



Integrating QI Initiatives and QI Tools To Assist Front-Line Staff in an Initial Nursing Research Study



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Abstract

Purpose:
To improve care through standardized practice using an anticipatory model of care. Goals: 1) Improve patient satisfaction scores above 90% excellent ranking while encouraging team work and improving patient safety. 2) Assist staff in initial nursing research venture.

Significance:
Using QI tools of Plan/Do/Study/Act, Rapid-Test-of-Change and the DMAIC QI Model provided a foundation for nursing staff during their first nursing research study. Staff were able to replicate and personalize a classic "hourly rounding" study to achieve outstanding results.

Strategy and Implementation:
Combining basic research techniques and QI methods to develop a new patient care model; tested by bedside care staff who then taught the model to their peers. Process: Multidisciplinary teams from the surgical and medical care units met weekly and independently to evaluate the current model of care with the goal of developing a more anticipatory care model. Review of current literature, statistical analysis of patient calls, patient satisfaction data, and voice-of-the-customer surveys were combined with QI tools using the DMAIC (define, measure, analyze, improve, control) Model to develop the Purposeful Patient Rounds (PPR) model. Staff addressed pain, potty, position, personal needs, and presentation (5Ps) hourly, alternating every 2 hours by RNs and Patient Care Technicians (PCTs). The rounding team tested the care model prior to implementation using rapid-test-of-change methodology. Institution of this model was disseminated throughout the hospital by January of 2010.

Implications for Practice:
Hourly rounding is effective in improving patient satisfaction and safety. A rounding model designed to anticipate patient needs can reduce patient calls significantly and result in improved staff satisfaction.

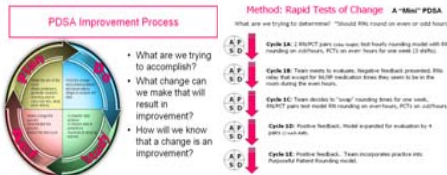
Objectives

1. To identify methods of using QI methodology and QI tools to assist nurses in conducting a replication study of a classic hourly rounding model as their initial venture into nursing research.
2. Demonstrate the use of the plan-do-study-act (PDSA) and Rapid-Test-of-Change QI process.

Methods/Tools

A multidisciplinary QI team was formed to develop a care delivery model that included a standardized process for rounding. QI tools and methodologies were the primary methods used. Basic research concepts were introduced to the staff to help them become familiar with research tools and to begin to understand the concept of using data to improve patient outcomes:

- Literature review and selection of model used to form framework of improvement project (Meade, Bursell, & Ketelsen, (2006).
- Qualitative to Quantitative Data: "Voice of the Customer" bedside surveys using Lykert Scale.
- Quantitative Data Gathering: Record all patient calls for one week to determine why patients call. Goal- to assist in developing a rounding model that would anticipate the patients' needs.
- Rounding teams used PDSA and Rapid Tests of Change to evaluate the efficacy of proposed interventions prior to finalizing the care delivery system.



Results

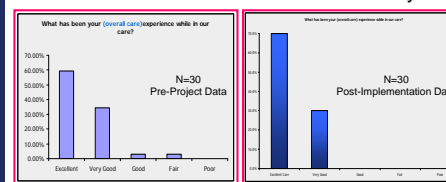
Primary Measures	2008 Data	2009 Data	2010 Data	2011 Data
PRC Patient Satisfaction Surveys (% Excellent Ranking)		Results		
Overall Quality of Nursing Care	45.9%	88.5%	81.2%	93.9%
Nurses' Understanding and Caring	51.3%	81.5%	83.5%	87.5%
Nurses Communication With Patient and Family	47.1%	84.2%	82.7%	88.9%
Nurses' Responsiveness to Your Needs and Requests	25.9%	76.4%	78.9%	99.8%
Secondary Measures		Results		
Pain* (thru 3 rd Q 2011-Survey tool modified 4 th Q 2011)	78.6%	96.4%	96.4%	92.5%
Falls (per 1000 pt. days)	3.42	3.03	2.60	2.25
Pressure Ulcer Prevalence	6.87	3.81	3.36	2.73

Project Data:

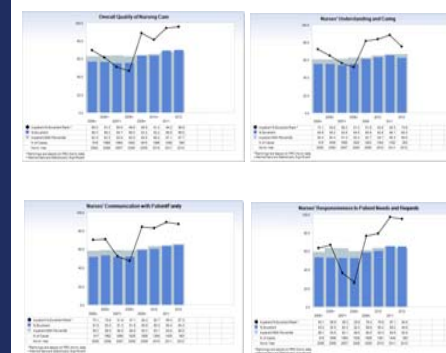
Goal: Anticipatory Rounding Model

Surgical Unit: Patient Calls for Assistance	Prior to PPR Total 864	One Month Post PPR Total 644	% Difference
Pain Medicine	161	58	-64%
PCT Assist	155	92	-41%
Bathroom	106	73	-32%

Voice of the Customer: Bedside Surveys



Results



Diffusion: 2nd Quarter 2009 to 2nd Quarter 2010

Diffusion

- Peer-to-Peer education by the Purposeful Patient Rounds team members from the Surgical Unit. Staff rotated through stations to discuss the 5 Ps, data, and the importance of teamwork to the success of the mode.
- The Surgical Unit and Medical Units implemented the new model in September of 2009 with rapid diffusion to the remainder of the hospital. The Surgical Unit rounding team provided education, support, and guidance for other nursing unit.
- Purposeful Patient Rounding (Intentional Rounding) has since been diffused throughout all Mayo Clinic sites nationally.
- The peer-to-peer education model was a very successful tool to increase acceptance of a new care model.

Conclusions

- Hourly rounding is effective in improving patient satisfaction and safety.
- Enlisting bedside caregivers in development and diffusion is instrumental to peer acceptance of change in the clinical setting.
- QI methodologies are useful tools for nurses who are venturing into basic nursing research.
- Modification and loose replication of existing nursing studies are useful strategies for novice nursing researchers.



Next Steps

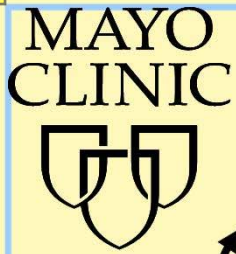
Purposeful Patient Rounds Phase 2:

"Rounding? Take WATSON with you!"

An initiative to improve patient care rounds by incorporating Dr. Jean Watson's caritas during each patient encounter.

References

- Meade, C., Bursell, A., & Ketelsen, L. (2006). Effects of nursing rounds on patients' call light use, satisfaction and safety. *American Journal of Nursing*, 106(9), 58-70.
- Tea, C. (2008). Proactive patient rounding to increase customer service and satisfaction on an orthopaedic unit. *Orthopaedic Nursing*, 27(4), 233-240.



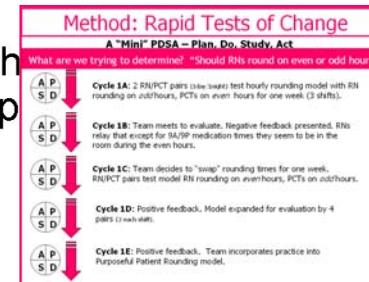
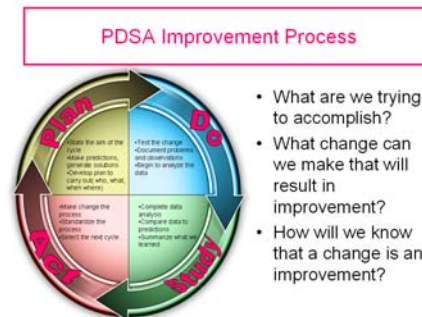
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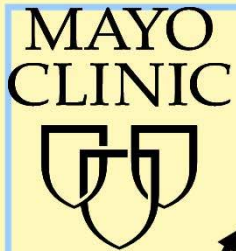
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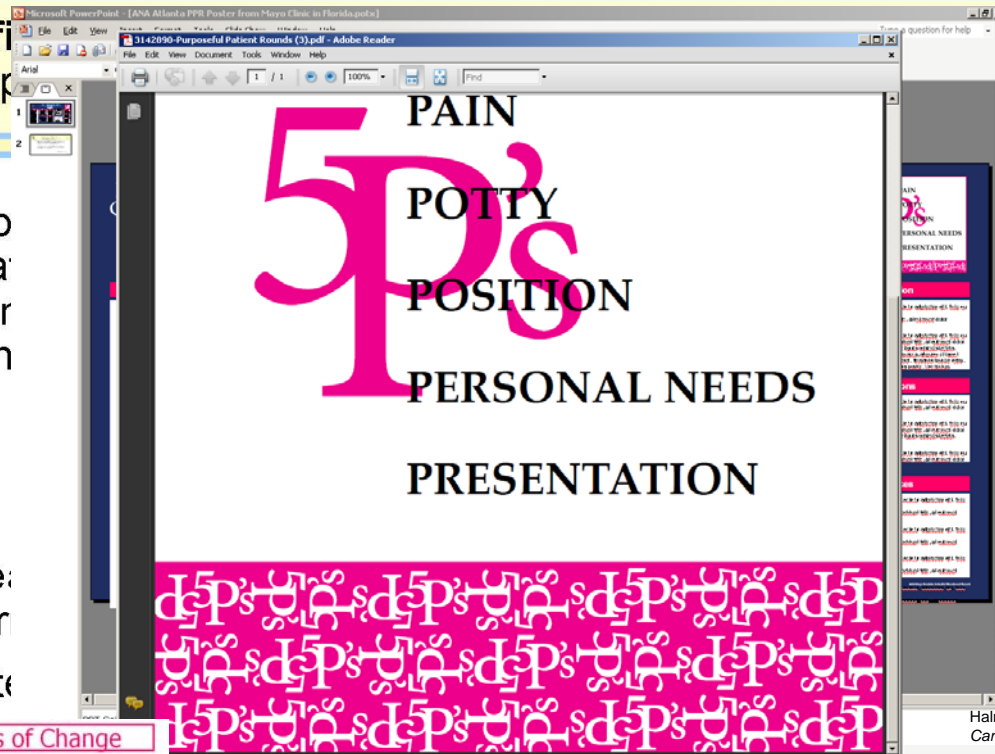


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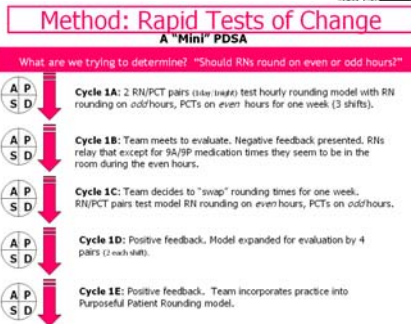


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