

Together WE ROUND: To Improve Patient Safety and Satisfaction

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BACKGROUND & OVERVIEW

- Intentional rounding** involves interprofessional team members carrying out regular checks at set intervals to assess and manage fundamental patient care needs such as: *pain, hydration, continence, anxiety, fall prevention & pressure injury prevention.*¹
- We Round** is influenced by evidence that supports meaningful rounding activities that are often referred to as purposeful rounding or 5 P rounding.
- We Round** is centred on the following tenets of patient care: **Possessions, Pain, Personal Needs, Position and Pumps/Alarms.**²
- Benefits of intentional rounding include¹:
 - ✓ Decrease patient falls
 - ✓ Decrease pressure injuries
 - ✓ Proactively meet patient/family care needs
 - ✓ Increase response to call bells
 - ✓ Improvement in clinical outcomes



AIM STATEMENT

The focus of this project is on the sustainability of the We Round initiative in Niagara Health (NH) by April 2019. Therefore, to evaluate the current state and trends in the uptake of the We Round initiative, audit tools were created to collect data on frequency of nurse documentation as well as their compliance to the rounding structure.

STRATEGY FOR CHANGE - PDSA CYCLES

- PDSA #1**
 - Review current state of rounding at Niagara Health
 - Reviewed evidence re: successful integration of rounding methods including suggested activities
- PDSA #2**
 - Established process and outcome measures
 - Branding of "We Round" (logo, white boards, lanyard cards, Huddle Boards, media)
- PDSA #3**
 - Creation of Frequency audit tools
 - Creation of Compliance audit tools (short and long)
- PDSA #4**
 - We Round audits initiated focused on white board, and process compliance
 - Improvements to frequency audit tools for more efficient usage
- PDSA #5**
 - Altered scope of audit data to focus frequency component on patient charts
- PDSA #6**
 - Audited all 5 hospitals of Niagara Health for frequency and compliance data
 - Tools and methods reviewed and re-focused for efficient data collection

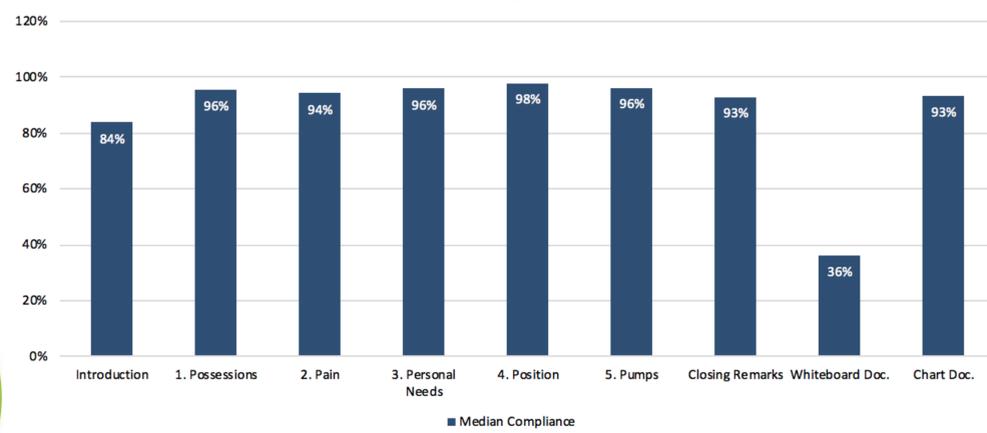
MEASURES

- Process Measures:**
 - ✓ Increasing the rate of whiteboard documentation
 - ✓ Increase the rate of chart documentation
 - ✓ Increase the rate of compliance of We Round
- Outcome Measures**
 - ✓ Decrease patient falls
 - ✓ Decrease hospital acquired pressure injuries
 - ✓ Increase patient satisfaction
 - ✓ Increase positive response to call bells

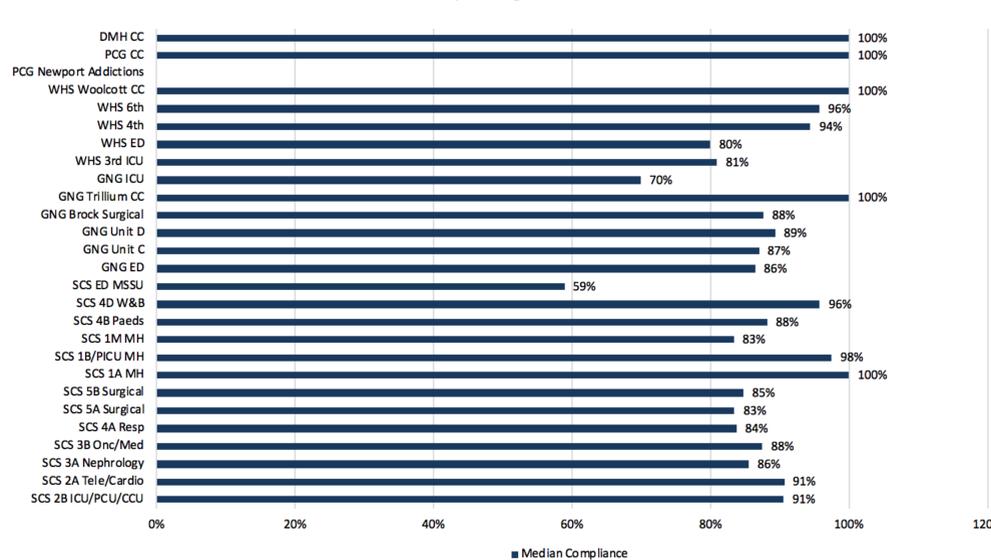
COMPLIANCE AUDIT TOOLS

AUDIT RESULTS & DATA

Median We Round Compliance, By Indicator
May to August 2018



Median We Round Compliance, By Unit
May to August 2018



SUMMARY OF RESULTS

- Overall, by indicator there is a greater than 80% compliance across all Niagara Health units
- The 5P indicator with the highest compliance is position - 98%
- The indicator with the biggest opportunity for improvement is whiteboard documentation - 36%
- The hospital units with the overall highest compliance were:
 - ✓ Douglas Memorial Hospital Complex Care unit,
 - ✓ Port Colborne General Complex Care unit,
 - ✓ Welland Hospital Site Woolcott Complex Care unit,
 - ✓ Greater Niagara General Trillium Complex Care unit,
 - ✓ St. Catharines Site unit 1A Mental Health
- As rounding education continues, a high compliance is expected to be reached by April 2019
- Is to be noted that unreported data from some units could effect the accuracy of the data

CONCLUSIONS & NEXT STEPS

- First 4 months of auditing (Jan – April) has highlighted the need for a shift of frequency auditing focus from whiteboard documentation to patient charts. This allowed a more accurate measurement of frequency.
- As of now, the project is still focused on establishing an effective auditing method for the implementation of the We Round process.
- Frequency and compliance auditing will continue on a monthly basis.
- Next steps will be to evaluate the effects of We Round on the observable outcome measures with goals to:
 - ✓ Decrease fall incident rates from 1.77 per 1,000 acute inpatient days to 1.69 falls per 1,000 inpatient days
 - ✓ Decrease number of facility acquired pressure ulcers
 - ✓ Increase patient satisfaction
 - ✓ Increase positive response to call bells

REFERENCES

- ¹Dix, G., Phillips, J., Braide, M. (2012). Engaging staff with intentional rounding. *Nursing Times*, 108(3), 14- 16.
- ²Halm, M. (2009). Hourly rounds: What does the evidence indicate? *American Journal of Critical Care*, 18: 581-4.

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