

# Redesigning Intentional Rounding: A Multidisciplinary Approach

Kristin Aviles, DNPc, RN, NE-BC-Nurse Manager W3, Nicole Holguin, MD-Hospitalist, Leigh Waring-Sciarappa, DNPc, RN, NE-BC-Clinical Manager W1-W3

## Background and problem statement

- W3 has not met the CHA targeted HCAHPS metrics for 2022 in the domains of,
  - Likelihood to recommend
  - Staff work well together
  - Nurse and Provider Communication
- W3 had the highest rate of falls within the Medical-Surgical division at 4.2 for 2022
- Intentional rounding, performed by nursing and physician staff will result in higher HCAHPS scores and a reduction in fall rates

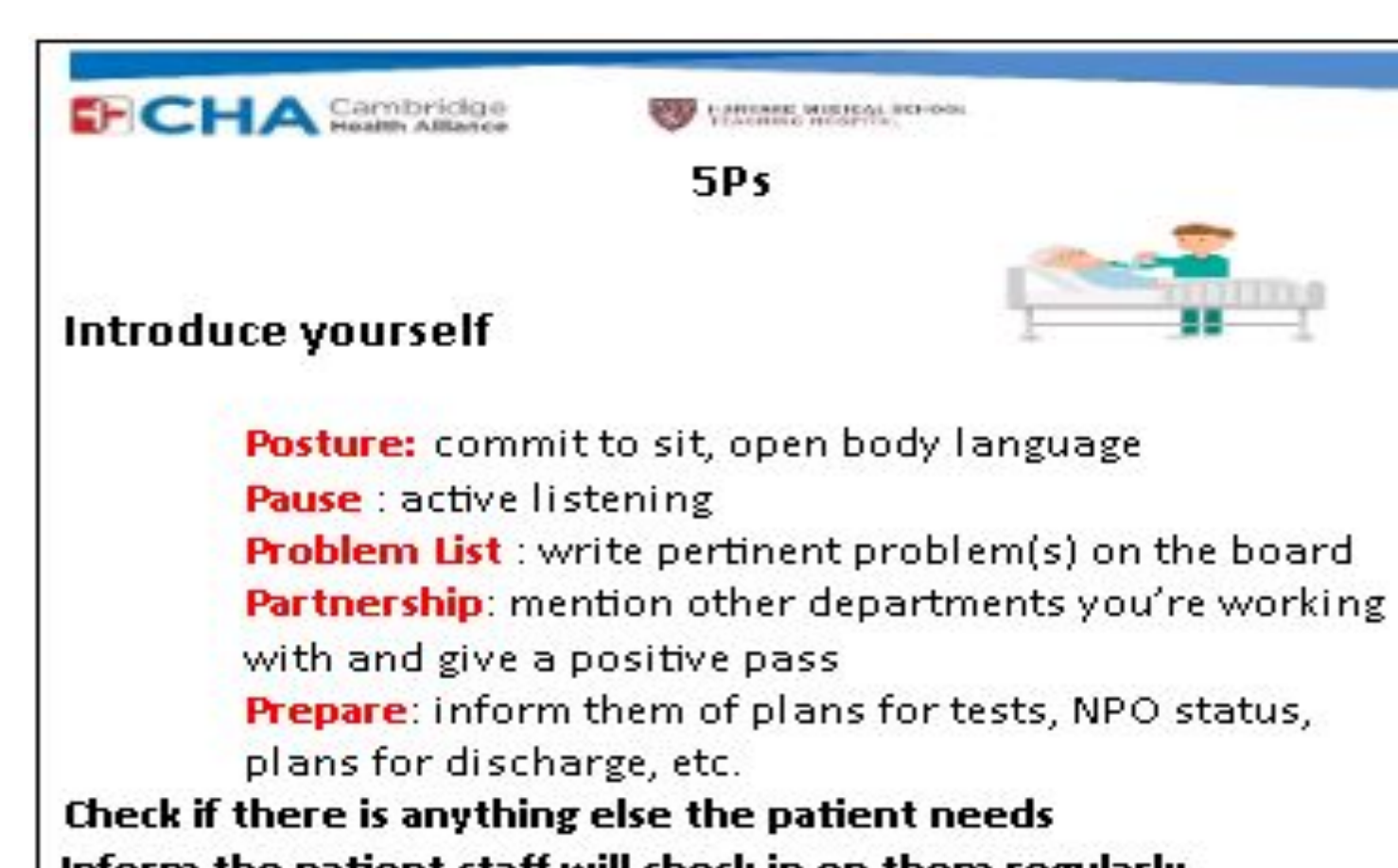
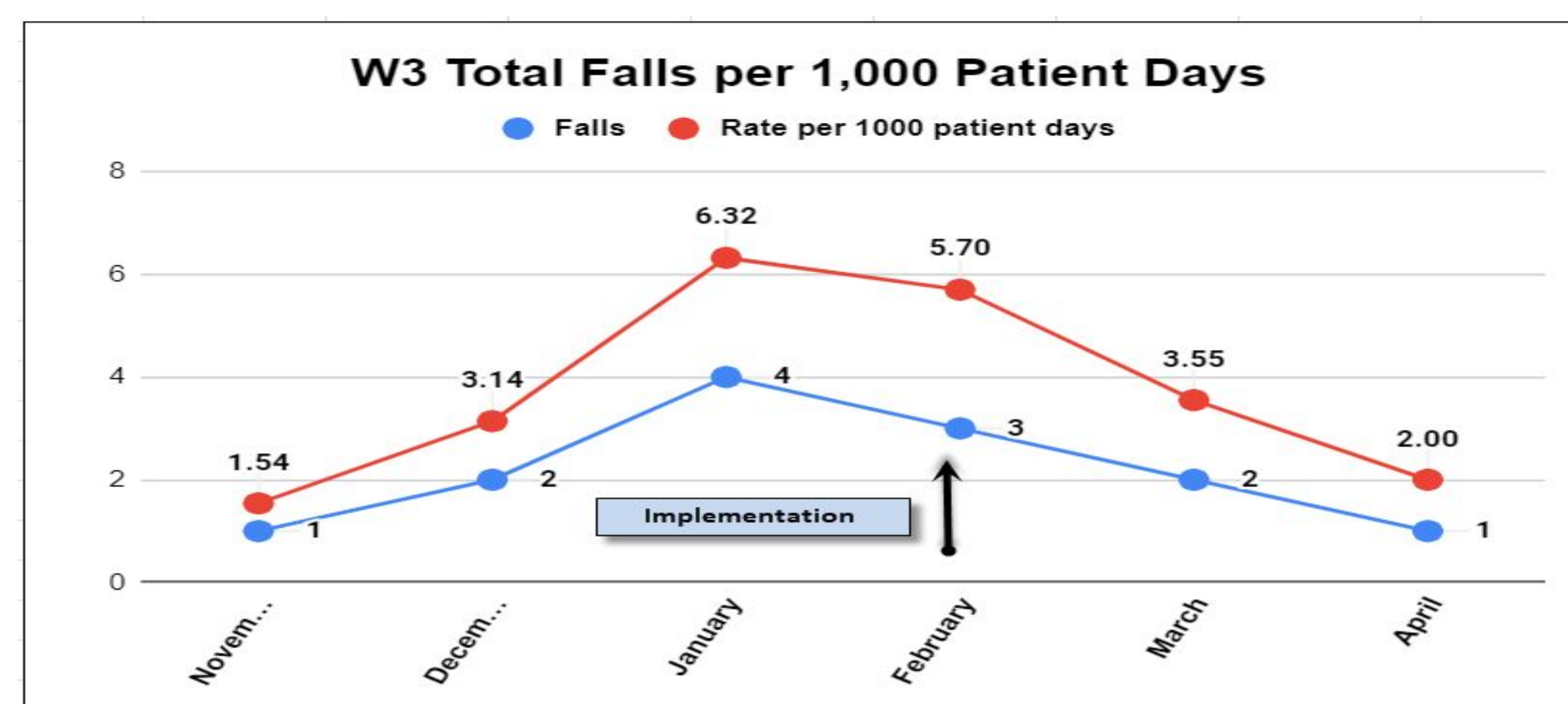
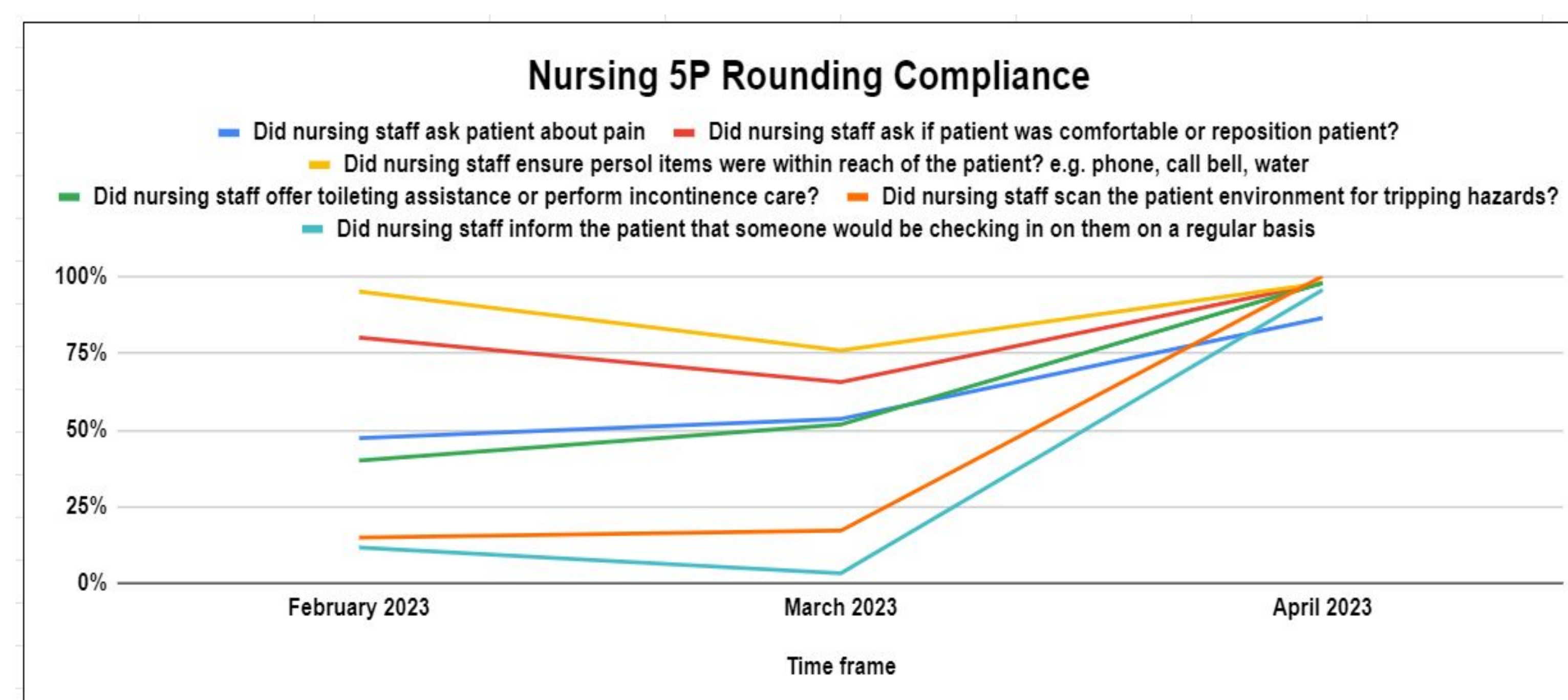
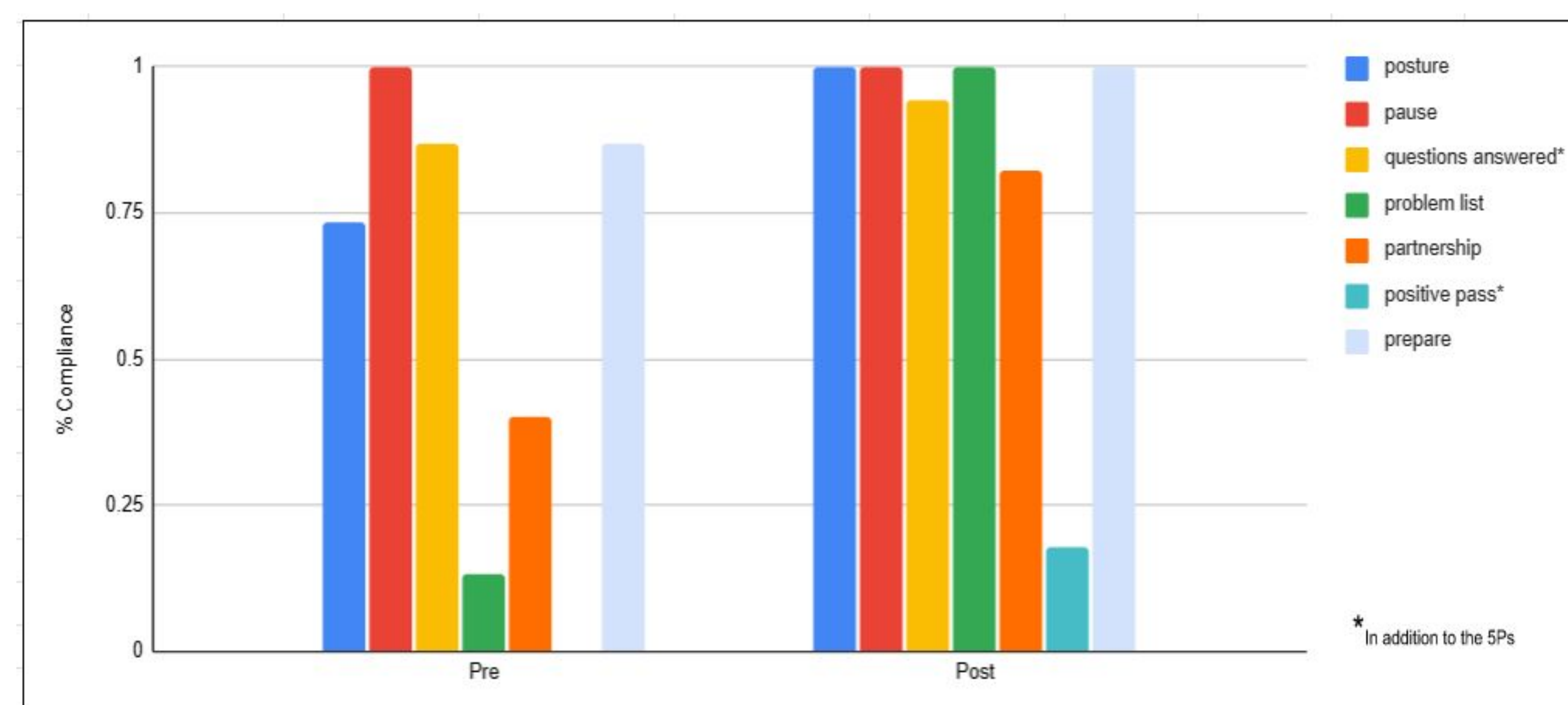
## Specific Aims

- Improve targeted HCAHPS scores in the domains of Hospital Likelihood to Recommend, Nurse and Provider Communication, and Staff Worked Well Together by 2% above baseline
- Reduce the total number of falls per 1,000 patient days to meet or out perform the NDNQI Mean score of 3.25 for the same

## Intervention in context

- In order to create reproducible & standardized rounding practices to achieve the specific aims, we implemented the following:
  - Intentional rounding with the nursing 5Ps, Pain, Position, Proactive toileting, Personal items, and Patient environment
  - Intentional rounding with the provider 5Ps, Posture, Pause, Problem list, Partnership, and Prepare
- Distribute a Badge Buddy to all participants

## Results to date



## Discussion and next steps

- The existing literature on intentional rounding reported positive impacts to patient-safety indicators and the patient experience of care with the practice of a structured form of rounding on hospitalized patients at regular intervals.
- What places this initiative apart from the standard rounding schemas found in the literature is the addition of the Provider 5Ps, Posture, Pause, Problem List, Partnership and Prepare
- The provider 5Ps offered the patients an opportunity to collaborate or co-produce their treatment plans with the healthcare team
- Due to the small  $n$ , HCAHPS data requires a longer study duration to determine a trend
- Next steps:**
  - Educate all providers, hospitalist and teaching services
  - Educate the Medical-Surgical division nurse leaders and frontline employees
  - Implement on all medical-surgical units
- Changing the culture behind the rounding practice will require active leader support of staff engagement, continued auditing of the practice and providing real time feedback and data to the staff to sustain the change.

## Our own learning as fellows

- Engage the stakeholders who do the work early on in the process and repeatedly throughout the project - follow the PDSA cycles
- Each member of a team brings their own talents and expertise, utilize and learn from them to expand your own capabilities.
- Leaders need to clearly and effectively communicate the gaps in practice, current data, future state aims, and the interventions that will achieve those aims