

DEVELOPING A CULTURE OF NURSE LED PARTNERSHIP ROUNDING



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Cancer | Cardiology & Heart Surgery | Geriatrics | Gynecology
Nephrology | Orthopedics | Pulmonology | Urology



Objectives

- Describe Partnership Rounding for the staff nurse & the patient
- Briefly describe history of Partnership Rounding at Maine Medical Center & rationale for needing renewed efforts to sustain practice
- Identify methods to promote & sustain best practice initiatives in the work place

What Is Partnership Rounding?

- Nursing staff conducts shift change reports at the patient's bedside
- Patient can identify a family member or close friend to participate
- Report should take about 5 minutes per patient
- Purpose
 - To share accurate & useful information between nurses, patients, & families
 - To create an environment where the patients & families feel involved & engaged in their own care
 - To improve the quality & safety of care

[1]

The Process of Partnership Rounding

- Introduce yourself
- Invite the patient & family to participate
- Conduct a verbal SBAR report
- Review tasks
- Perform visual inspection of patient
 - Example: wounds, incisions, drains, IV sites, tubes, catheters, etc.
- Safety assessment of the room
- Identify needs & concerns of the patient & family

Partnership Rounding



History of Partnership Rounding at MMC

- In 2008, nurses on an Ortho/Neuro/Trauma unit felt the RN to RN shift report didn't support a patient- and family-centered approach to care
- The Magnet Model was used to successfully implement **Partnership Rounding** as a practice change

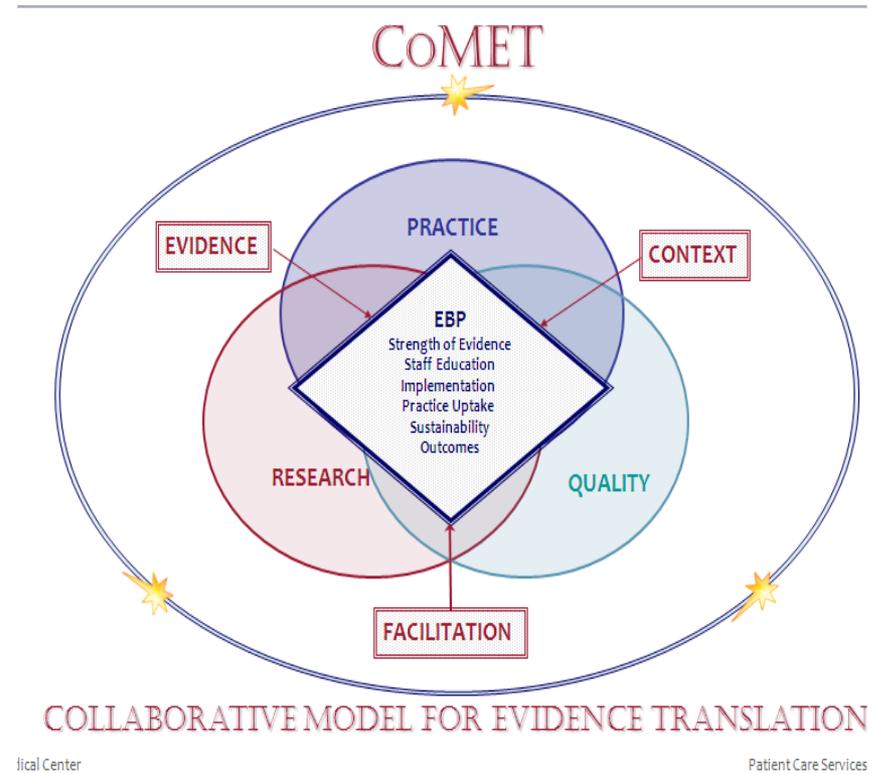
“The champions believed that change of practice to sharing the nursing shift report at the bedside, to engage the patients and their families as partners in care would help to recapture the important relationship between the nurse and patient.” [1]



[1]

COMET Model (Evidence Translation)

- Council Structure
- Increase the effectiveness and efficiency of evidence-based practice using a systematic approach
- Share a common goal to improve clinical outcomes utilizing EBP



BY USING THE COMET MODEL, WE CAN IMPLEMENT & SUSTAIN PARTNERSHIP ROUNDING

The Plan to Implement & Sustain

- Nursing Practice Council, Nursing Quality Council & professional development specialist collaboration
- Survey inpatient nurses housewide to evaluate the current practice
- Leadership support (November 2013)
- Peer Review: Added to annual peer review tool (for FY 2014)
- Re-Implement (January 2014)
 - Staggered roll-out approach
 - Education unit champions
- Sustain
 - Survey patients
 - Provide feedback to units
 - Present at Nursing All Council Meetings
- Evaluate Outcomes
 - Re-survey staff
 - Patient Surveys
 - HCAHPS



Education

- Champion classes (January 2014)
 - Educated/reinforced the practice of partnership rounding
 - Created environment for networking between units
 - Set stage for champion's role (role modeling, monitoring, encouraging)
 - Provided standard tools for hospital wide use (adapted from AHRQ toolkit)
 - Provided FAQ sheet of answers to concerns raised by the pre-survey
 - Role model bedside shift report

[2]

Educational Resources

- Literature
 - Grant B, Colello SH. Culture change through patient engagement. *Nursing* 2010 Oct;40(10):50–2.
- AHRQ Guidelines & Tool Kit [2]
 - Implementation Handbook
 - Patient Educational pamphlet

R5 Bedside Shift Report Checklist

- Introduce yourself to the patient and family. Invite the patient and family to take part in the bedside shift report.
- Conduct a verbal **SBAR report** highlighting the previous shift with the patient and family. Use words that the patient and family can understand. (any sensitive information can be said outside the door, use your nursing judgment)

S = Situation. What brought the patient here?

- Admission date/diagnosis
- Physician/covering service _____

B = Background. What is the pertinent patient history?

A = Assessment. What is the patient's problem now?

- *Pertinent systems review.* **Report by exception!**
- Visually inspect all:
 - Wounds, incisions, drains, IV sites, IV tubing, catheters/CAUTI bundle, central line dressing condition/date, pumps programmed correctly, IBed set/bed alarm on, etc.
 - Visually sweep the room for any physical safety concerns.

R = Recommendation. Review tasks that need to be done, such as:

What is the plan for patient's day?

- Labs or tests needed
- What does the patient need?
 - Medications administered (pain or any medications that still need to be given)
 - Educational needs
 - Incomplete tasks from previous shift

Discharge Plan. Do they have a ride home?

Other tasks: _____

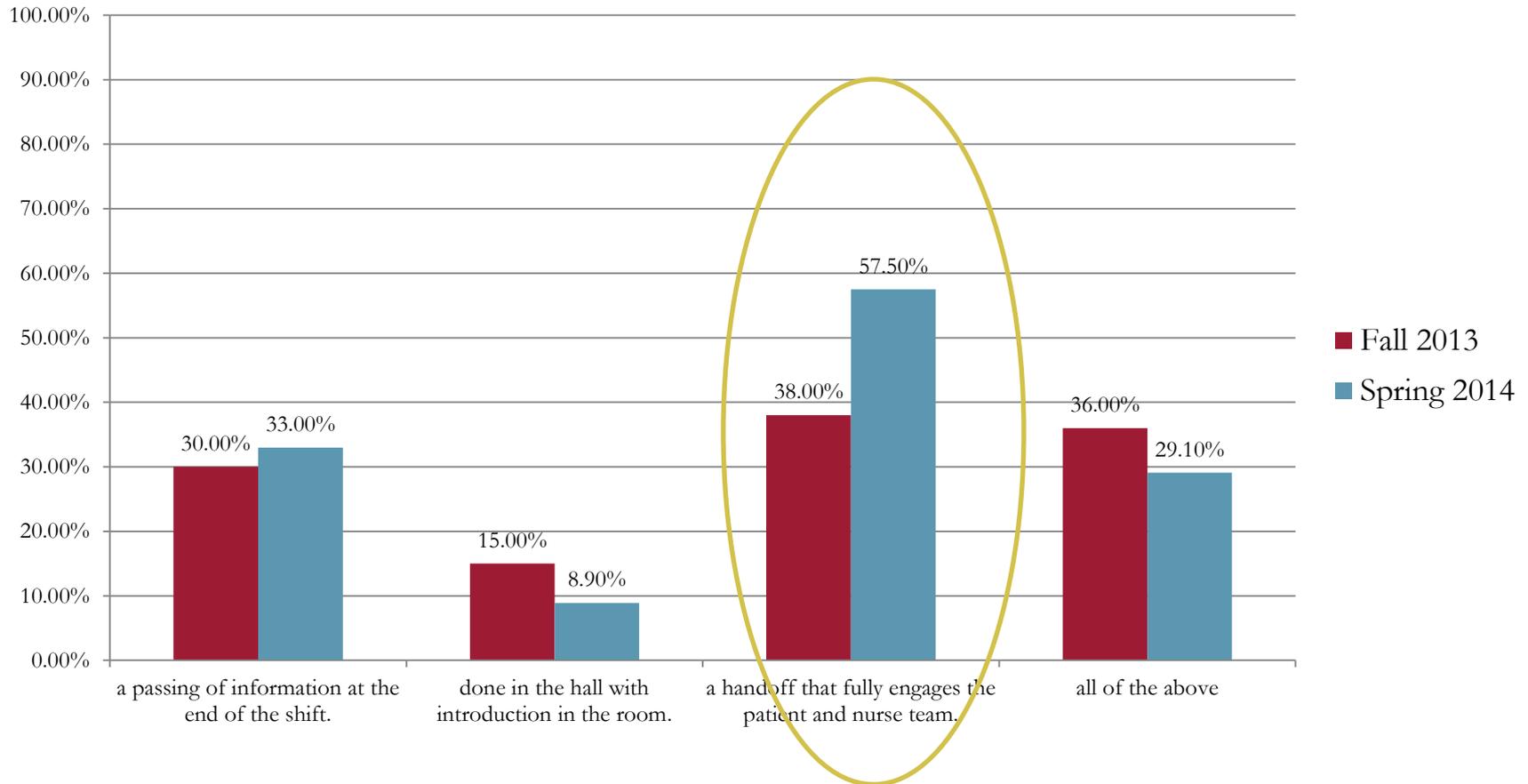
- Exit room after asking: "I still need to get report from my other patients, so there anything I can bring back before I came back in?"
- Or "Any immediate needs before I come back after getting report on the rest of my patients?"

Patient Surveys: Partnership Rounding

- Hospital volunteer surveyed patients for 3 months
 - April, May, & June 2014: three units (R3, R5 & P3CD)
 - August, September, November 2014: three more units (R2, R4 & GPV)
 - September, November, December 2014: one more unit (R1)
- After 3 months, units collected their own data with a goal of 30 surveys/month
- Data are analyzed by month by the Center for Nursing Research and Quality Outcomes

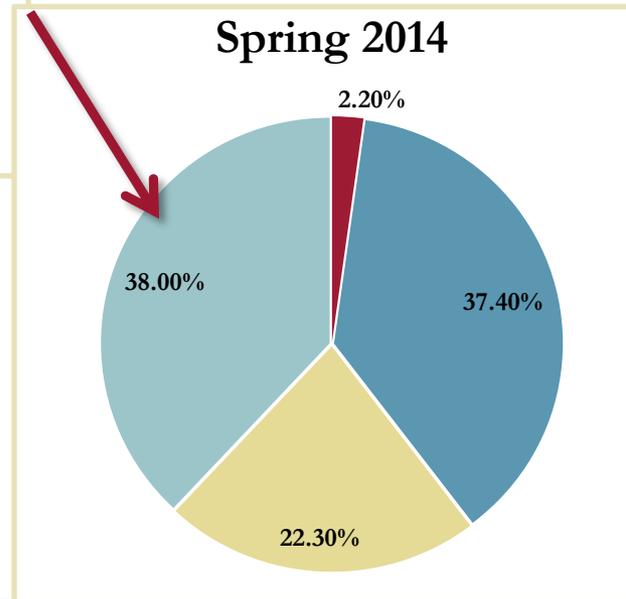
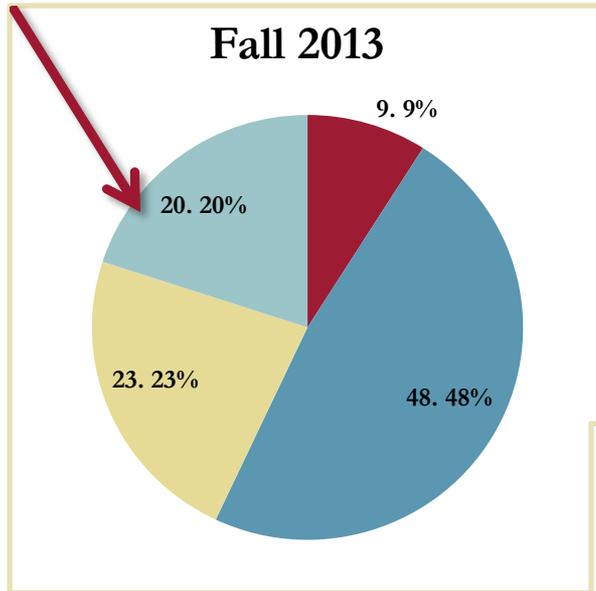
Outcomes: Staff Surveys

Bedside Shift Report Is...



Outcomes: Staff Surveys

Nurses Feedback About Frequency of Partnership Rounding



■ We currently don't do any bedside report

■ We do full report outside room, then quick introduction & safety check

■ <80% of time we do a full report in the room, engage pt. & safety check

■ ≥80% of time we do a full report in room, engage pt. & safety check

Outcomes: Nurse Experience

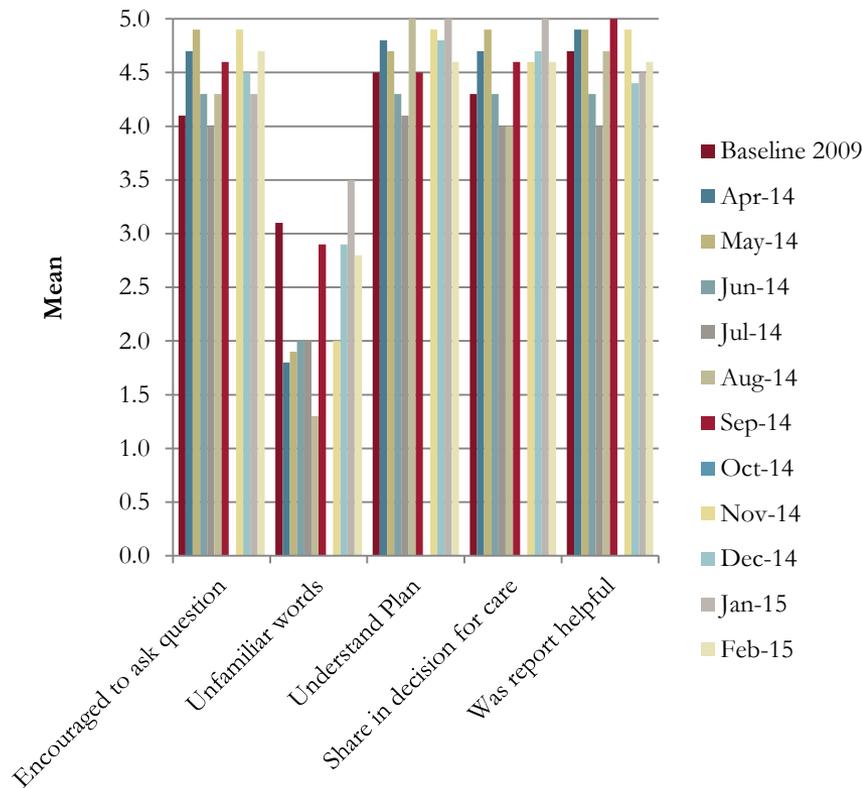
A: I just wanted to share a *bed side report scenario* I experienced this morning during report. Patient was wheezing, dressing was pooled with blood. PA was on board immediately and I needed to be in the room at shift change unable to give report to other nurses. The morning nurse agreed to come into the room and we ended up doing and emergent thoracentesis. during the time, we gave report and the am nurse was able to stay with the patient as I went on to give report for the rest of my assignment. This was an excellent scenario of bedside reporting, our partnership did what ever we needed to do for the safety of the patient yet get me out of the room so I could continue giving report.

B: A second scenario was with a patient who was in a great deal of pain. I had not given report at bedside so when I started my rounds the patient was upset because he believed I had no idea who he was and what his care plan involved. I spent 45 mins discussing his care and plan for the night which messed up my whole routine and I spent the first part of my night running to play catch up. I believe if we had done report in the room we would have started the shift on the same page, built trust and saved me a lot of heart ache and time.

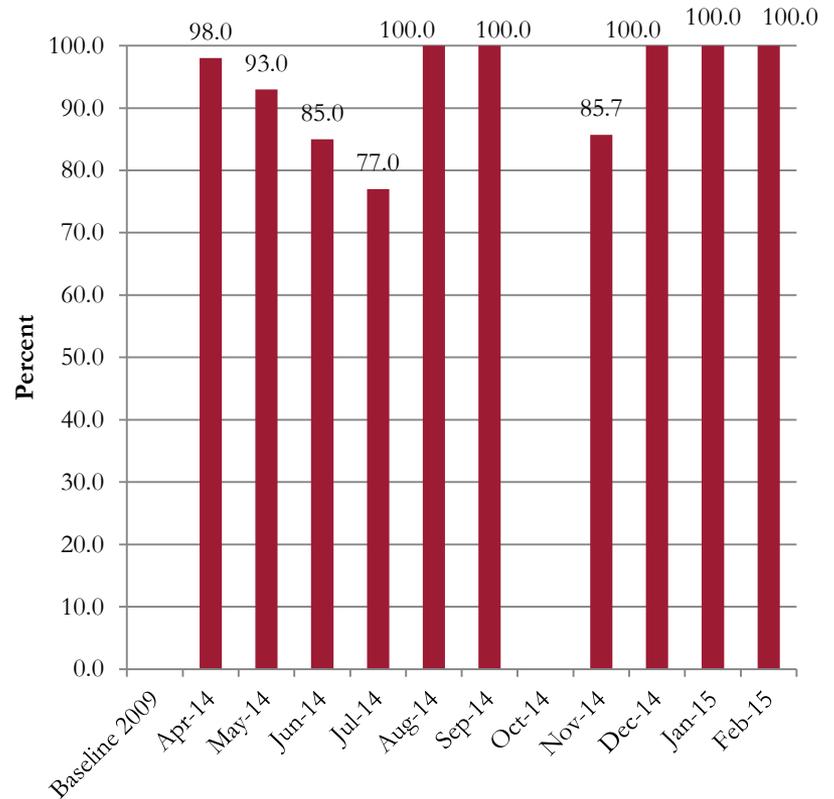
The patient in scenario A was doing excellent when I came back on tonight where the patient in scenario B felt he didn't have a good experience with me.

Outcomes: Patient Surveys

Partnership Rounding: R3 Mean Scores

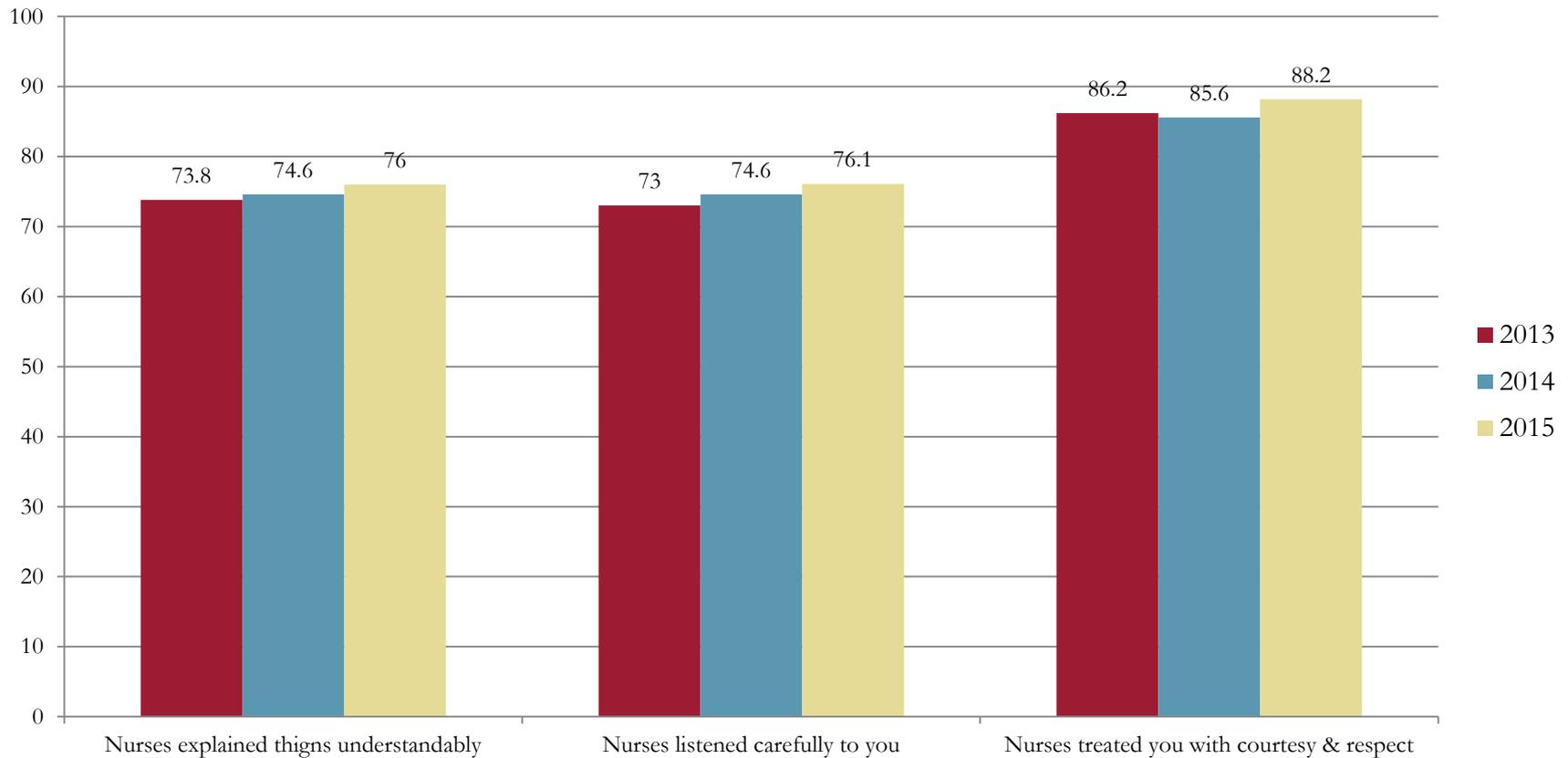


R3: Nurses came into my room for Bedside Report (%)



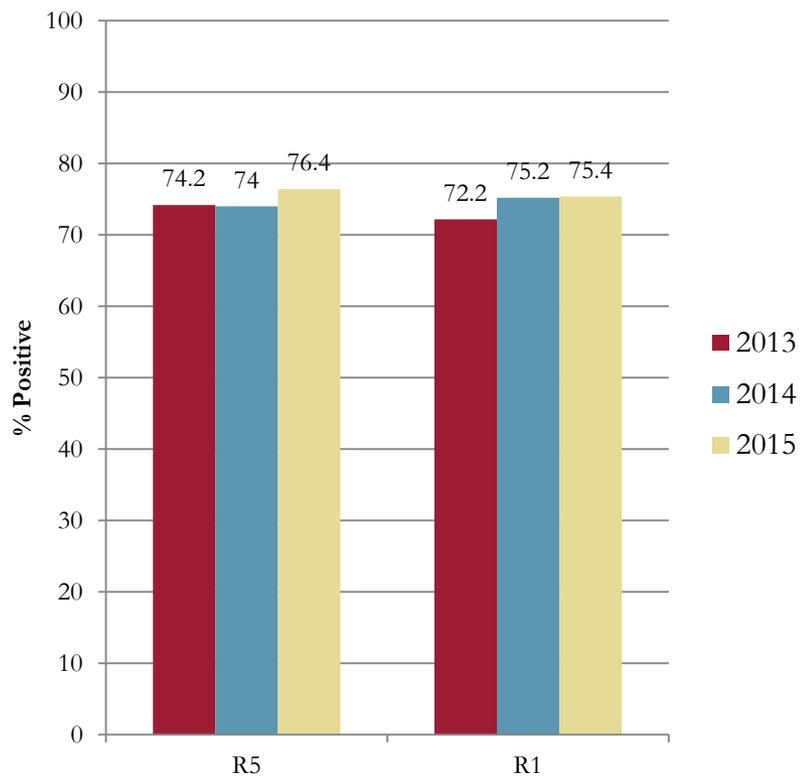
Outcomes: Hospital HCAPHS

HCAHP

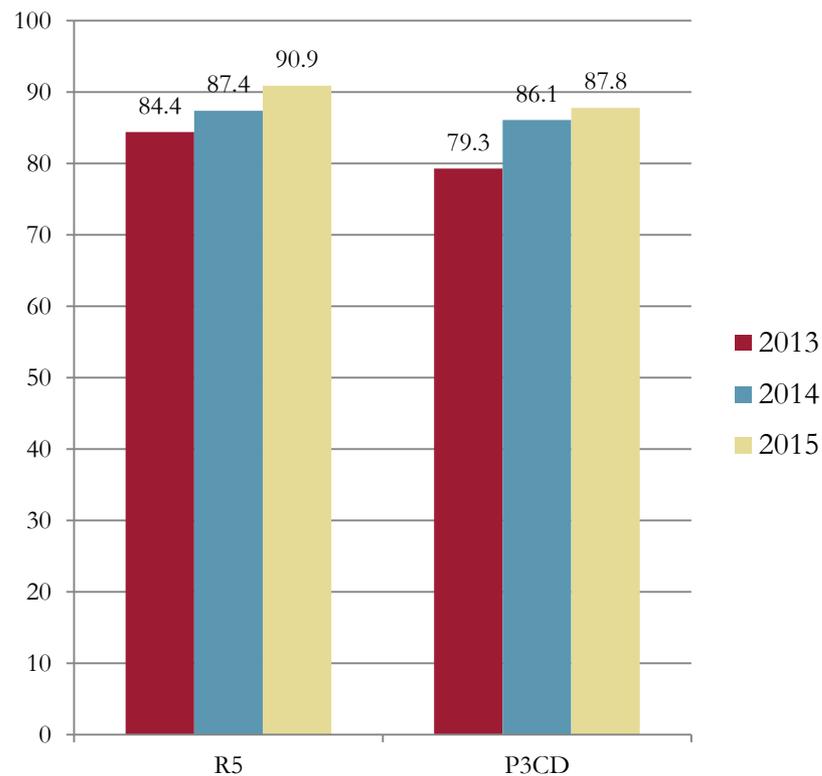


Outcomes: Unit Specific HCAPHS

Nurses Explained things Understandably



Nurses treated you with courtesy & respect



Conclusions

- Patients reported they were encouraged by nurses to ask questions & felt that bedside report was helpful
- Continuous data collection, monthly feedback to units, regular council updates & evaluation of effects on patient satisfaction are helping to sustain the practice
- Next steps
 - Patient perception surveys will continue to be collected until each unit achieves sustained practice ($\geq 90\%$ partnership rounding)
 - Review to discuss what further interventions or data collection are needed

References

1. Grant B, Colello SH. Culture change through patient engagement. *Nursing* 2010 Oct;40(10):50–2.
2. Agency for Healthcare Research and Quality
<http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/index.html>