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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

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

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Jody Shigo, BSN, RN; Holly D. Tavianini, 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

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.

Current Conditions

Lehigh Valley Health Network (LVHN), a 980-bed academic, community MagnetTM 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

- Churn
- Documentation requirements

Redesign Retreat - Methods

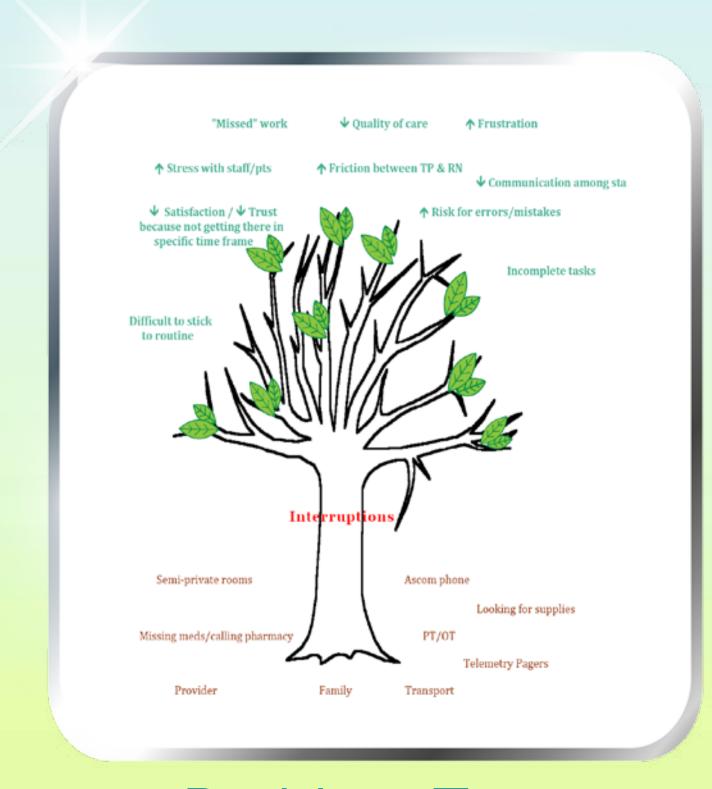
1. Getting the right people involved

- -Licensed and non-licensed bedside providers
- -Nurse Researchers
- -Patient Care Leadership
- Lean Methodology Coach

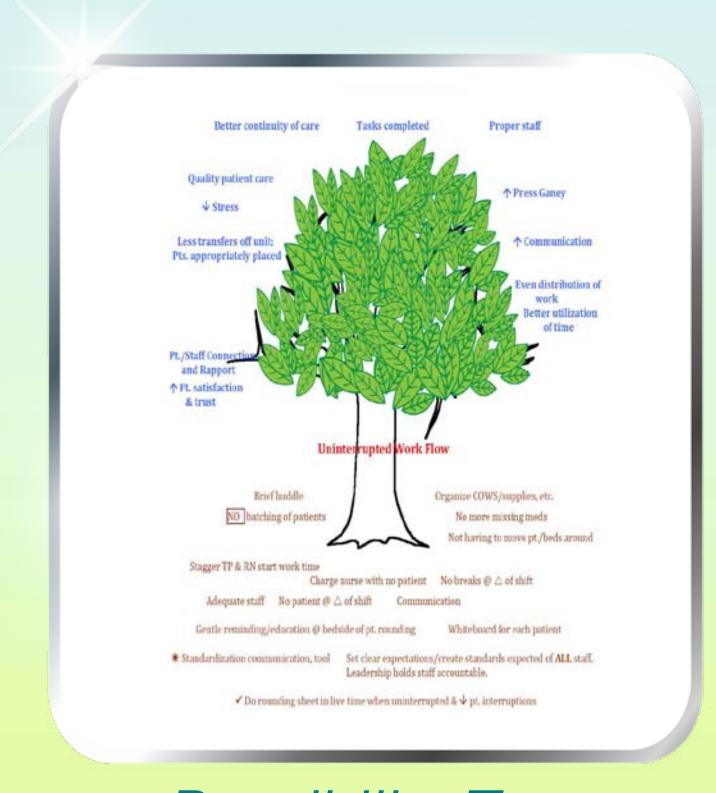
2. Reframing through "Forestry"

LEAN tool to identify and problem solve factors which negatively impact rounding

Example for 'Interruptions'



Problem Tree



Possibility Tree

3. Retreat Work Groups

Scripting

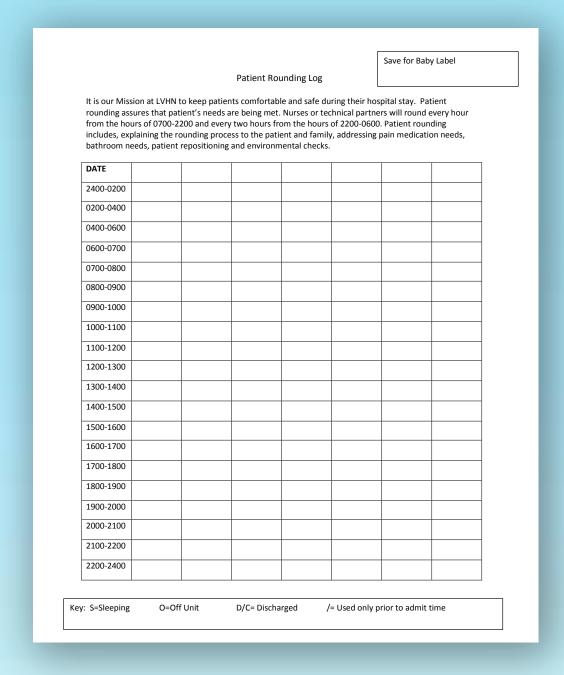
- -Patient Rounding Standard Work
- -Communication

Measurement

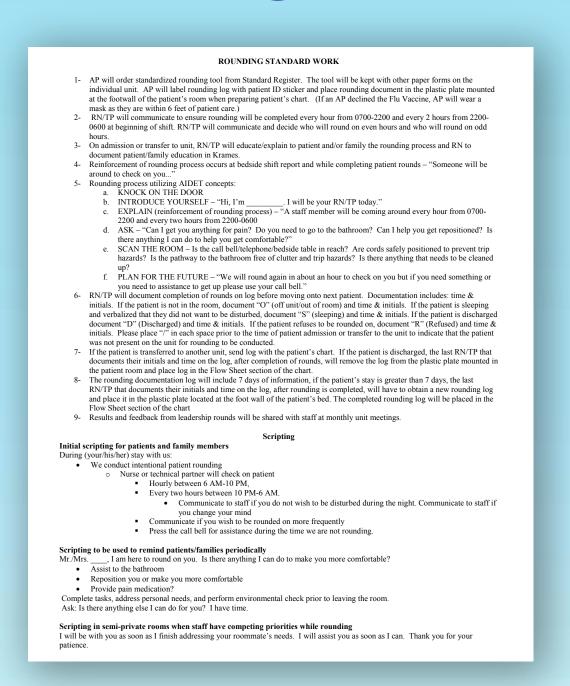
- -Leadership Rounding Standard Work
- -Rounding Log Tool Re-development

Countermeasures

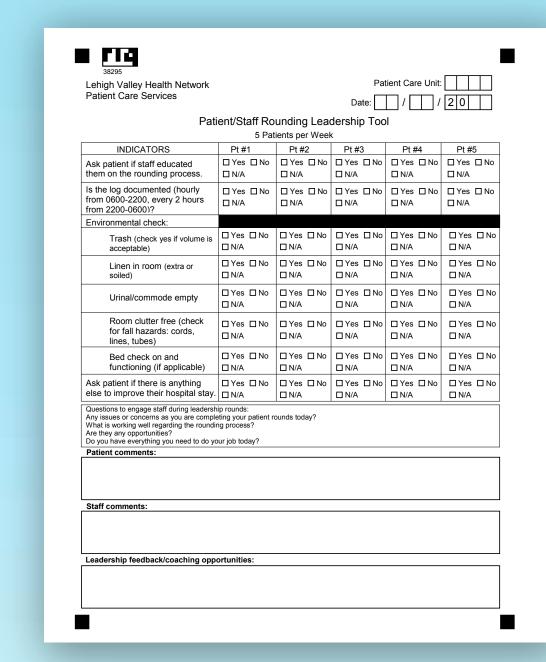
Redesigned Rounding Log



Standard Work



Leadership Rounds



Results Metrics

Call bell use
 Nurse sensitive quality indicators
 Patient and employee satisfaction
 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 PASSION FOR BETTER MEDICINE."

