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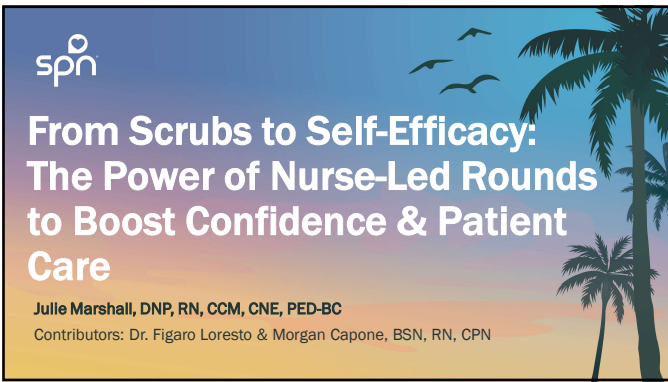
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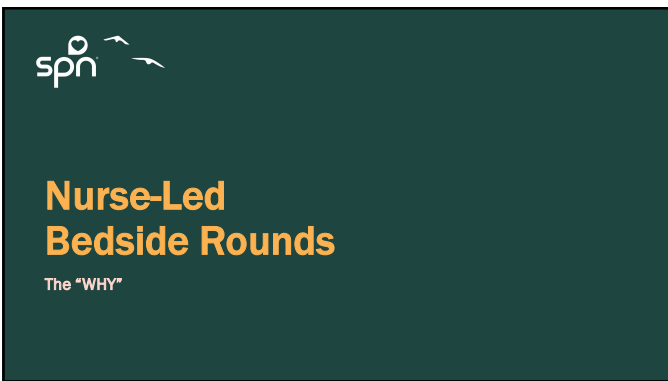
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### Why Nurse-Led Rounds Now?



No current rounding process

- Discharge rounds, but no bedside RN/family/patient
- Provider **may** call RN
- Disparity between providers (med/surg/heme/onc/BH)
- Majority of nurses feel "left out" & frustrated
  - "I didn't know your diet changed..."
  - "I wasn't aware you are going home today"
  - "No one told me..."




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### Why Aren't Nurses in Rounds?



Participation

- **No time**
- Not aware
- Reluctance
- Feel disregarded

Environment

- **No time**
- Not supported by nursing leadership

Culture

- **No time**
- Not a standard
- Not invited, overlooked



Planning nursing participation in rounds is difficult to schedule, but is it the timing of rounds or the lack of respect of the value nurses bring to rounds? (Goldman et al., 2018)

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**Why Nurse-Led Rounds?**

Evidence-based best practice

- Supported by AAP (2012)
- Supported by ANA: Pediatrics Scope & Standards (2015)

Improves Nursing Outcomes

- Self-efficacy/satisfaction/retention/reduces burnout
- Team collaboration/flattens hierarchy

Improves Patient/Family Outcomes

- Improves experience
- Decreases harm



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## Nurse-Led Bedside Rounds

The "HOW"

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### How to do Nurse-Led Rounds



**Self-efficacy (SE) theory:**


- Belief in your capability as a nurse

**Powell-Cope's Theory of Negotiating Partners theory:**

- Caregiver as expert
- Include the patient/caregiver

**Kotter's Change Model:**

- Most utilized tool for healthcare change
- Shown to be the most sustainable over time



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### How to do Nurse-Led Rounds



**Build culture, environment, and participation:**

- Professional governance grass roots (staff engagement council)
- Education (blended, simulation, role-play)
- Leadership support
- Provider support

**Overcome barriers**

- Standardized tool
- Utilize EMR
- Signage



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### Standardized Tool

Patient/Family notified on admit

- Introduction
- RN **invites** pt/fam
- RN summary & assessment
  - Include 24-hr event summary
  - Line (PIV/CVC) necessity review
  - RN recommendations
  - RN concerns/order clean up
- Provider presentation
- Patient/Family concerns/questions
- Care goals for discharge

PDSA (Plan-Do-Stud-Act)

- 3+ revisions
- Built into EMR handoff report
- Updated EMR for preferred ph#
- Interpreter services availability


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### Why Nurse-Led Rounds Now?

- DNP topic opportunity
- Approval from nursing leaders
- Supported by provider
- Supported by nursing
- Nurse Scientist Mentor
- Approved for QI






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## Nurse-Led Bedside Rounds

The "WHAT"

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**What did Nurse-Led Rounds do 1-year later?**




**CLABSI**

- Maintained zero rate
- Yet increased 27% in line days

**Fall with injury rate/1000days**

- Down 4.9 from 7.05

**Length of Stay in hours**

- Average 2 hours less per patient

**Peripheral IV infiltration/extravasation**

- Down 15.68 from 18.28

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**Project Cost**

Resource Item
RN Education: \$13,600 non-productive
Team Project Build: \$19,200 non-productive
Learning Management System for Computer Training Build
Training Space
Survey Database
<b>Total cost: \$32,800</b>

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**Nurse-Led Bedside Rounds**

The "NOW WHAT"

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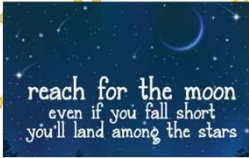
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**Now What? Sustainability** 

Following retention, clinical indicators  
 Sharing our story  
 Standardized tool in EMR/handoff  
 Nurses may not be "presenting"  
 Improving team dynamics  
 Increasing acuity & barriers in pediatric hospital care



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