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Reduction in Delayed Patient Care on the Medical-Surgical unit

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CNL Involvement in the Reduction of Delayed Patient Care

The primary objective of this project will be focused on delivering safe, efficient, and high-quality patient care with the involvement of the multidisciplinary team. The nature of my project is to have a reduction in delayed patient care on the medical-surgical department at California Pacific Medical Center (CPMC). The data retrieved from nurses in the past 3 months has shown that 30% of the patients had delayed care due to daily bedside rounds. Patient's wound care, medications, and other bedside treatments were delayed due to prolonged bedside rounds. Delayed patient care can impact patient safety, satisfaction, and length of stay (LOS) in the hospital. This project will utilize the most current information from evidence-based articles that were published in the last five years.

Statement of Problem

Multidisciplinary bedside rounds on patients are essential in fostering quality outcomes and patient safety (Henneman, Kleppel & Hinchey, 2013). In order to improve healthcare outcomes, CPMC piloted multidisciplinary bedside rounding on a weekday basis (bedside nurses included). Because nurses spend a large amount of time to understand the patient needs, nurses can act as a liaison between the patient and other health care professional during multidisciplinary bedside rounds. Ever since CPMC initiated the bedside rounding that included staff nurses, the multidisciplinary team became more focused on patient's plan of care, ranging from direct medical interventions to discharge planning. Bedside rounding allows health care professionals to better evaluate the patient's current condition to ensure safe and timely discharge (AHC Media, 2014). Although bedside rounds function as a great

instrument for keeping patients, nurses, physicians, social workers, and case managers up-to-date with patient care, bedside rounds are time consuming for nurses (Perry, 2016). On any given morning, nurses are expected to receive shift hand-off from the previous nurse, review nursing orders from physicians, and then physically evaluate the patient. So when the nurses are in the process of performing these duties or providing patient care, the nurse manager would pull the nurses aside and expect them to go to unscheduled bedside rounds immediately. Many of the floor nurses believe that being directed away from patient care to attend rounds is a safety hazard to our patients.

The goal of my project for this final semester is to increase patient safety and reduce delayed patient care by improving patient bedside rounds with staff nurses on 3 North medical-surgical department at CPMC. Ever since daily bedside rounds were implemented in January 2017, these rounds have been affecting the delivery of proper care to the patients. There have been delays in patient treatment (e.g. late medications, late wound dressing changes, prolonged admissions, and late discharges) in the past three months. To ensure that nurses' bedside reports are more consistent, we decided to create a guideline of "things to mention during bedside rounds". The paper guideline was adjusted several times and I have been reconfiguring the guideline to adjust to nurses' needs and satisfaction. This guideline is called the Bedside Rounding Template (BRT) (See appendix A). The purpose of the BRT is to provide a fixed guideline for bedside nurses to follow when giving their patient report during rounds to optimize time and efficiency.

Hospital data from this particular nursing unit will be gathered from nurses and the electronic health record (EHR) system. The gathered hospital data will encompass the admission and discharge times, medication administration, and physician order acknowledgement and fulfillment. Evidence-based guidelines will be gathered from articles in the last 5 years for the most current information to justify the need for more efficient rounding sessions and to make adjustments to the current CPMC BRT guideline. A potential obstacle to this project would be the possible time-consuming nature of daily bedside rounds. By using late medication documentation as an indicator, my goal is to observe a reduction in late medication documentation due to daily bedside rounds by 10% at the end of August, 2017. My overall goal is to hope that the BRT will fix other aspects of patient care.

Project Overview

Bedside rounds can have a huge impact on how nurses deliver care to their patients (Young, Paulk, Beck, Anderson, Burck, Jobman, & Stickrath, 2016). We aim to improve the process of patient bedside rounds through the communication and collaboration between staff nurses and the multidisciplinary team. The process begins with identifying problems with daily bedside rounds in association to delivering proper patient. The process ends with the staff nurses attending bedside rounds more efficiently through new interventions while providing safe patient care. The benefits to such improvements can help reduce medical errors, reduce patient's LOS, reduce frequency of falls, decrease patients' call lights, and develop better communication between patients and the health care staff (Meade, Bursell & Ketelsen, 2006). Overall, improving the efficiency of daily bedside rounds would increase patient safety and satisfaction. It is important to find a solution to this issue now than later because delayed improvements can

lead to an impaired health care environment, resulting in patient complications, mortality rate and an increase in direct cost (Nockitas, Middaught, & Aries, 2016).

Rationale

It is important to understand the health care system infrastructure in order to develop policies and procedures to provide quality patient care. According to the World Health Organization (WHO) (2008), failure to provide safe patient care is due to multiple system failures. Surveys were conducted by the Organization for Economic Co-operation and Development and they have identified five common elements for failures: leadership, policies and procedures, staffing, communication and reporting (WHO, 2008). Developing, implementing, and sustaining effective interventions can save hospitals significant amounts of money. Several gap analysis apparatuses were utilized to identify the cause and effect of management issues. The fishbone analysis (See appendix B) and the SWOT (strengths, weaknesses, opportunities, and threats) analysis serves as great tools to use in identifying gaps in the health care system. The SWOT analysis (See appendix C) alerts the interdisciplinary team of the situation assists the team with strategic planning and decision-making (Community Tool Box, 2016).

Cost Benefit Analysis

According to Glassdoor.com, a CNL's salary in San Francisco is estimated to be $95,000.00. The hourly rate for CNLs is estimated to be $45.00 per hour. A CNL would need to attend daily morning bedside rounds from Monday to Friday. Morning rounds can go as long as three hours depending on the patient census. After the rounds, the CNL would proceed with auditing overdue medications in the EHR due to bedside rounds. Time will be invested in

observing and evaluating the nursing staff and the multidisciplinary team bedside rounds. The multidisciplinary committee (e.g. charge nurse, CNL, nurse manager, nurse supervisor, and selected physician director) would be participating in a team meeting once a week (Fridays) to discuss bedside round interventions and its progress. The hourly pay rates would need to be applied to such circumstances. The cost for the multidisciplinary team to participate in the one hour meeting sessions on a weekly basis will cost approximately $335.00 and $1,340.00 per month. Additional non-personnel costs will include printing paper (for creating BRT and surveys), computer and office space for the CNL. The bedside rounding at CPMC is a newly implemented project and the health care team is seeking various methods to develop a better rounding model. Utilizing various rounding strategies is beneficial, but all have costs and time (Butterfield, 2014).

Methodology

The implementation project started in the beginning of June, 2017. The initial steps of this project involved observation of the nursing staff and the daily multidisciplinary rounds. The project began with evaluating each nurse's perception on the utilization of the BRT for their patient bedside rounds and observing its effectiveness in reducing delayed patient care. At the end of each week, a 10 question pre- and post-survey (See Appendix D) was provided for staff nurses to fill out. The point of the pre- and post-surveys is to receive insight from nurses on the BRT and what needs to be adjusted in order to produce better outcomes (See Appendix E). I also partook in accessing the EHR system on a daily basis to review morning late medications and if the overdue medications are due to prolonged rounds. Each day, a total of 8 nurses are working

the morning shift when the bedside rounds are happening. Therefore, there are a total of 40 morning staff nurses each week Mondays to Fridays. Overdue medication is collected from 40 nurses each week. During the whole data collection process, I follow the nurses on their daily rounds and audit overdue medications that occur before, during, and after their rounds. After the rounds are done, I interview with each nurse about their overdue medications and if their overdue medication is linked to bedside rounding interruptions.

The Plan-Do-Study-Act (PDSA) model serves as a great tool for health professionals to identify the problem, data collection, test the implemented changes, and evaluate the results (IHI, 2017) (Appendix F). A potential obstacle to this project would be the inevitable time-consuming nature of daily bedside rounds. I am measuring the effectiveness of utilizing the BRT by comparing the before and after surveys along with incorporating late medications associated to bedside rounds. By using late medication documentation as an indicator, my goal is to observe a reduction in late medication documentation due to daily bedside rounds by 10% at the end of August, 2017. I will know if this project has been proven effective if each and every nurse participates in completing the surveys and relaying their understanding of reducing time constraints and to deliver efficient bedside rounds, while reducing potential nursing errors.

Literature Review

The focus of this project involves implementing a guideline for the multidisciplinary team to follow that could help improve the efficiency of daily bedside rounds, resulting in excellent patient outcomes. Bhamidipati, Elliot, Justice, et al. (2016) attempted to define the term "Interdisciplinary rounds" (IDR) due to limited understanding of IDR. Different IDR models were identify: pharmacist focused, bedside rounding, and interdisciplinary team rounding. The

article mentioned that during bedside rounding studies, the time, duration, and utilizing of scripts was not recorded. The authors gathered data from various databases such as, Ovid MEDLINE, EBSCOhost, and Pubmed to describe the impact of IDR in patient outcome.

Reimer & Herbener (2014) discussed the diverse method bedside rounding methods are showing positive impact in patient safety and quality of care. IDR guidelines are reformatted multiple times to adjust to current patient/nurse/physician practice. This literature recommended adopting more than two strategies and incorporating these ideas into patient bedside rounds. Butterfield (2016) explains the need to improve hospital bedside rounding methods. His article recommended changes that should be considered when making adjusting the technique in performing daily bedside rounds, such as involving patients in bedside rounds and creating a fixed dialogue that could be used during rounds. This article provides useful ideas that could be utilized by the multidisciplinary team.

Cesta (2016) described several techniques that could be used to improve efficacy and communication of bedside rounds. These methods have been endorsed by the Institute for Healthcare Improvement (IHI) and The Joint Commission (TJC). The following methods listed by Cesta (2016) are ideas that have already been applied to the CPMC bedside rounds: walking rounds, patient-staff conferences, huddles, and scripted guidelines. Cesta's (2016) recommendation for better bedside rounds has proven to be very useful and effective.

Mosher, Lose, Leslie, Pennathur & Kaboli (2015) explained that IDRs have become a standard of care and that not every academic medical setting has a complete understanding of IDRs. The article discussed many options in improving IDRs such as, formatting a bedside rounding checklist, improving the timeliness of the rounds and creating a template in the EHR

for IDR documentation. According to Licata, Aneja, Kyper, et al. (2013), most interdisciplinary rounds have always involved fellows and residents, while excluding the nursing staff. A project was implemented to improve patient safety by improving communication between physicians and nurses. As a result of the newly implemented bedside rounds with staff nurses, many discrepancies between physician-nurse communications were improved significantly.

Gausvik, Lautar, Miller, Pallerla & Schlaudecker (2015) stressed the importance of interdisciplinary communication because effective communication is needed in order to improve patient care, safety, and satisfaction. The authors mentioned working conditions related to nursing satisfaction and how harsh working environments can affect how nurses interact with their interdisciplinary team and patients. In conclusion, bedside rounds would be beneficial in improving patient quality of care with the involvement of bedside nurses.

Flynn (2016) identifies that limited interruptions during medication administration can improve patient safety. Evidence-based strategies were listed to limit interruptions to reduce medication administration errors. The article concluded that a decrease in interruptions resulted in a decrease in medication errors. Because these daily rounds are a small interruption in routine bedside nursing care, it is important to note that reducing interruptions (or in this case, reducing the time-consuming nature of daily bedside rounds) would help reduce potential nursing errors.

In the article written by Young, Paulk, Beck, et al. (2016), they described the importance of proper bedside handoff communication to reduce communication errors and increase patient safety. The article revealed that a standardized handoff report can promote patient satisfaction. The current nursing handoff reports can be adjusted to meet the minimum standards of the

current CPMC nursing rounds guideline in order to maintain consistency when communicating information among nurses during shift change report and when communicating information to the other member of the interdisciplinary team during bedside rounds.

Timeline

I began introducing my CNL project in the beginning of June, 2017 (see Appendix G). I reviewed the project plan with the Clinical Nurse Manager (CNM) and the need to implement a bedside rounding tool for bedside nurses and other health staff members. I created a BRT guideline with the help from the CNM and recommendation from nurses. The recommendations for the BRT were gathered from bedside nurses from an initial pre-survey and a final post-survey. On our weekly huddles (Mondays), I educated and discussed the utilization of the BRT with the nursing staff. Weekly meetings (Fridays) were conducted with the multidisciplinary team. I continued gathering online data and literature related to project. I attend daily morning bedside round with interdisciplinary team while collecting subjective data from nursing staff in regards to the utilization of the BRT. I have also been auditing overdue medications due to bedside rounds in the EHR system.

August 4, 2017, I participated in a meeting created by the CPMC medical directors to discuss the continuation of daily bedside rounds and how the rounds would benefit patient outcomes in the other campuses. Medical directors, nurses, and other health care professionals from all four CPMC campuses were a part of the meeting to discuss conducting bedside rounds in their medical-surgical department on a daily basis. Davies campus piloted the daily bedside rounding project and I was one of the speakers for our campus, presenting the BRT to the audience and how effective the tool can help promote patient safety and satisfaction. According

my nursing manager and the medical directors, CPMC main campus (Pacific campus) initiated the daily bedside rounds on August 7, 2017 and began utilizing the BRT near the end of the week. The rounds were time consuming at the beginning of the week; however, after starting the utilization of the BRT, the rounds were progressing smoothly.

Expected Results

By working on the process, we expect improvements to be made towards multidisciplinary bedside rounds without disrupting nurses and patient safety through achievable methods. By educating the nurses on the importance of utilizing the BRT guidelines during daily bedside rounds, I strive to decrease delayed patient care by 10% at the end of August, 2017 through utilizing the EHR system to identify late medications as a measurement tool.

Nursing Relevance

By utilizing the BRT, I hope to see staff nurses meet their patient's needs on a timely manner before, during, and after bedside rounds. It is imperative for a CNL to demonstrate effective communication, collaboration, and interpersonal relationships with members of the care delivery team across the continuum of care (AACN, 2013). Efficient bedside rounds can promote effective communication between health care providers to achieve better patient outcomes.

Summary Report

The focus of this project is to improve daily bedside rounds through utilizing the BRT, which would enhance patient safety and satisfaction by reducing delayed patient care on 3 North medical-surgical department at CPMC. By utilizing late medication as an indicator, my goal is to observe a reduction in late medication documentation due to daily bedside rounds by 10% by the end of August 2017. CPMC Davies campus adult medical-surgical department holds 44

inpatient beds. The adult medical-surgical department consist a wide range of patients such as neurological, respiratory, cardiovascular, orthopedics, gastrointestinal, and genitourinary diagnoses. The Davies campus differentiates from the three other campuses located in San Francisco because they specialize in stroke-neurological and micro-vascular care.

My initial goal was to see a 10% reduction rate in delayed patient care through using late medication as an indicator. Surprisingly enough, I was able to identify a 40% reduction in late medication documentation during rounds by week seven at CPMC Davies campus (see Appendix H). I believe the sustainability of this project will be easy to maintain through weekly huddles and e-learning classes. Another approach would be selecting champions who could perform daily audits, data collection, and act as a resource person to go to for questions and concerns. By continually educating and training nurses on the importance of maintaining efficient bedside rounds, nurses will be able to deliver quality patient care.

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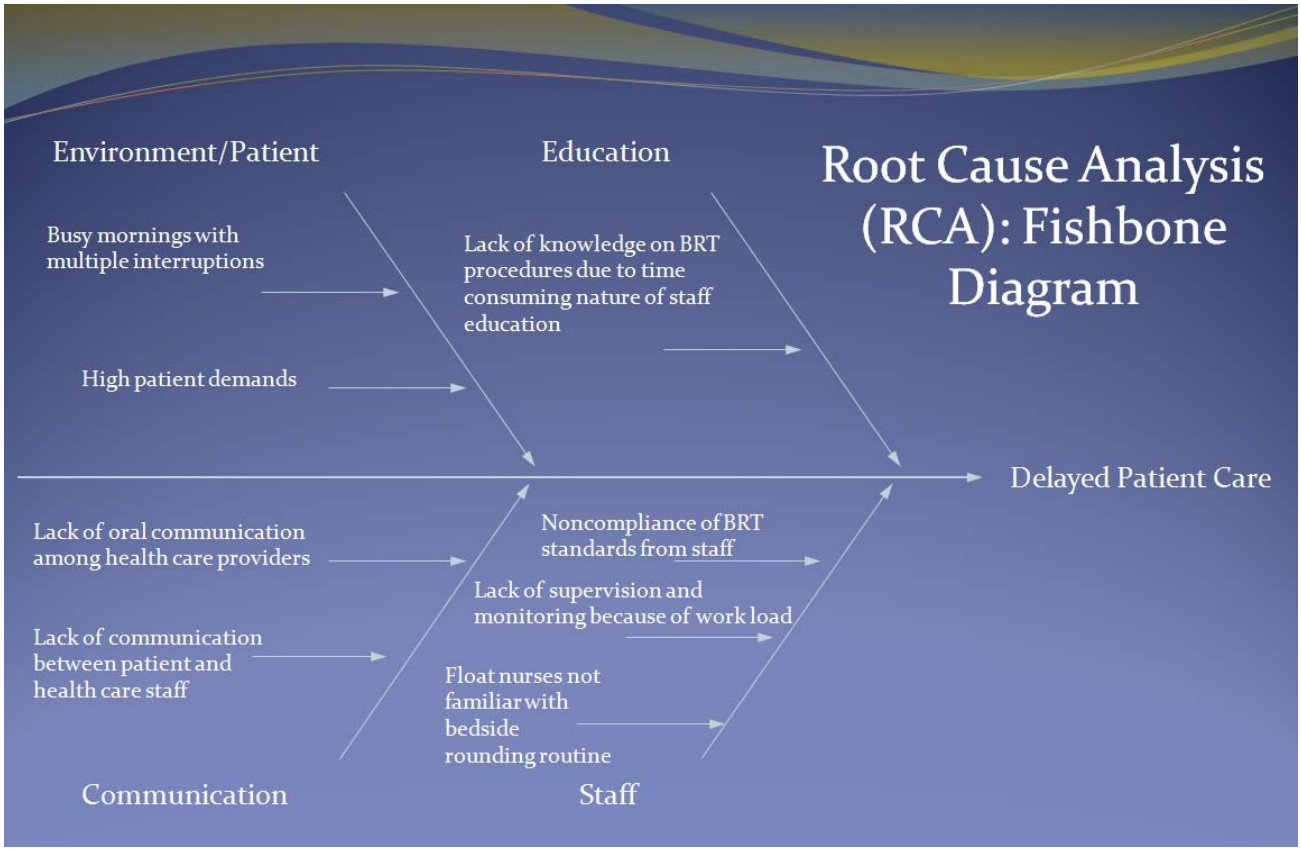
Appendix A

Bedside Rounding Template (BRT)			
Room/Bed	MD (outside)	Room/Bed	MD (outside)
Patient name/Age	MD (outside)	Patient name/Age	MD (outside)
Diagnosis	MD (outside)	Diagnosis	MD (outside)
Decision to enter	MD (outside)	Decision to enter	MD (outside)
Greeting and intro	Case Manager (in room)	Greeting and intro	Case Manager (in room)
Length of stay (LOS)	Case Manager	Length of stay (LOS)	Case Manager
Overnight events, abnormal labs, tests, V/S	RN	Overnight events, abnormal labs, tests, V/S	RN
Pending tests/procedures	RN	Pending tests/procedures	RN
Patient's mobility (assistive devices?)	RN	Patient's mobility (assistive devices?)	RN
O2/Resp status	RN	O2/Resp status	RN
Diet	RN	Diet	RN
Central line (why?)	RN	Central line (why?)	RN
Foley (why?)	RN	Foley (why?)	RN
Bowel movement	RN	Bowel movement	RN
VTE prophylaxis	RN	VTE prophylaxis	RN
Pain issues	RN	Pain issues	RN
Today's clinical goals and unmet goals from yesterday	RN	Today's clinical goals and unmet goals from yesterday	RN
Recap from MD	MD (outside)	Recap from MD	MD (outside)
Estimated D/C	Case manager	Estimated D/C	Case manager
Barriers to D/C	Case manager	Barriers to D/C	Case manager
Meds in hand in EPIC?	RN	Meds in hand in EPIC?	RN
Discharge needs	RN	Discharge needs	RN

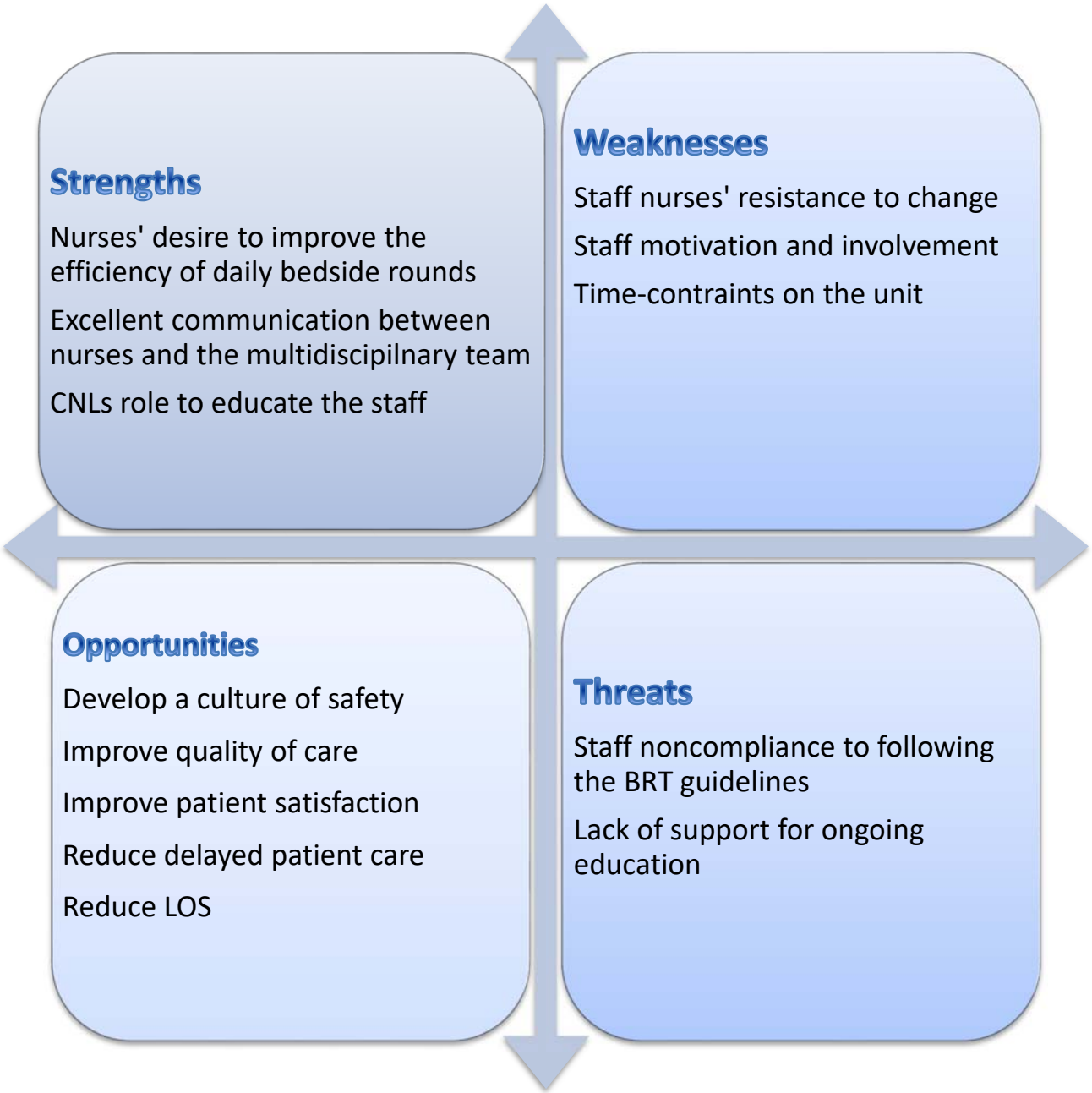
Appendix B

Root Cause Analysis (RCA): Fishbone Diagram



Appendix C

SWOT Analysis



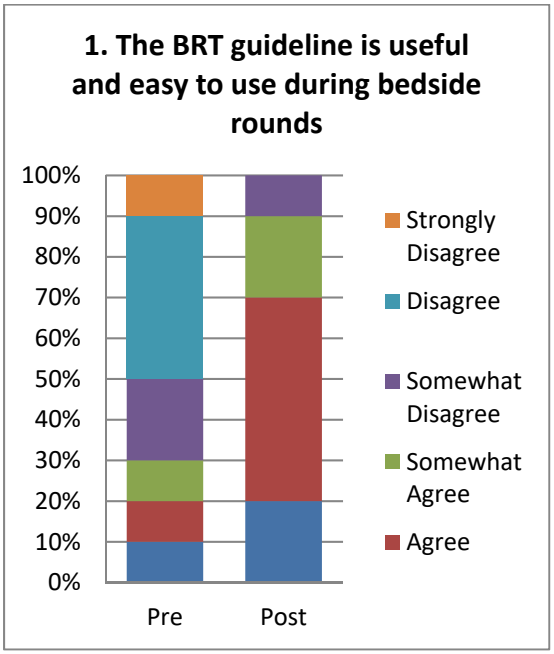
Appendix D

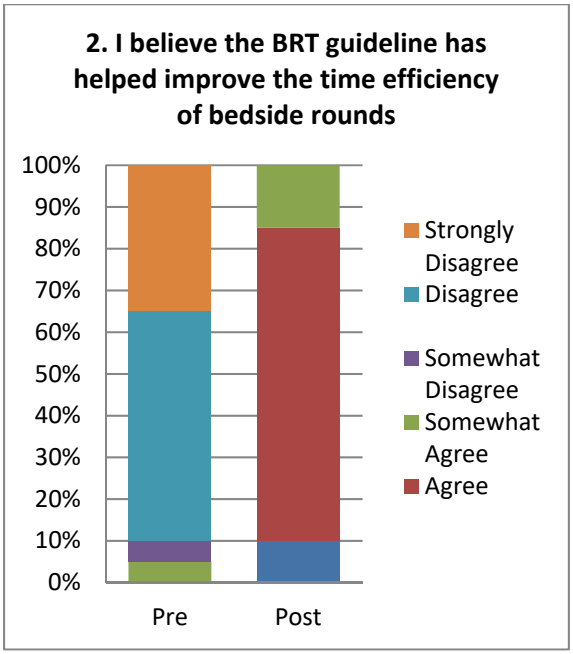
Bedside Rounding Survey (Likert Scale)

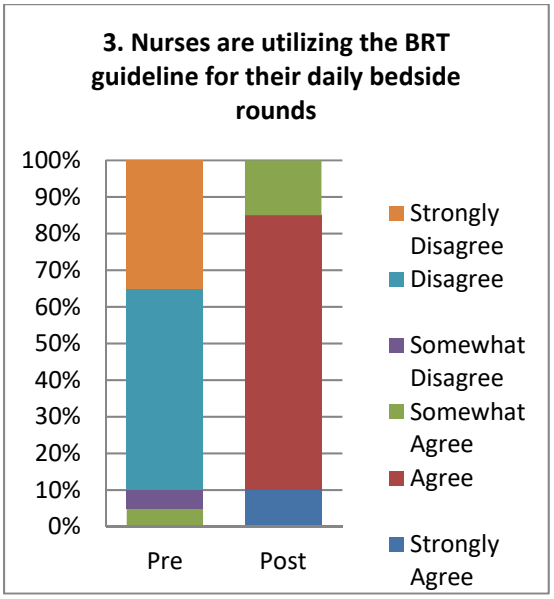
	Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree
	6	5	4	3	2	1
1. The BRT guideline is helpful and easy to use during bedside rounds						
2. I believe the BRT guideline has helped improve the time efficiency of bedside rounds						
3. Nurses are utilizing the BRT guideline for their daily bedside rounds						
4. The multidisciplinary team are following the scripted BRT guideline for daily rounds						
5. Communication has improved among nurses, health care staff, and patients						
6. The weekly huddles were very informative and interactive						
7. I feel the BRT guideline has improved patient care and satisfaction						
8. I believe the BRT guideline help reduce delayed patient care						
9. The BRT guideline needs to be reformatted						
10. Overall, I am satisfied with this new implementation						

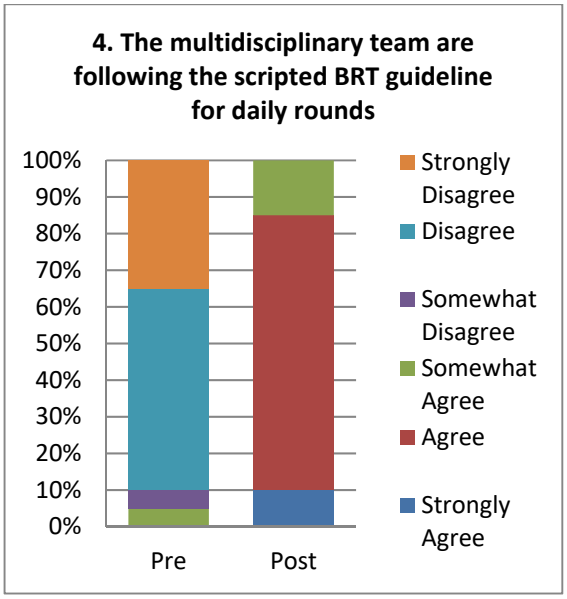
Recommendations:_____

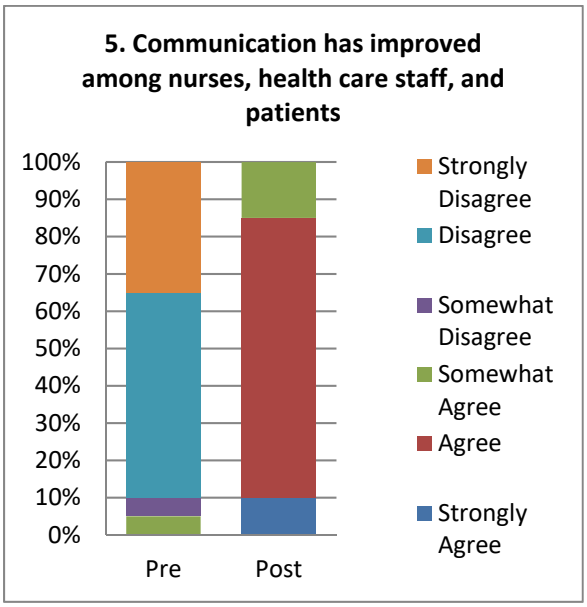
Appendix E

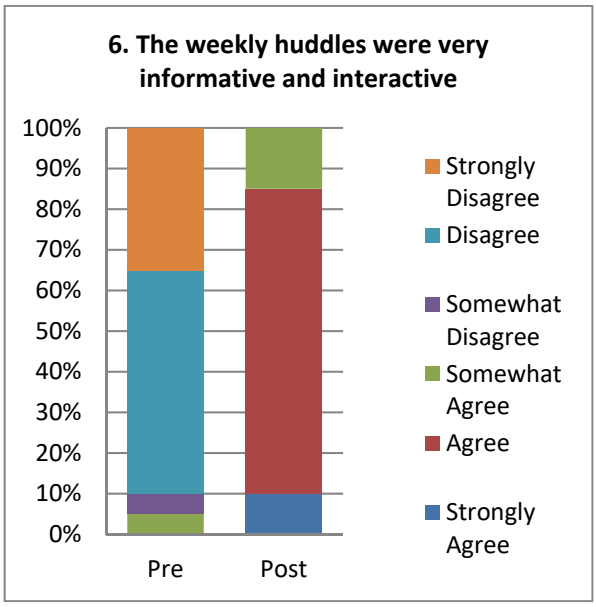


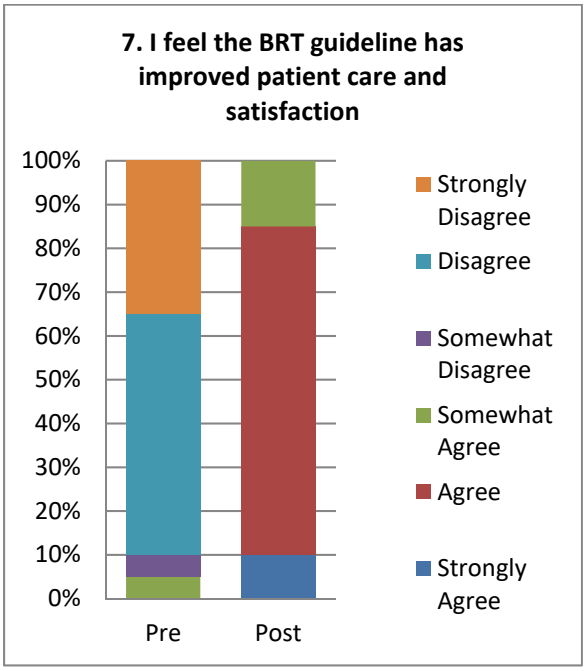


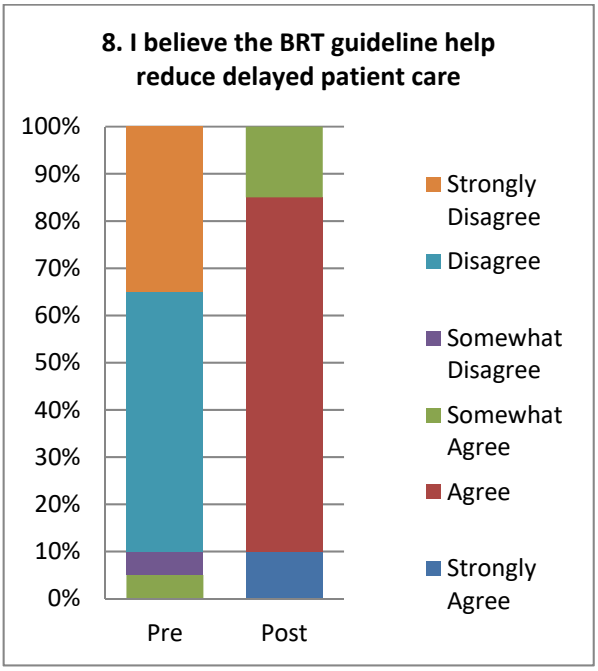


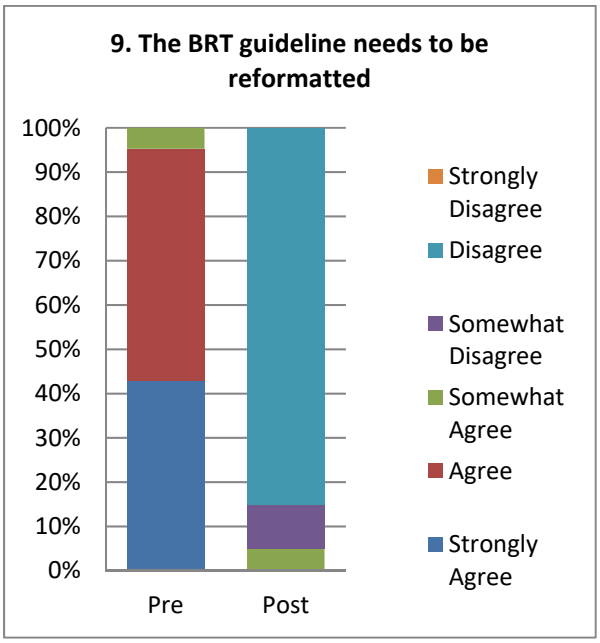


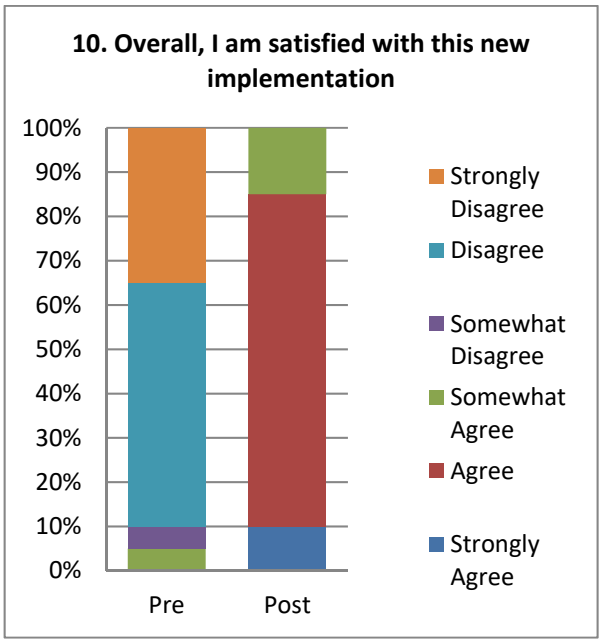






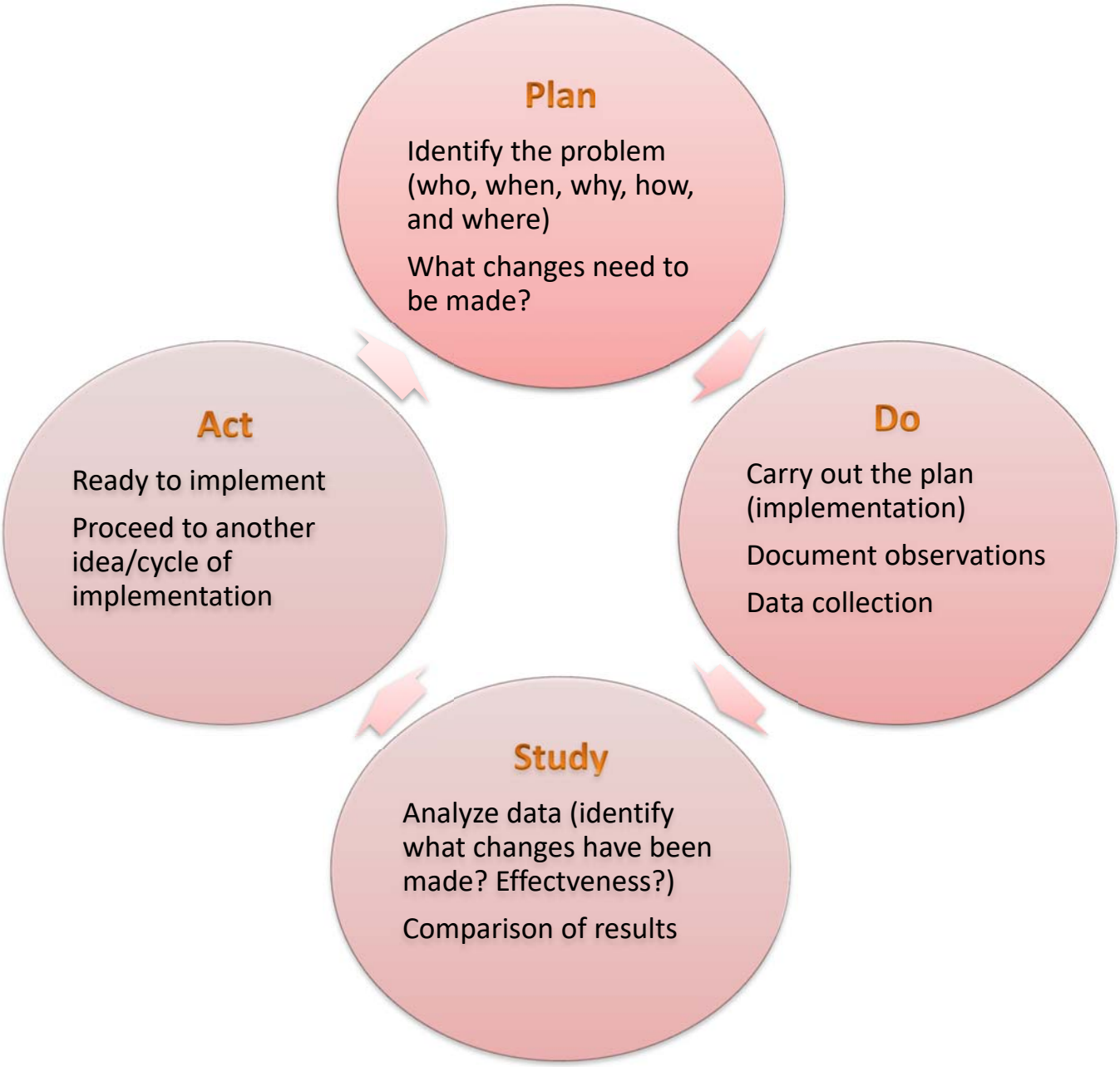






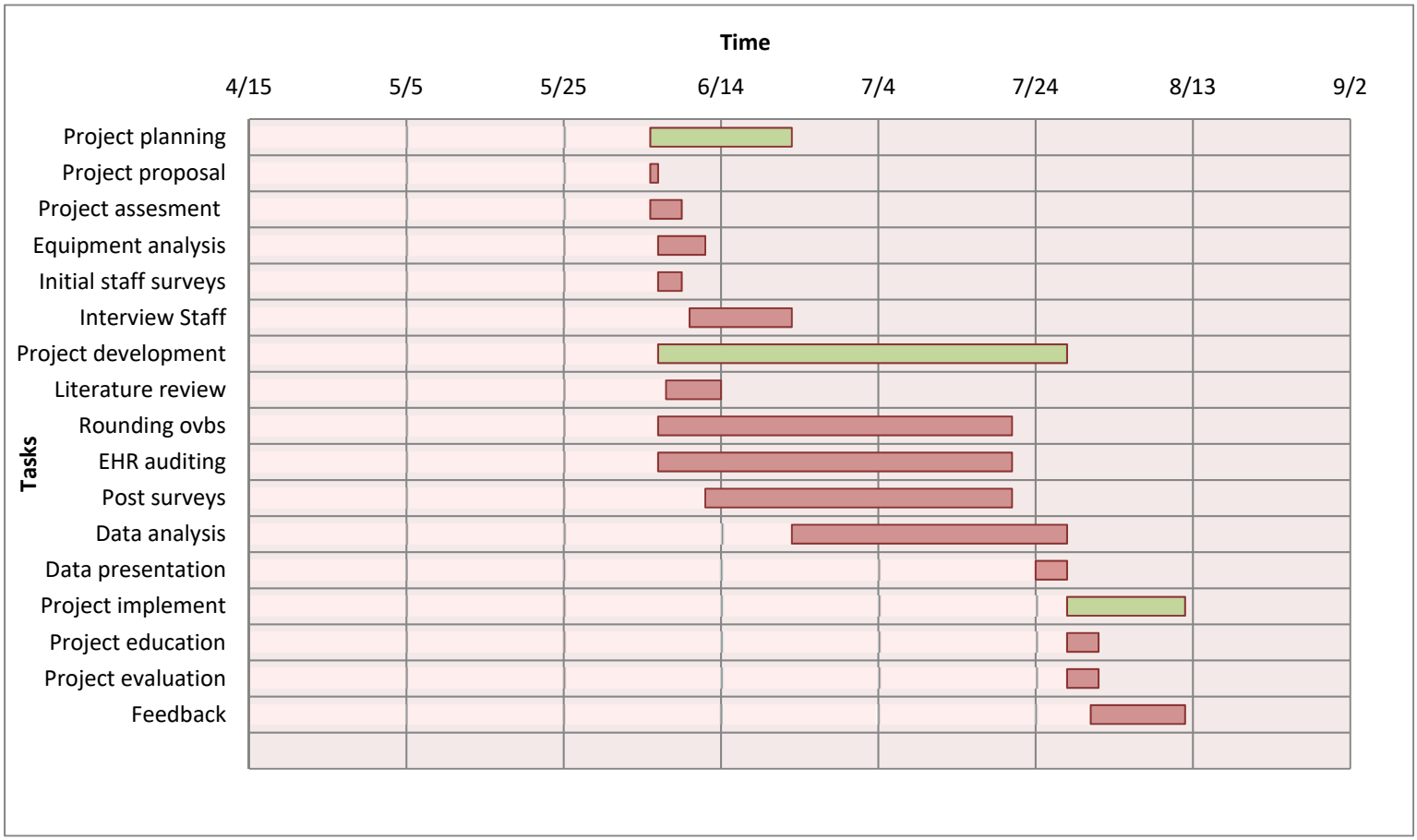
Appendix F

Plan-Do-Study-Act



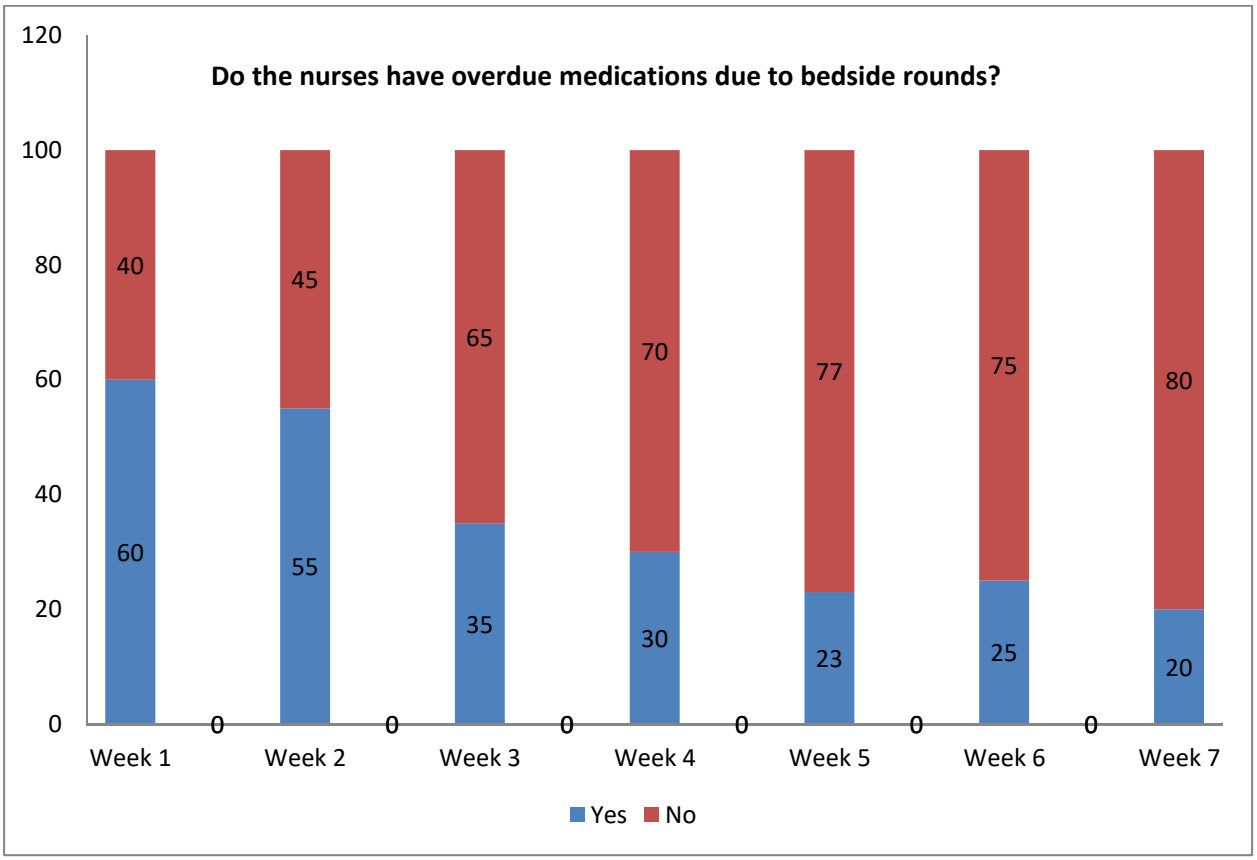
Appendix G

Timeline (Ganntt Chart)



Appendix H

Evaluation Results



Time (weeks)	Yes, I have overdue medications (%)	No, I do not have overdue medications (%)
Week 1	60	40
Week 2	55	45
Week 3	35	65
Week 4	30	70
Week 5	23	77
Week 6	25	75
Week 7	20	80