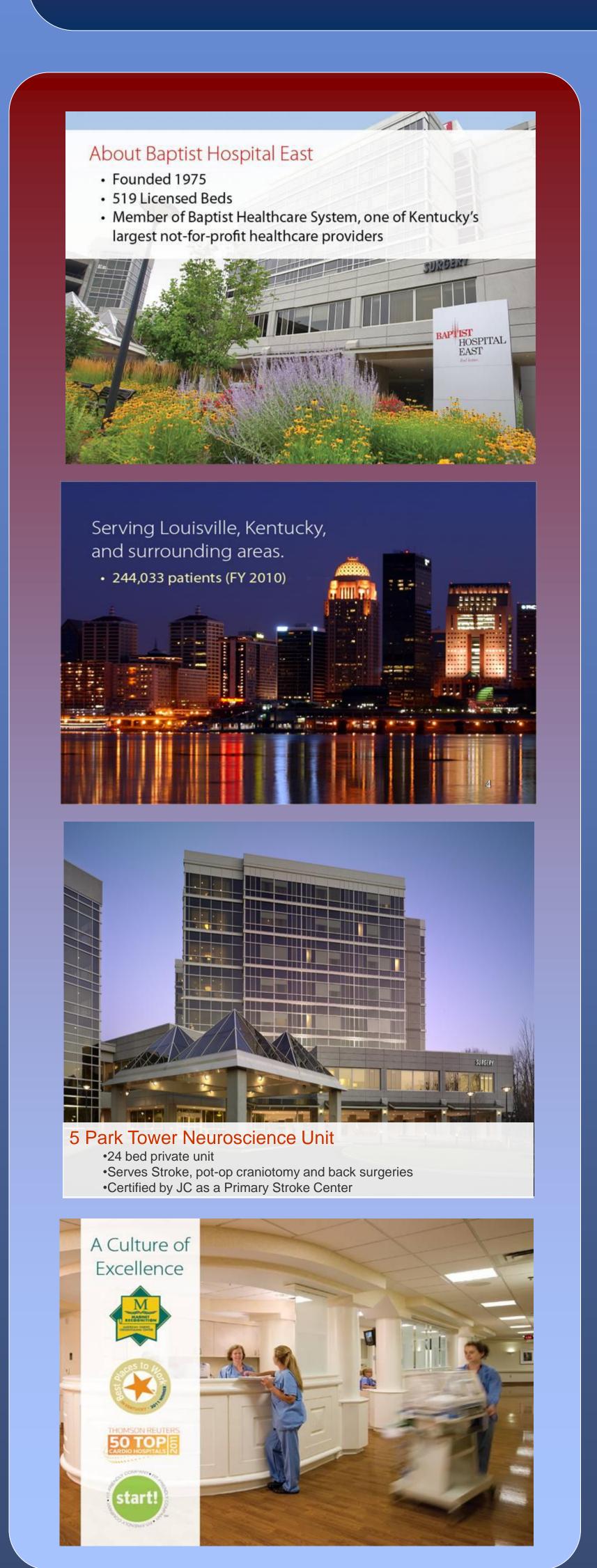
Round, Round, Don't Let Your Patients Down: A Falls Prevention Project

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Reinforcement

- Individuals who performed well on peer-to-peer observation checks were recognized.
- Manager and charge nurses rounded on patients to check satisfaction and compliance.
- Education and a rounding competency was added to the annual skills validation day.
- Data were used to set goals.
- Consistent reminders were provided through e-mail, signs and presentations at staff meetings.

Monitoring

- Falls data were tracked and reviewed at staff meetings.
- Comparison to NDNQI was used to check performance.
- Patient satisfaction reports were monitored and consistently shared with staff.
- Manager and charge nurses monitored logs for completion.
- A Rounding Resource Team was developed to observe peers and identify anyone doing a great job.

Established Champions

- Identified individuals who were strong leaders.
- Included Unit Based Shared
 Governance members and
 charge staff to promote project
 and buy in.
- Used a "Train the Trainer" approach. Each newly trained champion was responsible for educating 5 more people.



Staff Education

- Provided Power Point ©
 presentations and shared
 Evidence Based Practice articles
 on rounding at staff meetings.
- Used a "Train the Trainer" approach.
- Developed a competency with role playing scenarios and return demonstration practice sessions.
 Required staff to attend a Key Words at Key Times class and

customer service skills training.

Review of Literature

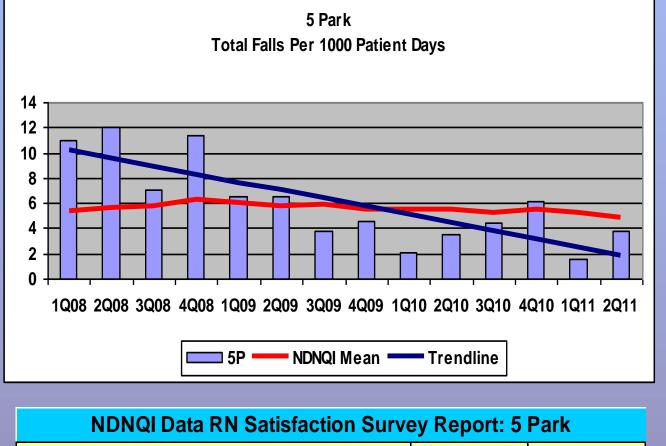
- Research showed a positive correlation between purposeful rounding and improved clinical outcomes including falls prevention.
- Service rounding is a basic Studer principle. It should include a focus on the use of key words.
- Rounding is also supported by Press Ganey' to positively impact patient satisfaction.

Rounding Log

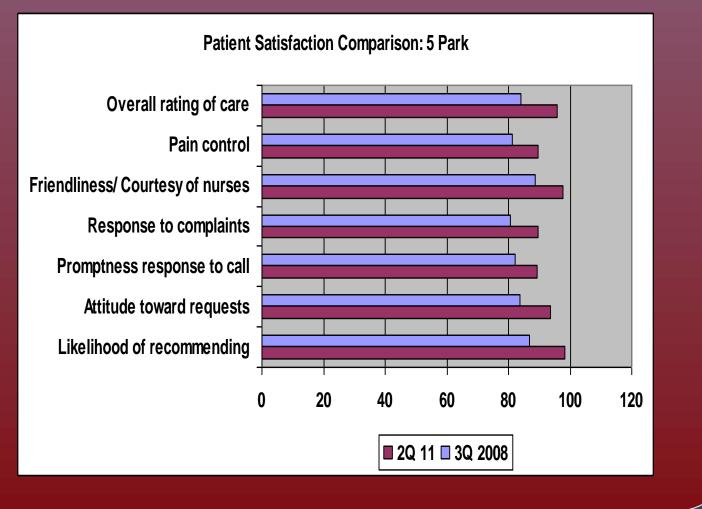
- Viewed templates from other facilities.
- Developed a log to prompt staff with examples of scripting and document compliance.
- Piloted the first draft of log.
- Surveyed staff and revised log based on employee comments simplifying the process and reducing duplicate documentation.
- Developed guidelines for an hourly process and performed a daily monitor.

Empirical Outcomes

- Total Falls and Injury Falls rates decreased. Figures outperformed NDNQI comparison data.
- Nurse satisfaction improved and RN satisfaction survey scores outperformed the NDNQI comparison group for Neuroscience units.
- Patient satisfaction scores improved.
 2Q 2011 scores were higher than the
 Press Ganey means and ranked above the 98th percentile.



2008 Results Job Enjoyment Job Enjoyment Scale T-Score <40= Low sat. 40-60= Moderate sat. >60= High sat. **Unit Perceived Quality of Care** 1=poor, 2=fair, 3=good, 4=excellent Mean Rating Last Shift Worked 3.63 3.04 Mean Rating in General Mean Change Over Past Year 0.00 1=deteriorated, 0=unchanged, +1=improved **Description of Unit Last Shift** Important things didn't get done 3.61 4.42 1= strongly agree, 6= strongly disagree Overall had a good day 3.65 1= strongly disagree, 6= strongly agree Had enough time with patient- %yes 43 Didn't have enough time to document- %no Key: Green Highlight indicates a score better than or = the NDNQI Mean



Keys to Success

- Staff ownership and peer-to-peer accountability.
 - Consistent coaching by clinical manager.
- The staff buy-in to rounding increased as scores improved.
 Creative educational components that helped keep the topic in front of staff.
- One key phrase "Round, Round, Round, Don't Let your Patients Down!" was a clever way to remind staff about the impact of rounding.