

Anatomy of a Project: The Ideal Meets the Real World.

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Anatomy of a Project

The Ideal Meets the Real World

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Who We Are

- 8 Campuses
- 1 Children's Hospital
- 160+ Physician Practices
- 17 Community Clinics
- 16 Health Centers
- 12 ExpressCARE Locations
- 81 Testing and Imaging Locations
- 18,000+ Employees
- 2,005 Physicians
- 834 Advanced Practice Clinicians
- 4,208 Registered Nurses
- 57,272 Admissions
- 212,897 ED Visits
- 1,838 Acute Care Beds

Quality Milestones

2011

- America's Best Hospitals for endocrinology, gastroenterology and geriatrics-U.S. News & World Report
- No. 1 and No. 2 Hospitals in the Region-U.S. News & World Report
- Magnet Hospital redesignation for nursing excellence-American Nursing Credentialing Center
- Top Performer on Key Quality Measures-Joint Commission
- Architecture and Design Award for environmentally friendly health care-GreenCare
- Top 100 Integrated Health Networks-Verispan
- 100 Most Wired Hospitals-Hospitals & Health Networks
- 100 Best Places to Work in Healthcare-Becker's Hospital Review



2012

- America's Best Hospitals for gastroenterology, orthopedics and pulmonology-U.S. News & World Report
- Leapfrog "A" Grade for Patient Safety-The Leapfrog Group
- Accredited Chest Pain Centers-Society of Cardiovascular Patient Care
- 100 Most Wired Hospitals-Hospitals & Health Networks
- NCI Community Cancer Centers Program (NCCCP) redesignation-National Cancer Institute, U.S. National Institutes of Health
- 100 Best Places to Work in Healthcare-Becker's Hospital Review
- Computerworld Honors Laureate-Computerworld Magazine
- VHA Leadership Award for Supply Chain Management Excellence-VHA
- HealthGrades Emergency Medicine Excellence Awards (LVH and LVH-Muhlenberg)-HealthGrades
- Certified Comprehensive Stroke Center-Joint Commission



2013-2014

- America's Best Hospitals in 7 specialties-U.S. News & World Report - 2013
- America's Best Hospitals in 10 specialties-U.S. News & World Report - 2014
- Magnet Prize® - American Nursing Credentialing Center
- Leapfrog "A" Grade for Patient Safety-The Leapfrog Group 2013 & 2014
- America's Safest Hospitals - AARP
- Most Wired Hospitals-Hospitals & Health Networks
- Integrated Health System to Know-Becker's Hospital Review
- 100 Best Places to Work in IT-Computerworld Magazine



2015-2016

- America's Best Hospitals in 7 specialties-U.S. News & World Report - 2015
- America's Best Hospitals in 5 specialties-U.S. News & World Report - 2016
- Leapfrog "A" Grade for Patient Safety-The Leapfrog Group - 2015
- Circle of Life for Palliative Care-American Hospital Association
- Most Wired Hospitals-Hospitals & Health Networks Group - 2015
- Most Wired Advanced-Hospitals & Health Networks Group - 2016
- "Above Average" In Aortic Valve Replacement-Consumer Reports
- Re-certified Comprehensive Stroke Center-Joint Commission
- Magnet Hospital redesignation for nursing excellence-American Nursing Credentialing Center - 2016



Objective

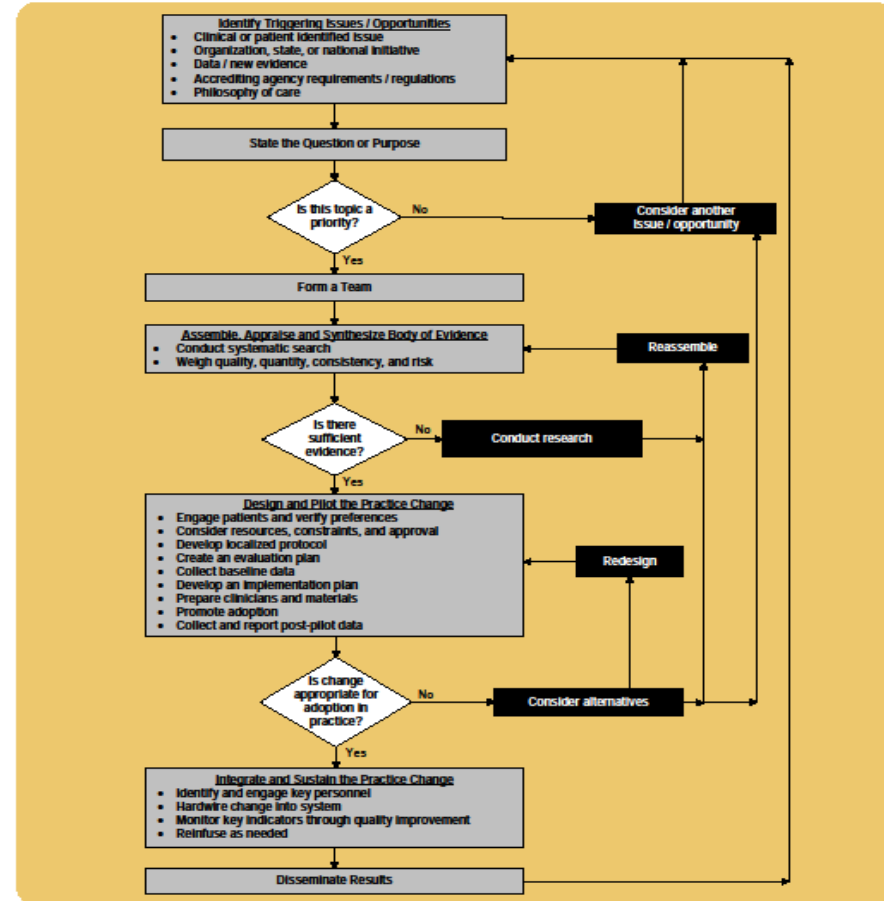
- Discuss the essential elements of an evidence-based practice project.

Evidence-Based Practice

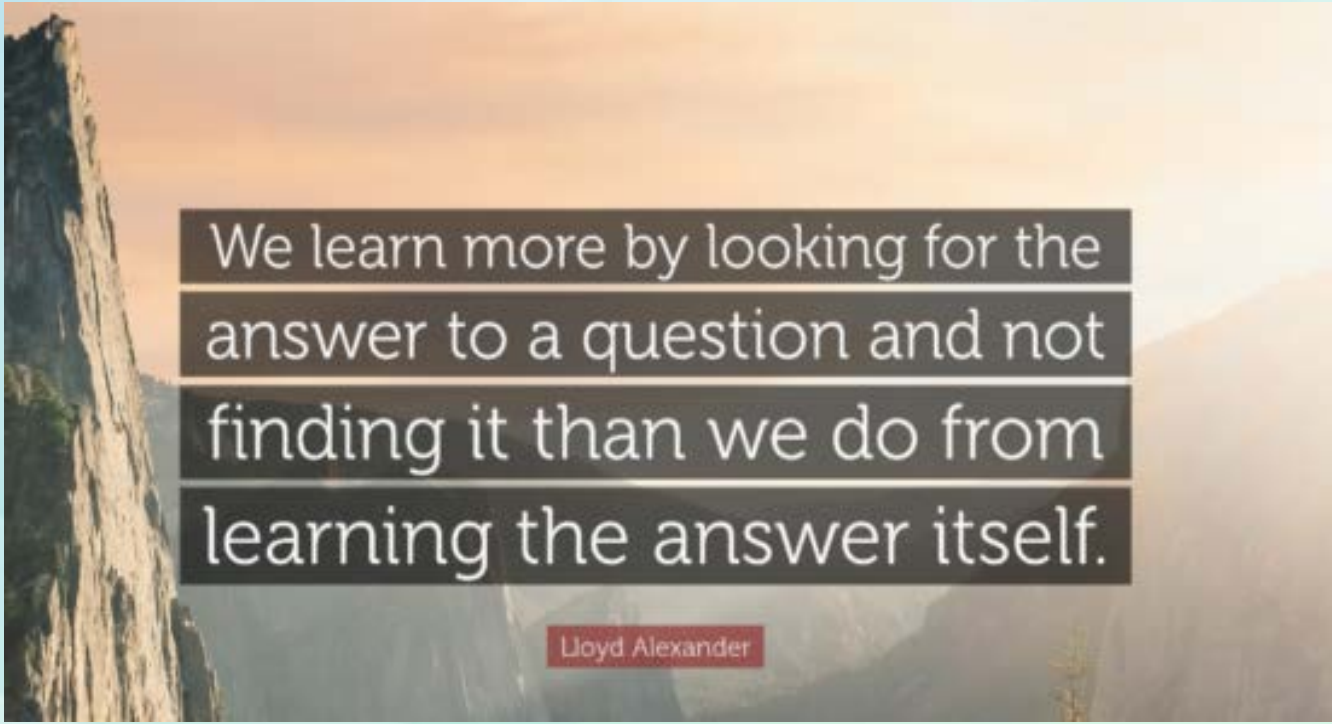


The Iowa Model

The Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care



“Spirit of Inquiry”



We learn more by looking for the answer to a question and not finding it than we do from learning the answer itself.

Lloyd Alexander

The Clinical Question

*P*opulation

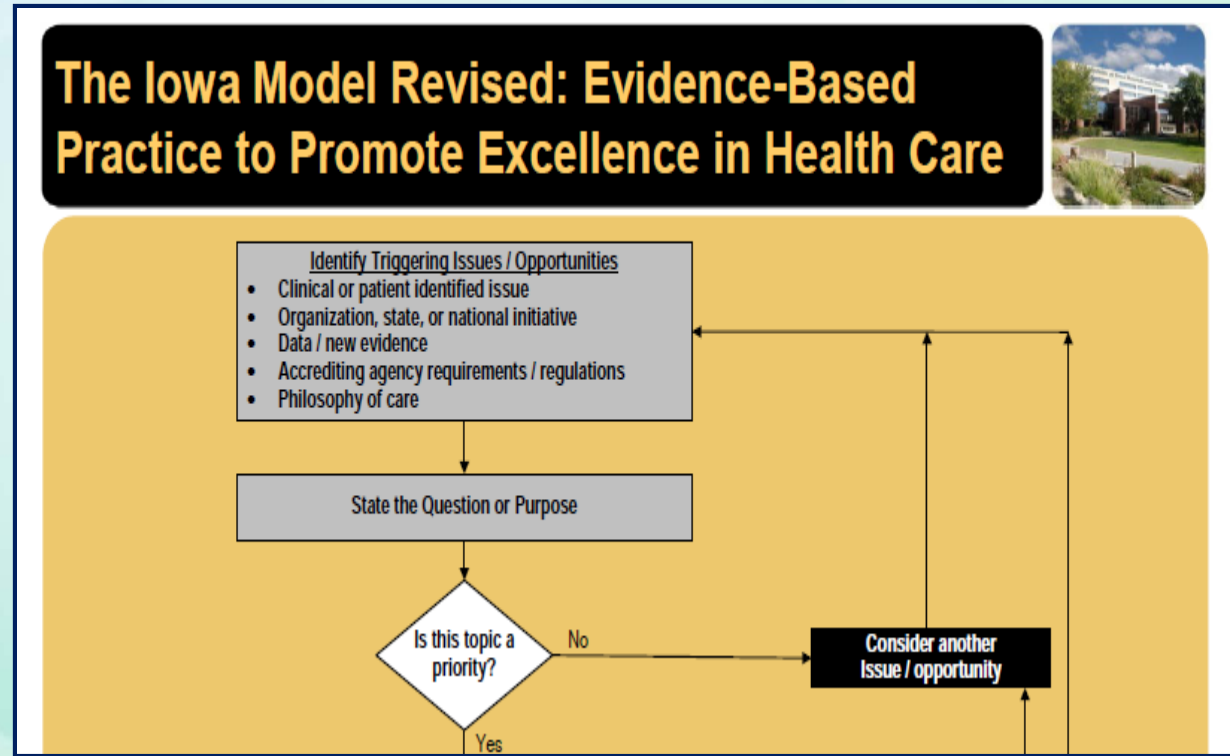
*I*ntervention

*C*omparison

*O*utcome

and sometimes....

*T*ime



Let's Give it a Shot!

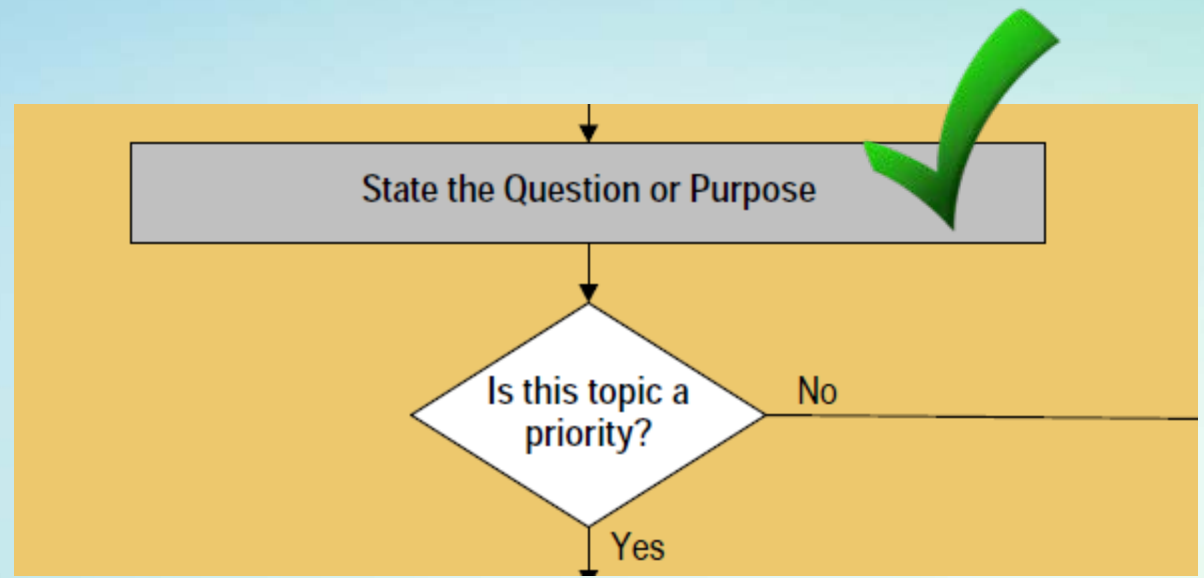


Hourly Rounding...is it still relevant?

What's the Trigger?

Identify Triggering Issues / Opportunities

- Clinical or patient identified issue
- Organization, state, or national initiative
- Data / new evidence
- Accrediting agency requirements / regulations
- Philosophy of care



State the Question

PICO

P: Hospitalized adult medical-surgical patients

I: Purposeful hourly rounding

C: No purposeful hourly rounding

O: Patient and staff satisfaction

In hospitalized adult medical-surgical patients, what is the impact of purposeful hourly rounding on patient and staff satisfaction.

Results For: rounding

Subheadings for: Patient Rounds

Search Database

Check box to view subheadings. |
 Click linked term for tree view.

Explode (+) |
 Major Concept |
 Scope

<input checked="" type="checkbox"/>	Patient Rounds	<input type="checkbox"/>	<input type="checkbox"/>	
	Rounds, Patient Use: Patient Rounds			
	Nursing Rounds Use: Patient Rounds			
	Grand Rounds Use: Patient Rounds			
<input type="checkbox"/>	Walnut	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Uterine Fundus	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Spiders	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Somatotypes	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Pumpkin	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Neuroectodermal Tumors, Primitive, Peripheral	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Mice	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Metacarpophalangeal Joint	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Kiwi	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Femur Head	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	Delphi Technique	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	rounding (Search as Keyword)			

Include All Subheadings
 Or select one or more subheadings to restrict your search

- Administration/AM
- Classification/CL
- Economics/EC
- Education/ED
- Ethical Issues/EI
- Evaluation/EV
- History/HI
- Legislation And Jurisprudence/LJ
- Manpower/MA
- Methods/MT
- Organizations/OG
- Psychosocial Factors/PF
- Standards/ST
- Statistics And Numerical Data/SN
- Trends/TD
- Utilization/UT

Each two letter code represents a subheading, e.g. AN represents Analysis

Search Term	Explode (+)	Major Concept
Patient Rounds	<input type="checkbox"/>	<input type="checkbox"/>

New Search



































New Search

Help



Help



<input type="checkbox"/>	S8	 S4 AND S7	Search modes - Boolean/Phrase	 View Results (171)  View Details  Edit
<input type="checkbox"/>	S7	 hour*	Search modes - Boolean/Phrase	 View Results (79,483)  View Details  Edit
<input type="checkbox"/>	S6	 S4 AND S5	Search modes - Boolean/Phrase	 View Results (11)  View Details  Edit
<input type="checkbox"/>	S5	 huddl*	Search modes - Boolean/Phrase	 View Results (237)  View Details  Edit
<input type="checkbox"/>	S4	 S1 OR S2 OR S3	Search modes - Boolean/Phrase	 View Results (3,507)  View Details  Edit
<input type="checkbox"/>	S3	 (MH "Hand Off (Patient Safety)")	Search modes - Boolean/Phrase	 View Results (1,420)  View Details  Edit
<input type="checkbox"/>	S2	 (MH "Shift Reports")	Search modes - Boolean/Phrase	 View Results (774)  View Details  Edit
<input type="checkbox"/>	S1	 (MH "Patient Rounds")	Search modes - Boolean/Phrase	 View Results (1,648)  View Details  Edit

18. [Hourly rounding is key contributor to patient-centered care at highperforming hospitals.](#)



Periodical

ED Management, Oct2015; 27(10): 109-113. (5p) (Article) ISSN: 1044-9167 PMID: 26447259 AN: 109473587

Subjects: Emergency Service; Patient Centered Care Methods; Quality Assessment; Hospitals Standards; Patient Rounds Utilization



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[PlumX Metrics](#)

109. [Hourly patient rounding: an effective program can decrease call bell usage and patient falls, and increase patient and staff satisfaction.](#)



Periodical

Davies KE; Advance for Nurses, 2010 Aug 16; 7(8): 16-19. (4p) (Journal Article - CEU, exam questions, pictorial) ISSN: 1934-2373 AN: 105115813

Subjects: Patient Rounds



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<input type="checkbox"/>	S12	S8 AND S10	Search modes - Boolean/Phrase	View Results (44) View Details Edit
<input type="checkbox"/>	S11	S8 AND S9	Search modes - Boolean/Phrase	View Results (23) View Details Edit
<input type="checkbox"/>	S10	(MH "Quality of Health Care") OR (MH "Quality Improvement") OR (MH "Quality Assessment") OR (MH "Quality of Nursing Care")	Search modes - Boolean/Phrase	View Results (98,125) View Details Edit
<input type="checkbox"/>	S9	(MH "Attitude of Health Personnel") OR (MH "Physician Attitudes") OR (MH "Nurse Attitudes") OR (MH "Patient Attitudes") OR (MH "Attitude to Illness") OR (MH "Family Attitudes") OR (MH "Maternal Attitudes") OR (MH "Paternal Attitudes")	Search modes - Boolean/Phrase	View Results (104,406) View Details Edit

5. Hourly rounding: perspectives and perceptions of the frontline nursing staff.



Academic Journal

(includes abstract) Fabry, Donna; Journal of Nursing Management, Mar2015; 23(2): 200-210. (11p) (Journal Article - research, tables/charts) ISSN: 0966-0429 PMID: 24438446 AN: 103767011

Abstract: Aims To gain knowledge of a nursing staff's perspectives and perceptions of hourly rounding in an acute care hospital setting. Background Research has shown hospitals that have successfully implemented hourly rounding have significant decreases in adverse patient events with improvements in patient and staff satisfaction. More recent studies and clinical observations by the author are revealing barriers and difficulties in translating this evidence-based practice to the bedside. Method An original survey was distributed to direct care staff on six inpatient units. Descriptive analysis of each survey item and subanalysis of the registered nurse (n = 52) and patient care assistant (n = 15) responses was reported and aggregated according to demographic data and Rogers' Theory of Diffusion of Innovation. Results Findings varied considerably between job category, shift worked, unit worked on and educational level of the registered nurses. Overall only 25% (n = 13) of the registered nurses felt a sense of ownership of the hourly rounding initiative and only 23.1% (n = 12) agreed that completion of the hourly rounding paper documentation tool was a true indication that hourly rounding was actually being done. Conclusions and implications for nursing management Results from this study may give nursing leadership and educators' insight on how to lead and sustain a new initiative or evidence-based practice.

Subjects: Patient Rounds; Perception; Nurse Attitudes; Acute Care

Cited References: (33)

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6. Team Concepts. How do patients perceive hourly rounding?



Academic Journal

(includes abstract) Bragg, Linda; Nursing Management, Nov2016; 47(11): 11-13. (3p) (Article) ISSN: 0744-6314 AN: 119466137

Abstract: The article discusses a study on the perception of patients on hourly nurse rounding. Topics covered include the responses of patients to the Baptist Health Hourly Rounding Checklist (BHHRc), the management of patients' pain by nurses, and the high patient satisfaction regarding hourly rounding. Also mentioned is the practice by nurses of explaining medication adverse reactions to patients, and the understanding of patients of their pain management schedule.

Subjects: Patient Attitudes; Quality of Nursing Care; Patient Rounds; Pain Drug Therapy

Cited References: (10)



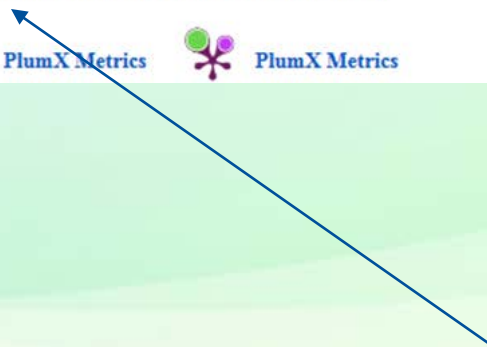
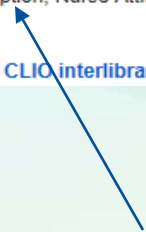
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<input type="checkbox"/>	S11	S8 AND S9	Search modes - Boolean/Phrase	View Results (23) View Details Edit
<input type="checkbox"/>	S10	(MH "Quality of Health Care") OR (MH "Quality Improvement") OR (MH "Quality Assessment") OR (MH "Quality of Nursing Care")	Search modes - Boolean/Phrase	View Results (98,125) View Details Edit

24. The Merry-Go-Round of Patient Rounding: Assure Your Patients Get The Brass Ring.



Academic Journal

(includes abstract) Kessler, Beth; Claude-Gutekunst, Marie; Donchez, Ashley M.; Dries, Rachel F.; Snyder, Megan M.; MEDSURG Nursing, Jul/Aug2012; 21(4): 240-245. (6p) (Journal Article - research, tables/charts) ISSN: 1092-0811 PMID: 22966527 AN: 104495980

Abstract: Staff members on a medical-surgical unit in a large community teaching hospital adapted the hourly rounding concept to their specific patient population. Lessons learned and strategies to assure continuous success with the rounding process are addressed.

Subjects: Patient Rounds; Medical-Surgical Nursing; Nursing Protocols; Quality Improvement; Nursing Practice, Evidence-Based

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Cited References: (10) Times Cited in this Database: (6)



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The Merry-Go-Round of Patient Rounding: Assure Your Patients Get The Brass Ring.

Authors: [Kessler, Beth](#); [Claude-Gutekunst, Marie](#); [Donchez, Ashley M.](#); [Dries, Rachel F.](#); [Snyder, Megan M.](#)

Affiliation: Medical Surgical Director, Mid Coast Hospital, Brunswick, ME
 Patient Care Specialist, Lehigh Valley Health Network, Bethlehem, PA
 Technical Partner, Lehigh Valley Health Network, Bethlehem, PA
 Staff Nurse, Lehigh Valley Health Network, Bethlehem, PA
 Patient Care Coordinator, Lehigh Valley Health Network, Bethlehem, PA

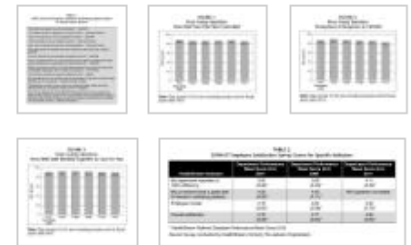
Source: [MEDSURG Nursing](#) (MEDSURG NURS), Jul/Aug2012, 21(4): 240-245. (6p)

Publication Type: Journal Article - research, tables/charts






Language: English

Major Subjects: [Patient Rounds](#)
[Medical-Surgical Nursing](#)
[Nursing Protocols](#)

Images



[Go to all 8 images >>](#)

<input type="checkbox"/>	S17	 S1 AND S7	<p>Limiters - Publication Type: Clinical Trial, Meta Analysis, Practice Guidelines, Protocol, Randomized Controlled Trial, Research Instrument, Standards, Systematic Review; Age Groups: Adult: 19-44 years, Middle Aged: 45-64 years, Aged: 65+ years, Aged, 80 and over, All Child, All Adult</p> <p>Search modes - Boolean/Phrase</p>	View Results (2) View Details
<input type="checkbox"/>	S16	 "bed check"	<p>Search modes - Boolean/Phrase</p>	View Results (0) View Details
<input type="checkbox"/>	S15	 round*	<p>Search modes - Boolean/Phrase</p>	View Results (18,476) View De
<input type="checkbox"/>	S14	 S1 AND S13	<p>Search modes - Boolean/Phrase</p>	View Results (18) View Details
<input type="checkbox"/>	S13	 (MH "Nursing Protocols")	<p>Search modes - Boolean/Phrase</p>	View Results (1,399) View Det

2. Measuring the effect of patient comfort rounds on practice environment and patient satisfaction: a pilot study.



Academic
Journal

(includes abstract) Gardner G; Woollett K; Daly N; Richardson B; International Journal of Nursing Practice, Aug2009; 15(4): 287-293. (7p) (Journal Article - protocol, research, tables/charts) ISSN: 1322-7114 PMID: 19703045 AN: 105412688
 Abstract: **Hourly** rounding in the acute hospital setting has been proposed as an intervention to increase patient satisfaction and safety, and improve the nursing practice environment, but the innovation has not been adequately tested. A quasi-experimental pretest post-test non-randomized parallel group trial design was used to test the effect of **hourly** patient comfort rounds on patient satisfaction and nursing perceptions of the practice environment, and to evaluate research processes and instruments for a proposed larger study. A Patient Satisfaction Survey instrument was developed and used in conjunction with the Practice Environment Scale of the Nursing Work Index. Results on patient satisfaction showed no significant changes. Significant changes were found for three of the five practice environment subscales. Consistent with the aim of a pilot study, this research has provided important information related to design, instruments and process that will inform a larger sufficiently powered study.

Subjects: Comfort; Medical-Surgical Nursing; Nursing Assistants; Patient Rounds; Patient Satisfaction; Work Environment;
Adult: 19-44 years; Middle Aged: 45-64 years; Female; Male

Cited References: (25) Times Cited in this Database: (13)



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In hospitalized adult medical-surgical patients, what is the impact of purposeful hourly rounding on patient and staff satisfaction.

EBSCOhost Searching: [CINAHL Plus with Full Text](#) | [Choose Databases](#)
 Suggest Subject Terms

unit Select a Field (optional)

AND Select a Field (optional) Select a Field (optional)

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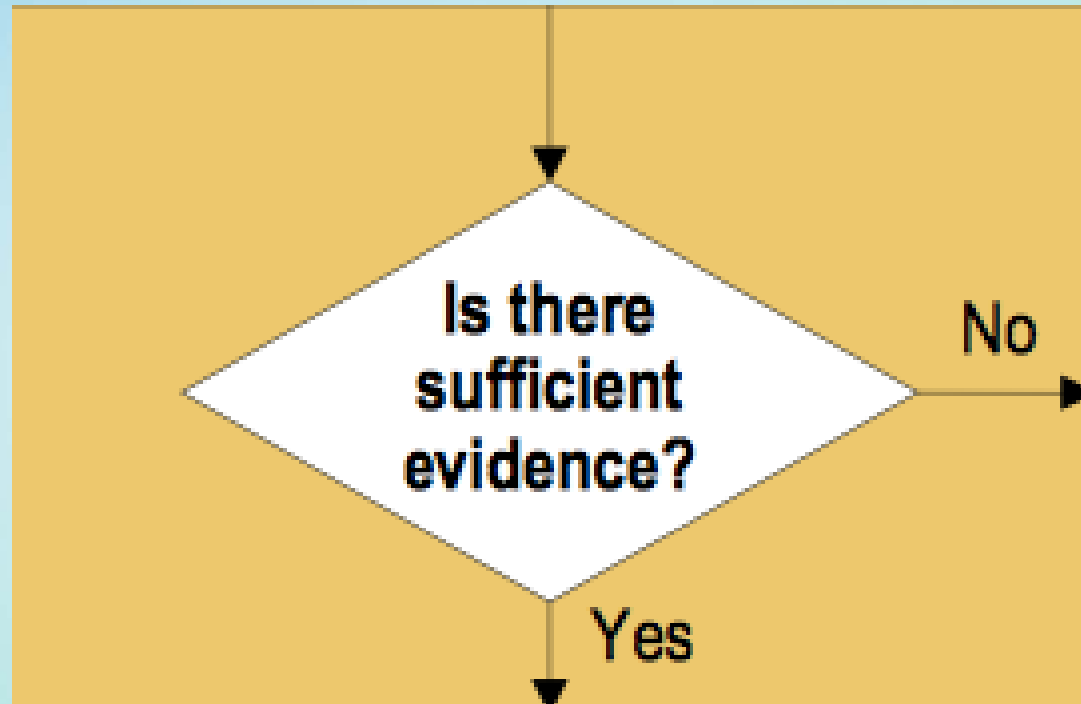
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Search ID#	Search Terms	Search Options	Actions
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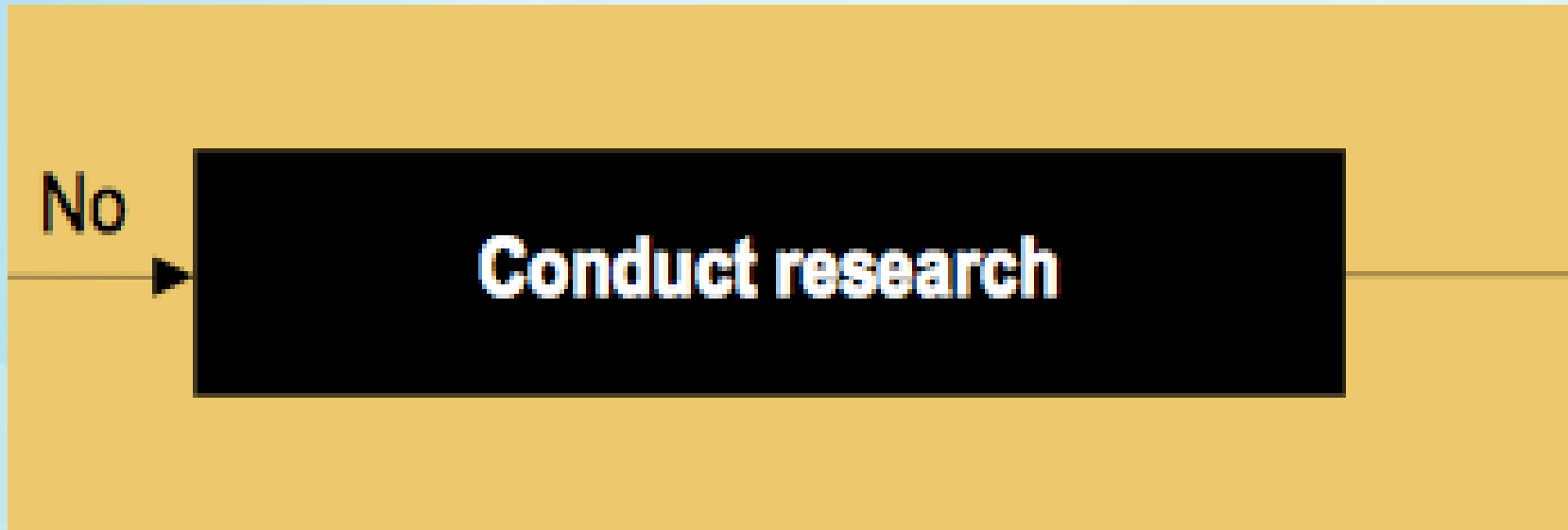
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- [Psychiatric Units](#)
- [Pediatric Units](#)
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- [Burn Units](#)
- [Unit Closure](#)
- [Stroke Units](#)
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- [Oncology Care Units](#)
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- [Coronary Care Units](#)
- [Phlebotomy: Blood Unit Acquisition \(Iowa NIC\)](#)
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- [Colony-Forming Units Assay](#)
- [Delivery Rooms](#)



Need to revisit the Iowa Model

PICO Question: In hospitalized adult medical-surgical patients, what is the impact of purposeful hourly rounding on patient and staff satisfaction?

Not Enough Evidence



YES: Evidence!

Yes

Design and Pilot the Practice Change

- Engage patients and verify preferences
- Consider resources, constraints, and approval
- Develop localized protocol
- Create an evaluation plan
- Collect baseline data
- Develop an implementation plan
- Prepare clinicians and materials
- Promote adoption
- Collect and report post-pilot data

LEHIGH VALLEY HOSPITAL
LEHIGH VALLEY HOSPITAL – MUHLENBERG
PATIENT CARE SERVICES

PATIENT CARE MANUAL

PATIENT CARE ROUNDING

KEY WORDS: Rounding, Patient Rounding

I. KEY POINTS:

1. Patient Rounding was previously referred to as Hourly Rounding however was changed to reflect the focus on “patient” and the appropriate hours rounding occurs.
2. Patient Rounding occurs hourly from 0600 to 2200 and every 2 hours from 2200 to 0600.
3. Steps in the Rounding process are tied to key questions in the patient HCAHPS survey as identified on the Performance Checklists.

II. PURPOSE:

Patient Rounding is an integral part of caring for our patients. Its purpose is to establish standard work with the desired goal to increase patient satisfaction, patient safety, and patient outcomes.

III. DEFINITIONS:

AIDET- Five fundamental communication components to use with every patient and family encounter – Acknowledge – Introduce – Duration – Explanation – Thank you.

Patient-Focused Rounding - Frequent, hardwired, and consistent rounding on each patient to demonstrate particular behaviors, accomplish particular tasks, increase safety, increase staff efficiency and create outcomes that improve both patient and employee satisfaction.

IV. SCOPE:

In-patient on medical/surgical units and low level units at LVH-CC and LVH-M.

V. SKILL LEVEL:

Registered Nurse, Licensed Practical Nurse, Technical Partner, Department Nursing Leadership Teams

VI. INTERVENTION/GUIDELINE:

Guidelines:

- | ACTION | RATIONALE/PRECAUTIONS |
|---|---|
| 1. Clinical staff will round on their patients based on the process identified and standard work established. | 1. To facilitate a safe environment for our patients and increase patient/customer satisfaction and quality outcomes. |

Standard Work Instructions: Bedside Shift Report

Trigger: Hourly rounding occurs 0600-2200; every two hours 2200-0600.	Last Updated: 8/16/16	Owner: PCS Leadership
Done: See above	Revision Number: Latest Rev. includes	
Performed by: Staff RN's, Technical Partners	Revised by: A. DeRoberts	

Purpose: To ensure the safe handover of care (at shift change) between nurses by involving the patient and family.

Details (if applicable)	Diagram, Work Flow, Picture, Time Grid, Scripting
Expectations	
<ol style="list-style-type: none"> Patient Rounding is present on all medical-surgical and low level units. Rounding occurs hourly between 0600-2200; every two hours 2200-0600. <u>Rounding occurs hourly on M/B</u> "Patient Rounding" order is placed by AP on admission to unit AIDET and PRIDE BEHAVIOR principles are utilized with each patient or family interaction. 	<p>AIDET</p> <ul style="list-style-type: none"> A-Acknowledge patient/family I-Introduce self and role D-Duration, how long will rounds take E-Explain what will take place during rounds T-Thank patient and family <p>PRIDE</p> <ul style="list-style-type: none"> Privacy- Knock and announce self. Cover & screen patients appropriately Respect-Diversity and maintain a professional demeanor Involvement-Commit to teamwork, collaboration and communication Dignity-Be courteous and put patients and families first Empathy-Express understanding, care and concern <p>Document one of the following and add comments as needed.</p> <ul style="list-style-type: none"> Done Sleeping Off Unit Refused
<ol style="list-style-type: none"> Documentation should be completed in Epic at <u>the time of rounding</u>. 	

Measurement – Hourly Rounding

- Patient Satisfaction – HCAPS
- Staff Satisfaction – Employee Satisfaction Survey
- Benchmark/Quality Data
 - Falls
 - Call Bells/Lights
 - Pressure Ulcers
 - DVT Prevention
 - Pain Management

Dissemination

Pitfall

SO WHAT?

Just like....*If it's not documented, it wasn't done.*

If you don't have data/outcomes, what's the point?

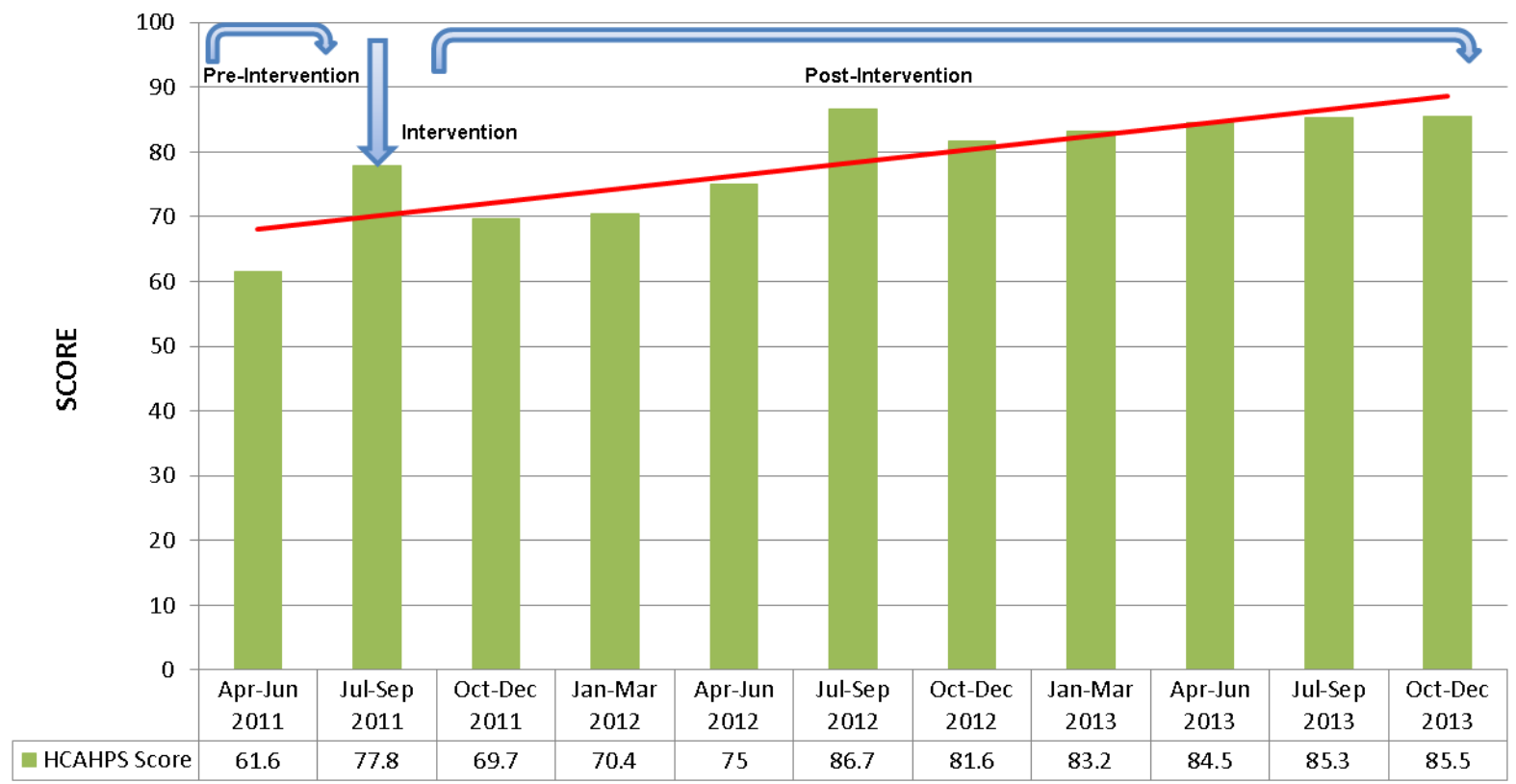


Show me the data! (Empirical Outcomes)

- Pre-intervention data
- Post-intervention data

How many data points for each?

6K HCAHPS SCORES Domain: Communication with Nurses*



* Displayed by Discharged Date
— Trendline

Pitfall

- Fata Flaw
 - Inappropriate design

Does what you are measuring match your study intent/problem statement and goal/PICO question?

Dissemination Options

Posters

Oral presentations

Publications

Pragmatic Interventions to Prevent Hospital-Acquired Venous Thromboembolism Events

7C - Hematology Oncology Medical-Surgical Unit

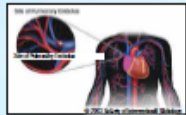
Lehigh Valley Health Network, Allentown, Pennsylvania

PURPOSE

This poster discusses strategies utilized to improve patient compliance with venous thromboembolism (VTE) prophylaxis.

WHAT IS VTE?

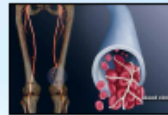
Formation of blood clots in any vein



Venous thromboembolism (VTE) is the formation of blood clots in the vein. When a clot forms in a deep vein, usually in the leg, it is called a deep vein thrombosis or DVT.

Location in deep vein - "deep vein thrombosis" DVT

Travel to lungs - "pulmonary embolism" PE



If that clot breaks loose and travels to the lungs, it is called a pulmonary embolism or PE. Most hospitalized patients have at least 1 or more risk factors for VTE.

BACKGROUND/RATIONALE

Venous thromboembolism events are prevalent in hospitalized oncology patients, due in part to their relative stasis and disease condition. These events add to morbidity and mortality and increase costs and length of stay. Though largely preventable, many patients may not receive prophylaxis, such as anticoagulants, sequential compression devices (SCDs) and ambulation, due to a variety of factors.

SIGNIFICANCE

7C Hematology Oncology Unit had the highest incidence of VTEs in the hospital. Identified root causes were: staff and patient knowledge deficit regarding rationale; anticoagulant injection discomfort and bruising, and, SCD inconvenience.

Risk Factors for VTE		
Stasis	Hypercoagulable State	Endothelial Damage
Hospital Admission	Cancer	Surgery
Immobility	High estrogen state	Prior VTE
CHF	Inflammatory Bowel Syndrome	Central Lines
Stroke	Sepsis	Trauma
Obesity	Smoking	Cancer
Paralysis/Spinal Cord Injury	Pregnancy	
Polycythemia	Blood Clotting Disorders	

INTERVENTIONS

- Nurse Resident EBP project on best practice technique for subcutaneous anticoagulant injections
- Electronic self-study and 1:1 education on importance of prophylaxis for staff
- Patient education regarding DVT prevention upon admission
- Bedside shift report discussion and Leadership Rounding in early AM regarding prophylaxis compliance
- Discussion with team at daily safety huddle and collaborative rounds
- Magnet on communication boards showing prophylaxis compliance or refusal

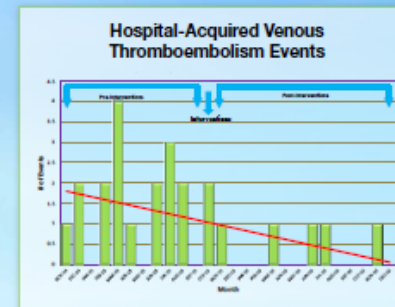


- Continuing education for non-compliant patients
- Dissenting patient asked to sign "Refusal of Care or Treatment form by nursing leadership"



EVALUATION

There was a decrease in VTE number and percentage following defined interventions.



References:

- Grier, M. A. (2014). Prevention of Venous Thromboembolism in Adult Patients with Cancer in the Acute Care Setting. *Clinical Journal of Oncology Nursing*, 18(3), 290-295. doi:10.1188/14.cjon.18-03ap
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- McNamara, S. A. (2014). Prevention of Venous Thromboembolism. *ADRN Journal*, 99(5), 642-647. doi:10.1016/j.aorn.2014.02.001

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610-402-CARE LVHN.org

Poster and Oral Abstracts

- **WHAT** -- overview of your presentation proposal
- **WHEN** -- year or more prior to conference
- **WHERE** – sponsoring organization or conference website
- **WHO** – Presenter in collaboration with Center for Professional Excellence staff
- **HOW** – Web-page or e-mail with attachment

Key Points

- Read the directions
 - Due dates
 - Format/headings
 - Word count
 - What needs to be included
 - Objectives
 - Resume or CV
 - Conflict of interest forms
 - Bio sketch

Abstract Content

- Introduction/Background
- Problem Statement/Opportunity
- Interventions
- Empirical Outcomes -- related to problem statement/opportunity
- Discussion
 - Implications for nursing
 - What attendees will learn and applicability to their setting

Lessons Learned (from 25 years of experience!)

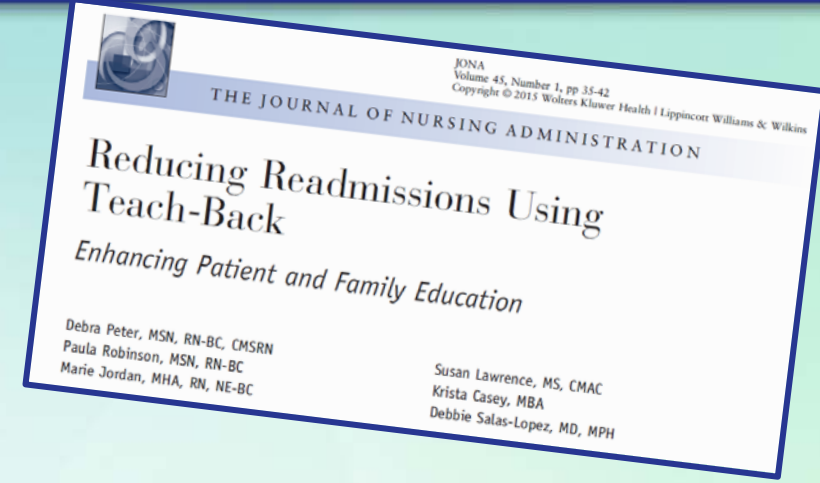
- Start early
- Plan to complete submission 1 week prior to due date
- Schedule adequate time to prepare and submit
- Do not expect an extension
- Expect the unexpected
- Obtain approval from director and administrator
- Assure all authors able to attend

Other Learning Considerations

- Join a conference planning committee
- Volunteer to be an abstract reviewer
- Offer to be a room facilitator
- Be open to alternative presentation formats
 - Breakfast roundtable
 - Virtual poster

Publications

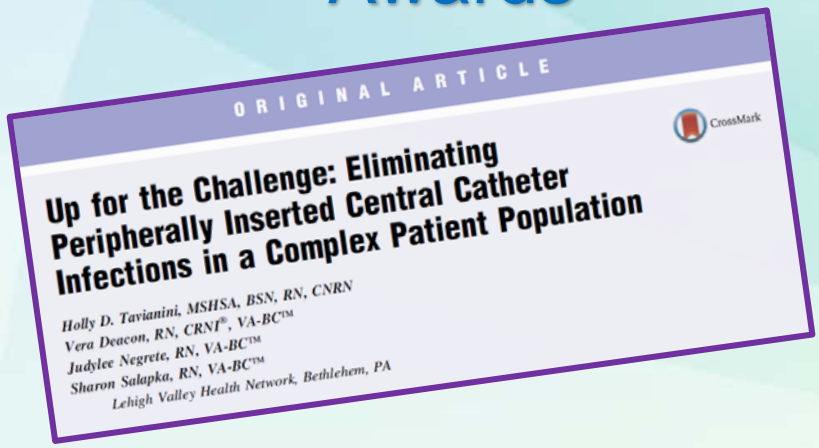
- Often prompted by
 - Poster presentations
 - Oral presentations
 - Professional networks
 - Awards



How Project LeaRN promotes lifelong learning

What happens when nurses visit other healthcare facilities to observe and learn?

By Kim S. Hitchings, MSN, RN, NEA-BC, and Karen Jones, BSN, RN, CCRN



Clinical Practice

The Merry-Go-Round of Patient Rounding: Assure Your Patients Get The Brass Ring

Beth Kessler, Marie Claude-Gutekunst, Ashley M. Donchez, Rachel F. Dries, and Megan M. Snyder

Staff members on a medical-surgical unit in a large community teaching hospital adapted the hourly rounding concept to their specific patient population. Lessons learned and strategies to assure continuous success with the rounding process are addressed.

PICO

- P** - hospitalized adult patients on a 30-bed medical-surgical unit
- I** - purposeful hourly patient rounding
- C** - no purposeful hourly rounding
- O** - patient and staff satisfaction scores, and the nurse-sensitive clinical outcome indicators of falls and nosocomial pressure ulcers?

Will purposeful hourly rounding on hospitalized adult patients on a 30-bed medical-surgical impact patient and staff satisfaction scores, and the nurse-sensitive clinical outcome indicators of falls and nosocomial pressure ulcers?

TABLE 1.
**LVHN Staff and Physician Comments Following Implementation
of Hourly Patient Rounds**

"Rounding has helped me with prioritization." – Staff RN

"I am able to assist my patients in a timely manner." – Technical Partner

"I feel as though team work immediately improved." – Staff RN

"Communication is key for effective rounds." – Technical Partner.

"Now I feel as though everyone is working together." – Technical Partner

"Rounding helped us identify tasks that might have otherwise been missed." – Staff RN

"You can just feel the camaraderie throughout the unit." – Staff RN

"Hourly rounding allows me to be proactive versus reactive. Instead of the daily work controlling me, rounding lets me control the work." – Staff RN

"When rounds are not done, it is clear there seems to be a sense of chaos that immediately disappears when rounds do take place." – 6T Director

"I love it there, someone is always checking on me." – Patient

"We actually felt as if our brother was the only patient on the floor. Everyone kept checking on him constantly." – Patient's family member

"Participating in patient rounds helps me recognize patient needs and thus address these in a proactive, timely manner." –Chaplain

"Care of my patients has most definitely improved since hourly rounding has been initiated. Nurses contact me in a more timely manner regarding the need to address a wide variety of issues. There are far fewer surprises when I complete my daily patient rounds." – Attending Physician

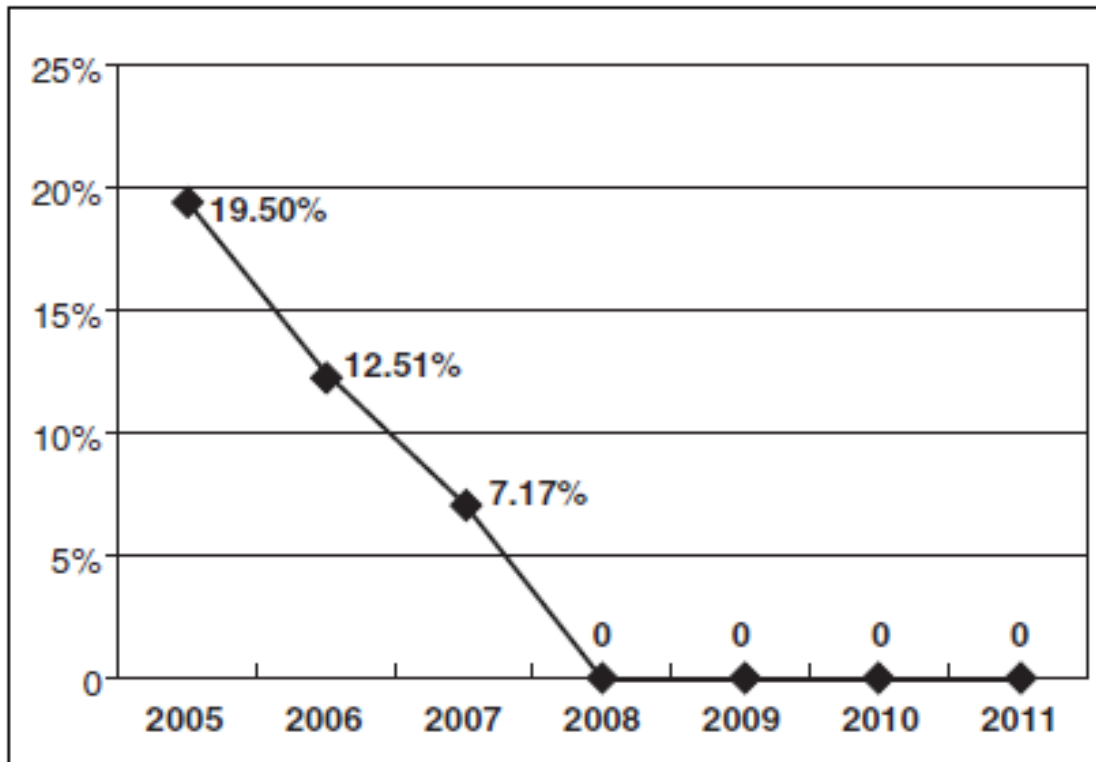
TABLE 2.
LVHN 6T Employee Satisfaction Survey Scores for Specific Indicators

HealthStream Indicator	Department Performance Mean Score (0-5) 2007	Department Performance Mean Score (0-5) 2009	Department Performance Mean Score (0-5) 2011
My department operates at 100% efficiency.	3.69 (3.36)*	3.68 (3.40)*	4.11 (3.42)*
My co-workers have a great deal of interest in satisfying patients.	4.59 (4.08)*	4.45 (4.11)*	N/A (question not asked)
Employee morale	4.16 (3.65)*	4.02 (3.68)*	4.22 (3.70)*
Overall satisfaction	3.78 (3.59)*	3.77 (3.63)*	3.83 (3.65)*

* HealthStream National Database Performance Mean Score (0-5)

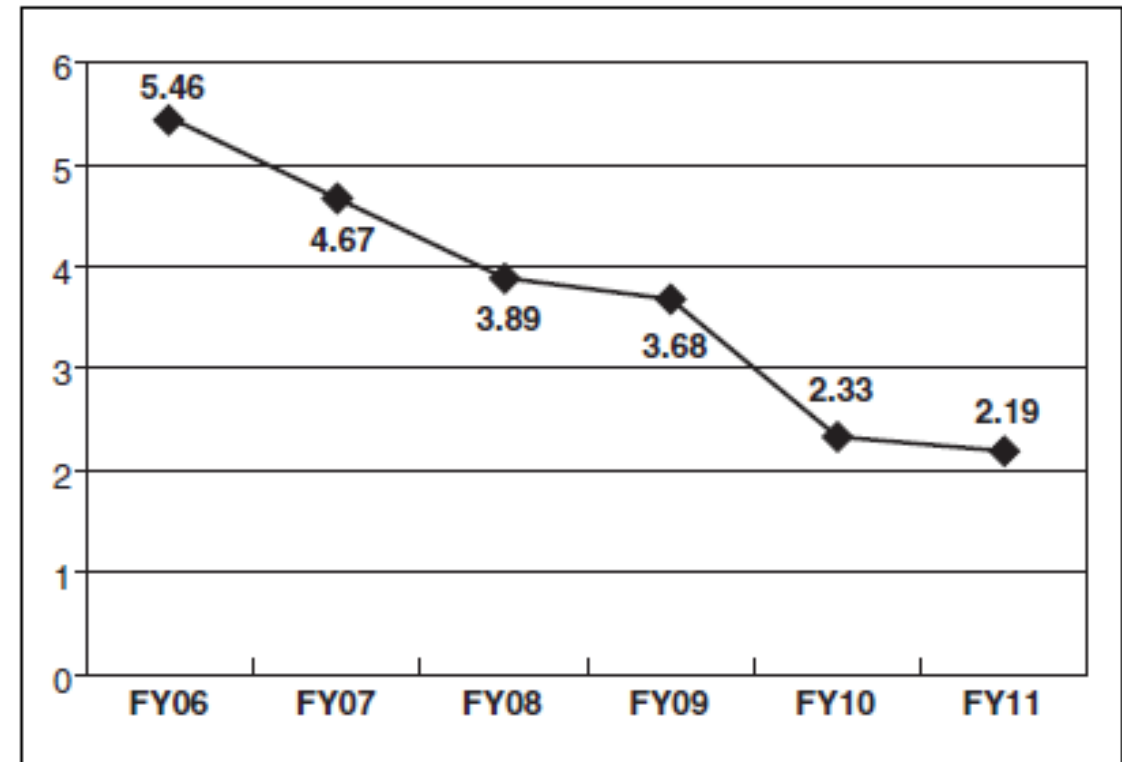
Source: Survey conducted by HealthStream, formerly The Jackson Organization.

FIGURE 4.
LVHN 6T Vacancy Rate (2005-2011)



Note: Raw scores (%) for pre-rounding process and for fiscal years 2007-2011

FIGURE 5.
LVHN 6T Fall Rate (2006-2011)



Note: Raw scores (%) for pre-rounding process and for fiscal years 2007-2011

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Hourly Rounding

Challenges With Implementation of an Evidence-Based Process

***Lynn M. Deitrick, PhD, RN; Kathy Baker, MPH, RN;
Hannah Paxton, MPH, RN; Michelle Flores, BSN, RN;
Deborah Swavely, MSN, RN***

Introduction of an evidence-based practice change, such as hourly rounding, can be difficult in the hospital setting. This study used ethnographic methods to examine problems with the implementation of hourly rounding on 2 similar inpatient units at our hospital. Results indicate that careful planning, communication, implementation, and evaluation are required for successful implementation of a nursing practice change. **Key words:** *evidence-based practice, hourly rounding, nursing workflow, quality of care*



Questions?

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