Dissemination plan: hourly nursing rounds essay sample

Health & Medicine, Hospital

Hourly nursing rounds as reported by Halm (2009), is the systematic, scheduled checking of patient needs in an hourly format by nursing and associated staff. Patient needs and wants will be assessed hourly related to four basic areas: pain, posturing, potty, and proximity of commonly used items. Hourly nursing rounds is described by Deitrick, Baker, Paxton, Flores and Swavely, (2012), as an evidence based intervention, developed to anticipate patient needs, reducing unscheduled call bells, and by so increasing patient and nurse safety and satisfaction. Patient satisfaction has become increasingly important, as hospitals and other healthcare institutions have struggled to maintain levels of service, and fiscal stability in the face of increasing regulatory controls, shrinking reimbursement rates, and increased competition (Buerhaus, 2012).

Patient safety has likewise become increasingly important to organizations in 2008, when the Center for Medicare and Medicaid developed a list of eight negative patient outcomes, which should never happen to patients while under the care of hospitals and other healthcare institutions. Designated as never occurrences they would no longer be eligible for reimbursement for care provided (Tevington, 2012). The first four of these conditions; falls with injury, pressure ulcers, catheter associated UTI's and vascular associated infections, as reported by Buerhaus, DesRoches, Donelan and Hess (2009) are directly related to nursing care. Additional pressure relating to competition has resulted as the Center for Medicare and Medicaid services now collects and reports patient satisfaction data generated through patient surveys.

Nursing care has been identified by Blakley, Kroth and Gregson (2011), as the driving force behind patient perceptions of safety and satisfaction. The greatest concerns expressed by patients as reported by Blakley et al. (2011) relates to nursing functions; communication, pain management, and the timely response to call bells. Nursing manages patient care prior to admission to after discharge, providing the vast majority of patient care at the point of contact Miller (2009). Hospitals and other healthcare facilities facing increasing regulations, competition and shrinking reimbursement sources, as stated by Ford (2010), are continually looking for new ways to improve nursing services, and increase patient's perceptions of safety and satisfaction. Hourly nursing rounds are viewed as being an innovative evidence based intervention, designed to increase and improve patient / nurse interactions Ford (2010). Research

In seeking an evidenced based practice, designed to improve patient's perceptions of safety and satisfaction through nursing care, the term hourly rounding was researched as the following PICOT formatted question. In acute care patients, how does hourly rounding compared to unscheduled care and call bell answering affect, both patient outcomes and satisfaction? MEDLINE, and CINHAL data bases were accessed in searching for related and appropriate research and quality improvement projects in determining the efficacy of hourly nursing rounds as supported best evidence based practice. Findings

Research conducted to assess the effects of the introduction of an hourly rounding schedule had on patient care, demonstrated a clear, and

impressive decline in fall rates. Authors Saleh, Nusir, Zubadi, Shloul, and Saleh, (2011) reported a 75% decrease in falls. A less impressive decline in the rates of hospital acquired pressure ulcers was additionally supported through review of the literature, as was an increase in patient satisfaction with care provided. While much of the data collected by the studies researched relied on data from subjective reporting by patients and nursing staff it has been concluded that, hourly nursing rounds is supported as a best evidence based practice. Hourly nursing rounds will be adopted at this institution as a patient centered nursing intervention, with the purpose of improving patient safety and satisfaction. Dissemination Plan

Hourly nursing rounds while focusing on improving patient safety and satisfaction through reduced occurrences of falls, pressure ulcers and infections, also deals with more emotional values such as the patients perception off satisfaction with care. Hourly rounding seeks to address patient’s needs, and wants in a proactive way, which reassures, and empowers patients. With the resultant reduction in unscheduled call light usage improving nursing job satisfaction. The call light is considered by many vulnerable patients, as a lifeline, and their only relief from the isolation of their rooms (Meade, Bursell and Ketlelsen 2006). The single greatest area of dissatisfaction reported by patients while in the hospitalized centers on delays in response times to call bells, resulting in frustration and a sense of helplessness Gardner, Woolett, Daly, and Richardson, (2009).

With a nod to the emotional aspect of nursing care, I have decided to use Kotter and Cohen’s Model of Change in disseminating hourly nursing rounds

to the institution and staff. Kotter and Cohen's model as reported by (Melnyk and Fineout-Overholt, 2011) asserts that the key in implementing organizational change is in first changing individual behavior. They believe people are more receptive to behavioral change when we appeal to their emotions, rather than when presented them with facts and analysis (Melnyk and Fineout-Overholt, 2011). Kotter and Cohen in their book The Heart of Change (2002) demonstrate an eight step process for successful organizational change through the appealing to emotions (Melnyk and Fineout-Overholt, 2011). Step 1: Increase the sense of urgency.

To build a sense of urgency, and the need for change related to hourly nursing rounds I would first introduce the subject to nurse managers privately, and floor personnel during monthly staff meetings in an informal presentation. The goal here is to bring the subject to their attention, and begin a conversation, whether pro or con, in an effort to promote movement of any kind beyond the status quo. Step 2: Build the guiding team.

A team is formed at this step to guide the implementation of change. Their work would reflect the nursing process of assessment, diagnosis, planning, interventions and evaluation. The team would require representatives from all shifts including nurses, assistants and management. Strong, respected leaders from each of these groups will be needed to help promote buy in and acceptance of any organizational change. Step 3: Get the vision right.

The team guiding change will need to develop a clear vision of not only what is being implemented but also why it is necessary and how it will benefit not

only the patients but also the staff and institution. Strategies will be developed at this stage as to time frames, and tools with which to measure levels of success, or failure.

Step4: Communicate for buy-in.

It is during this step that the focus is placed on communicating the vision and need for change. Presentations related to injuries suffered by patients through falls and pressure ulcers and their rates of occurrences at this institution would be made to staff either through poster placement in staff only areas, or through institutional e-mail. The importance of this step is that we successfully appeal to staff emotions to provide optimal safe and adequate patient care. While also exemplifying that we can improve our patient’s safety and satisfaction through evidence based practice interventions such as hourly rounding. The primary dissemination tool will be a power point program, which will be presented at nursing and other organizational level staff meetings. The presentation will focus on the need, (improved patient safety and satisfaction) the evidence based intervention, (hourly nurse rounding), as well as research findings. Finally the presentation will describe the process for instituting hourly rounding, always relating back to the human aspects and consequences surrounding patient care. Step 5: Empower action and remove barriers.

At this stage individuals need to feel empowered and supported to change their behavior. Instrumental to this would be that nursing, and all staff believe that the organization believe in the need for change as strongly as they do. One way for the organization to demonstrate their support and

belief in change is to ensure adequate support staff and resources to implement change. Without this support the individual may back out, viewing the change as only adding to their already heavy workload.

Step 6: Create short term wins.

This relates back to the team development of adequate tools with which to measure the success or failure of the implementation of hourly rounds. Following the institution of hourly rounding quantitative reports relating to falls and pressure ulcer rates, and qualitative reports based on patient discharge surveys will be presented to staff on a monthly basis, demonstrating the value of their efforts. Step 7: Don't let up.

This step is focused on the long term success. The need is to impress upon staff that successful change will not happen immediately, that individuals adopt change at different rates. Everett Rogers has identified five categories for adopters of innovation, based on individual personality traits. These range from innovators, who are leaders, and out of the box thinkers who will buy in immediately, to laggards, who tend to be followers and will not buy in until the change is the accepted standard of practice, or organizational policy (Melnyk and Fineout-Overholt, 2011). Step 8: Making the change stick.

Innovation evolving into a cultural norm is the goal at this stage. Continuing gate keeper leadership is required at this step to ensure that the accepted innovation is sustained. This can be accomplished through the continued demonstrations of success, which equals improved patient safety and satisfaction.

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