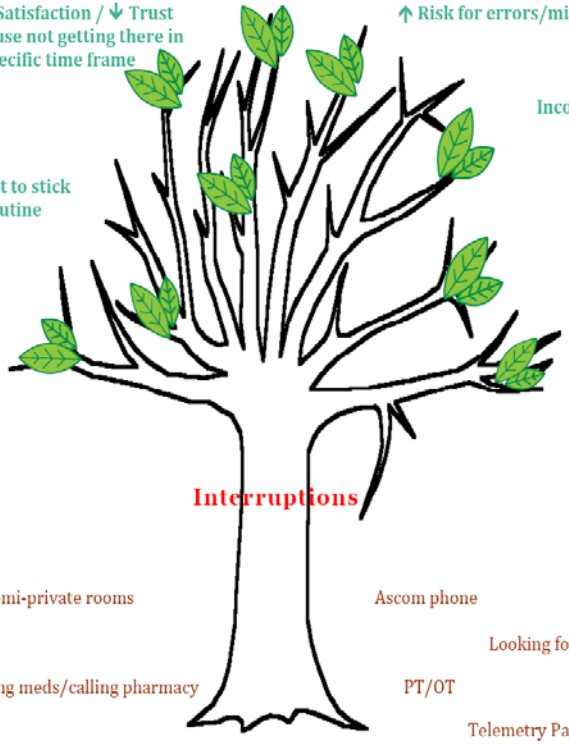
↓ Communication among sta

↓ Satisfaction / ↓ Trust because not getting there in specific time frame

↑ Risk for errors/mistakes

Incomplete tasks

Difficult to stick to routine



Interruptions

Semi-private rooms

Ascom phone

Looking for supplies

Missing meds/calling pharmacy

PT/OT

Telemetry Pagers

Provider

Family

Transport

POSSIBILTY TREE

Better continuity of care

Tasks completed

Proper staff

Quality patient care

↓ Stress

↑ Press Ganey

Less transfers off unit; Pts. appropriately placed

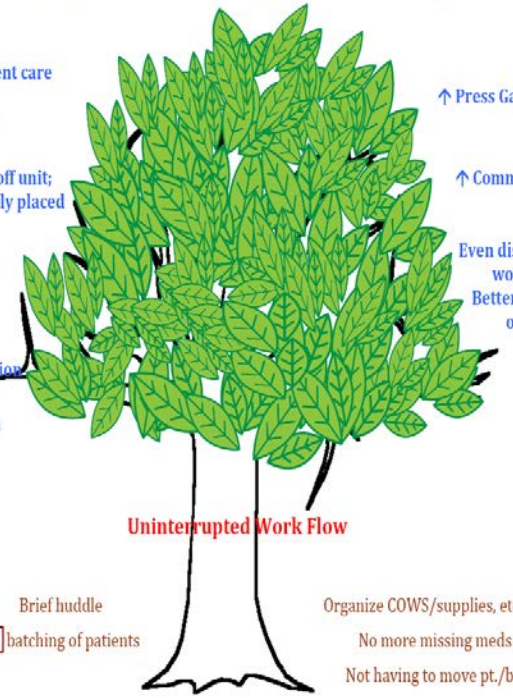
↑ Communication

Even distribution of work

Better utilization of time

Pt./Staff Connection and Rapport

↑ Pt. satisfaction & trust



Uninterrupted Work Flow

Brief huddle

NO batching of patients

Organize COWS/supplies, etc.

No more missing meds

Not having to move pt./beds around

Stagger TP & RN start work time

Charge nurse with no patient

No breaks @ △ of shift

Adequate staff

No patient @ △ of shift

Communication

Gentle reminding/education @ bedside of pt. rounding

Whiteboard for each patient

✱ Standardization communication, tool

Set clear expectations/create standards expected of **ALL** staff. Leadership holds staff accountable.

✓ Do rounding sheet in live time when uninterrupted & ↓ pt. interruptions

Retreat Work Groups

- Scripting
- Log Tool Development
- Patient Rounding Standard Work
- Communication
- Leadership Rounding Standard Work
- Measurement

Countermeasures

- Redesign Rounding Log
- Standard Work
- Leadership Rounds

Key Elements of the Redesign Process

- Enhanced communication regarding expectations of the rounding process
- Improved communication and team work amongst beside clinicians
- Staff involvement in developing guidelines for rounding
- Determine frequency of patient rounding and documentation requirements

Results

Measurements of Success

- Call bell use
- Nurse sensitive quality indicators
- Patient and staff satisfaction
- Decreased adverse events

Lessons Learned and Recommendations

- Identify unit champions
- Involve direct care staff in design and implementation of patient rounding process
- Clearly communicate relation between:
  - Patient rounding and safety
  - Patient rounding, nursing assessments, and clinical judgment
- Standardize rounding log for consistency and efficiency

Follow Up

- Convert documentation tool to an electronic format
  - Pilot on 5A/TTU, 7A/NSU and 5C
- Transparency of quality metrics through visibility board
- Re-conduct call bell observation study
- Resurvey staff
  - Process effectiveness
  - Satisfaction

In Closing…

- Just because it is EBP doesn't mean it will automatically work
- Involve the right people and collaborate
- Ask for help; take advantage of resources available to you
- Plan, plan, plan → know what you are trying to accomplish and determine your measures of success

Questions?

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