

## Background/Significance:

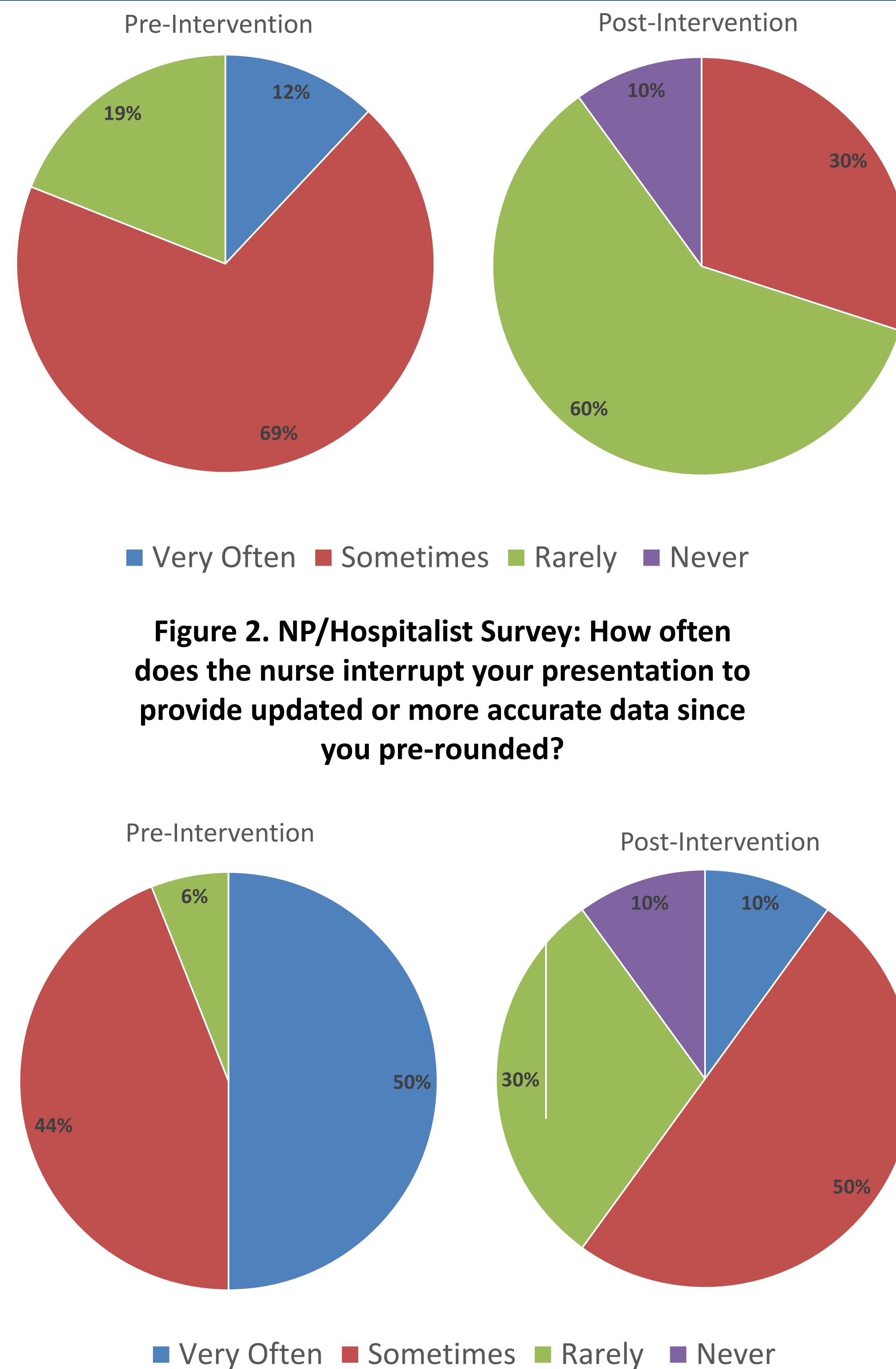
- Structured interdisciplinary rounds can decrease mortality, improve quality of care, and increase patient and family satisfaction<sup>1</sup>
- Historically, data during inter-disciplinary rounds was presented entirely by the provider team, consisting of nurse practitioners (NPs) or hospitalists
- NPs would gather data during pre-rounds and present this data hours later during rounds
- This data had often evolved since pre-rounds, and data would need to be corrected by the bedside nurses
- Bedside nurses spend the most time at the bedside monitoring, providing care, and implementing changes, therefore are the ideal member of the team to provide the most current and critical data during rounds
- Nurse presentations during rounds is shown to improve attendance, nurse engagement, staff relationships, and nurse retention<sup>2-5</sup>

## Purpose/Goals:

- Create a standardized tool to guide nurses' data presentation on rounds
- Improve nurses' perceptions of team collaboration during rounds
- Improve rounds efficiency and accuracy of presented data, and reduce interruptions during presentations
- Improve efficiency of NP/hospitalist pre-rounding time by reducing data collection

## Methods:

- The Nurse Rounding Script (Figure 1) was created by the Medical Surgical Intensive Care Unit (MSICU) task force to facilitate nurse presentations of patient data on morning rounds and was incrementally rolled out to each patient care team throughout the MSICU
- Pre- and post-implementation surveys were sent to the NP/hospitalist group in the MSICU
- The Collaboration and Satisfaction about Care Decisions (CSACD) tool was modified and approved for this project
  - Pre- and post-implementation CSACD surveys were sent to nursing staff



## Findings:

- 16 NPs/hospitalists completed the pre-implementation survey; 10 completed the post-implementation survey
- 44 nurses completed the post-implementation CSACD survey
- Following implementation, NPs perceive fewer interruptions during presentations (Figure 2), more accurate data being presented, having more time to perform patient care tasks in the morning prior to rounds (Figure 3), and more efficient rounds
- Following implementation, most nurses strongly agree that there is open communication between nursing and provider staff regarding patient care, and that both nursing and provider concerns are considered when making care decisions
- Lower agreements were selected regarding collaboration in making care decisions and shared decision-making responsibilities between nursing and provider staff

## Implications:

- Redesigning bedside rounds has improved both workflow efficiency and nursing engagement in the rounding process
- Utilization of the rounding script has become standard practice for all care teams in the MSICU for morning rounds
- Next steps will include an interdisciplinary group review of all survey data to determine how to further improve collaboration between nursing and provider staff
- Additionally, the group will explore ways in which the new electronic medical record can be utilized to automate data collection for the rounding script

## Acknowledgments:

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## References:



| MSICU Morning Rounds/9pm CDH Rounds Template   |   |
|--|---|
| Rounding Order<br>Physician/NP – summary<br>Bedside RN – Data/Concerns<br>Physician/NP – Labs, imaging, etc<br>Entire Team – Concerns/SIMPLE Checklist |   |
| System   | Data  |
| Vitals<br>(report goal only if applicable)   | HR: _____ to _____ BP: _____ Goal: _____ MAP: _____ Goal: _____<br>SpO2: _____ to _____ Goal: _____ RR: _____ to _____<br>Temp: _____ to _____ Goal: _____ Report if using an esophageal or rectal temp probe<br>Additional (ICP/CPP/CVP): _____  |
| Respiratory  | Critical airway: Yes/No<br>Support: Room air Nasal Cannula HFNC BIPAP CPAP Trach/Intubated (circle one)<br>Current Settings: FIO2: _____<br>PIP range (if volume control): _____ Tidal Volume (if pressure control): _____<br>Sedation or NMBA Name / Current Dose / Unchanged, Increased, or Decreased<br>/ / /<br>/ / /<br>/ / /<br>Sedation PRNs in last 12 hours: procedural: _____ non-procedural: _____<br>Scores: SBS: _____ CAPD: _____ WAT-1: _____ Other: _____<br>Enteral medications: _____ Pain PRNs in last 12 hours: _____   |
| Sedation/Pain  | Medication Name / Current Dose / Unchanged, Increased, or Decreased<br>/ / /<br>/ / /<br>/ / /<br>Sedation PRNs in last 12 hours: procedural: _____ non-procedural: _____<br>Scores: SBS: _____ CAPD: _____ WAT-1: _____ Other: _____<br>Enteral medications: _____ Pain PRNs in last 12 hours: _____   |
| Additional Continuous IV Medications<br>(do not need to report KVO fluids)   | Medication Name / Current Dose / Unchanged, Increased, or Decreased<br>/ / /<br>/ / /<br>/ / /  |
| Intake/Output GI/GU<br>(morning rounds use 24 hour totals; 9pm CDH rounds use totals since 0700)   | Total in: _____ Total Out: _____<br>Net (negative/positive): _____ mL<br>Urine Output: _____ mL/kg/hr; Mixed Output: _____ mL total<br>Stooled _____ times<br>Drain #1: (Location/type): _____ output: _____<br>Description: Serous/serosanguineous/sanguineous<br>Drain #2: (Location/type): _____ output: _____<br>Description: Serous/serosanguineous/sanguineous<br>Other: (Location/type): _____ output: _____<br><input type="checkbox"/> NPO<br><input type="checkbox"/> Enteral <input type="checkbox"/> goal <input type="checkbox"/> advancing <input type="checkbox"/> not tolerating<br><input type="checkbox"/> PN <input type="checkbox"/> lipids<br>Per orders, weights obtained: <input type="checkbox"/> Daily <input type="checkbox"/> Q4 Days <input type="checkbox"/> Q Week<br>Most recent weight: _____ kg date: _____ Previous weight: _____ kg date: _____ (am rounds only) |
| Devices (am rounds only)   | Positioning (skip if routine/evening rounds)  |
| Type   | #   |
| Central Line   |   |
| Peripheral IV  |   |
| Arterial Line  |   |
| Foley Catheter   |   |
| Chest Tube   |   |
| Additional/Other   |   |
| Major Concerns   |   |

Figure 1. Nurse Rounding Sheet