Nursing Model Tactics

Nursing Leadership Academy
Vanderbilt University Medical Center
11 Mar 08
Objectives

The participant will be able to:

- Use the tools provided to assess their staff for “hills, skills, and will” as they pertain to launching a new initiative.

- List the Nursing Model Tactics and identify their significance to reducing the incidence of patient falls, nosocomial pressure ulcers, and medication errors.

- Establish a timeline for completing unit assessments, conducting pilots and fully launching the Nursing Model Tactics.
<table>
<thead>
<tr>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
</tr>
</thead>
</table>
| - NLA - “Frontline Accountability”  
- Begin Unit Assessments  | -NLA 5/13 “Digging deeper”  
| - Hills  
- Skills  
- Will  
- Dashboard Data  | Report out at Managers’ Council  
| - Develop centralized educational tools  
- FAQs  
- Place info. on Nsg Website  | Work with Julie Kennedy - Studer Coach  
| | | Implement NMTs  
| | | Report progress at MC  
| | | | | | | NMTs Hardwired |

**Tentative Timeline - Refine at Managers’ Council**
### Bottom-line Results

<table>
<thead>
<tr>
<th>Service</th>
<th>Quality</th>
<th>People</th>
<th>Finance</th>
<th>Growth</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced claims</td>
<td>Improved clinical outcomes – decreased nosocomial infections</td>
<td>Reduced turnover</td>
<td>Improved operating income</td>
<td>Higher volume</td>
<td>Increased Philanthropy</td>
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<tr>
<td>Reduced legal expenses</td>
<td>Reduced medically unnecessary days and delays</td>
<td>Reduced vacancies</td>
<td>Decreased cost per adjusted discharge</td>
<td>Increased revenue</td>
<td></td>
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<tr>
<td>Reduced malpractice expense</td>
<td>Reduced agency costs</td>
<td>Reduced overtime</td>
<td>Improved collections</td>
<td>Decreased left without treatment in the ED</td>
<td></td>
</tr>
<tr>
<td>Physician Satisfaction</td>
<td>Reduced re-admits</td>
<td>Reduced physicals &amp; cost to orient</td>
<td>Reduced accounts receivable days</td>
<td>Reduced outpatient no-shows</td>
<td></td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td>Reduced medication errors</td>
<td>Increased physician activity</td>
<td>Reduced advertising costs</td>
<td>Increased physician activity</td>
<td></td>
</tr>
</tbody>
</table>

Resource: Studer Group 2007
Evidence-Based Leadership (EBL)

STUDER GROUP:

Aligned Goals
- Implement an organization-wide leadership evaluation system to hardwire objective accountability
- Create process to assist leaders in developing skills and leadership competencies necessary to attain desired results

Aligned Behavior
- Must Haves®
- Rounding
- Thank You Notes
- Employee Selection
- Pre and Post Phone Calls
- Key Words at Key Times
- IPC
- Re-recruit high and middle performers
- Move low performers up or out

Aligned Process
- Pillar agendas
- Peer interviewing
- 30/90/180-day meetings
- Pillar goals
- Hourly Rounding
- Bedside Report
- Leader Eval MgrSM (LEM)
- Staff Eval MgrSM (SEM)
- Discharge Call MgrSM (DCM)
- Rounding MgrSM
- Idea ExpressSM
Patient Excellence Care Model

A I D E T

Hourly Rounding

Bedside Shift Report

Discharge Phone Calls

Individualized Patient Care

Nursing and Patient Care Excellence

Reference: Studer Group Patient Care Model
Why are NMTs Important?

HCAHPS:
Hospital Consumer Assessment of Healthcare Providers and Systems

A standardized national patient survey, allowing public sharing of comparable data across all acute care hospitals
National standardized methodology using evidence-based questions proven to be important to patients regarding quality of care.

Allows apples-to-apples comparisons between hospitals within a community and nationwide.
Why is HCAHPS Important to Hospitals?

- **Current:** The goal is to provide consumers with information that might be helpful in choosing a hospital.

- **Future:** Performance on the HCAHPS survey may give patients a voice in reimbursement issues.
What does HCAHPS Measure?

- **Two global questions:**
  - Overall rating of hospital (Q 21)
  - Willingness to recommend hospital (Q 22)

- **Seven composites of questions:**
  - Nurse communication (Q 1-3)
  - Doctor communication (Q 5-7)
  - Responsiveness of hospital staff (Q 4, 11)
  - Cleanliness, quietness of hospital environment (Q 8-9)
  - Pain management (Q 13-14)
  - Communication about medicines (Q 16-17)
  - Discharge information (Q 19-20)
Creating Sustained Change -

TOOLS

“INSTALLING ACCOUNTABILITY ON THE FRONT LINE”

- Removing External Barriers
- Skill Development
- Auditing Tool (rounding log for change)
- Hardwiring Toolkit
- Call Light Audits
- Dashboards
- Verification Log for rounding on patients
- Auditing Tool (rounding log for change)
**Tool #1 Removing External Barriers**

- **Conduct assessments** during:
  - staff meetings
  - unit boards
  - 1:1 evaluations

- **Report findings** during Managers’ Council
  - Discuss potential solutions

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pp.54-55

www.advisory.com
Tool #2
Skill Development

- Record and report educational needs
- Develop centralized educational tools
- Identify unit-specific needs
- Think beyond your own department

pp. 68-69
www.advisory.com
Tool #3 Auditing Will

- Determine the unit champions
- Recognition & Reward
- Celebrations

pp. 112-113
www.advisory.com
Why Hourly Rounding?

- Improves patient safety and satisfaction
- Gives patients a heightened sense of security
- Decreases number of call light activations for non-emergency concerns like water or bed adjustments
  - “Patients who are confident a nurse is checking on them regularly are more likely to wait for the nurse to stop in rather than hit a call light.”
- Reduces staff stress levels

Resource: Studer Group 2007
**Study Hospital Profile:**

- 22 hospitals participated
- 14 hospitals; 27 units used in final data
- Experimental and control units in all hospitals
- 30% Non-Studer Group partners (not in a contractual relationship)

**Unit breakdown:**
- 44% Medical/Surgical
- 30% Surgical
- 26% Medical (oncology, telemetry, neuro)
- 52% did one hour rounding
- 48% conducted two hour rounding

Resource: Studer Group 2007
The Rounding Behaviors that Reduce Call Lights

- Use opening key words to reduce anxiety.
- Perform scheduled tasks.
- Address the 4 P’s of pain, position and potty, (proximity if you choose).
- Assess additional comfort needs (to decrease call lights and increase patient satisfaction).
- Conduct an environmental assessment to assure a safe environment.
- Prior to leaving the room, ask, “Is there anything else I can do for you?”
- Tell each patient when you will be back (to decrease call lights and decrease anxiety).
- Document the round on chart.

Resource: Studer Group 2007
# Eight Behaviors for Hourly Rounds

<table>
<thead>
<tr>
<th>Hourly Rounding Behavior</th>
<th>Expected Results</th>
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<tbody>
<tr>
<td>Use Opening Key words</td>
<td>Contributes to efficiency</td>
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<tr>
<td>Accomplish scheduled tasks</td>
<td>Contributes to efficiency</td>
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<tr>
<td>Address 3 P’s (pain, potty, position)</td>
<td>Quality indicators – falls, decubitis, pain management</td>
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<tr>
<td>Address additional comfort needs</td>
<td>Improved patient satisfaction on pain, concern and caring</td>
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<tr>
<td>Conduct environmental assessment</td>
<td>Contributes to efficiency, teamwork</td>
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</table>
| Ask “Is there anything else I can do for you before I go, I have time?” | Contributes to efficiency
|                                                               | Improves patient satisfaction on teamwork and communication                      |
| Tell each patient when you will be back                       | Contributes to efficiency                                                         |
| Document the round                                             | Quality and accountability                                                       |

Resource: Studer Group 2007
Data from 27 nursing units revealed staff answer anywhere from $1,785$ to $7,500+$ call lights in a month’s time (average 25-30 bed unit).

Using an estimate of 4 minutes to get to room (most nurses say this is a low estimate), fulfill patient need and return to task equates to the time savings that can be redirected to other tasks by reducing call lights.

Resource: Studer Group 2007
Call Light Reductions After Implementing Rounds

1 Hour Rounding/29 beds ➤ 37.8% reduction
2 Hour Rounding/37 beds ➤ 18.9% reduction

* Reduction for one-hour was statistically significant (p=.000)

Resource: Studer Group 2007
All reductions were statistically significant ($p=.000$)

Rounding affected the 3 P’s:
- Pain (-35%)
- Potty (-40%)
- Position (-29%)

Resource: Studer Group 2007
Findings One Year After the Study:

- **85.7%** of the units continued the rounding.
- **92.8%** of the hospitals decided to expand the rounding to other units or hospital-wide.
- Patient Satisfaction scores maintained a strong **increase** over the early results.
- Falls continued to **decrease** over the year.

Resource: Studer Group 2007
One Hour Rounding:

- **+8.9 point mean sustained increase**
Quality: Patient Falls Reduced

- One Hour Rounding
  - End of Study: 50% reduction
  - One Year Later: 60% reduction

Resource: Studer Group 2007
FALLS VUMC 2007

666 falls (2007) x 11,042 = $7,353,972.00

Falls cost a hospital an average of $11,042 per fall
(National Center for Injury Prevention, 2004; Rizzo, 1998)
Quality:
Skin Breakdown Reduced

1 Hour Rounding
► 14% reduction

 Nosocomial Decubiti

No results for two hour

(n=9 units)

Resource: Studer Group 2007
### Documentation of All Pressure Ulcers November, 2007

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<td>18</td>
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<td>50.00%</td>
<td>41.67%</td>
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<td>18</td>
<td>9</td>
<td>8</td>
<td>11</td>
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<td>0.00%</td>
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<td>SICU</td>
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<td>30.00%</td>
<td>50.00%</td>
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<td>15</td>
<td>5</td>
<td>5</td>
<td>10</td>
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<td>18</td>
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<tr>
<td>Grand Total</td>
<td>20.83%</td>
<td>25.00%</td>
<td>54.17%</td>
<td>137</td>
<td>314</td>
<td>46</td>
<td>37</td>
<td>56</td>
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</tbody>
</table>

37 hospital acquired pressure ulcers (2007) x $15,958 = $590,446.00
Pressure Ulcers Cost to Hospital

Pressure Ulcers:

- Nationwide estimates indicate a hospital-acquired pressure ulcer case costs an average of $15,958*.
- The units in the study reduced pressure ulcer cases by 2 in 4 weeks. This equates to a savings of $31,916.

VUMC PRESSURE ULCERS = $590,446.00

AHRQ, 2005- ‘Payments for Adverse Events’
National Center for Injury Prevention, 2004; Rizzo, 1998
Sample: Call Light Study

**Figure 1. Most Common Reasons for Call Light Use**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Experimental groups (aggregated)</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathroom, bedpan assistance</td>
<td>15.4%</td>
<td>14.5%</td>
</tr>
<tr>
<td>IV problems, pump alarm</td>
<td>14.8%</td>
<td>14.4%</td>
</tr>
<tr>
<td>Accidental call</td>
<td>12.8%</td>
<td>14%</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>12.6%</td>
<td>12.7%</td>
</tr>
<tr>
<td>Pain medication</td>
<td>9.5%</td>
<td>7.6%</td>
</tr>
<tr>
<td>Nurse or certified nursing assistant needed</td>
<td>9%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Repositioning, mobility assistance</td>
<td>4.1%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Note: none of the differences between the experimental and control groups was statistically significant. Percentages do not add up to 100 because these are only the seven most common of the 26 reasons for call light use. The total number of calls was 108,882.

**Reference:** Effects of Nursing Rounds, AJN, 9/06 Vol 106, Number 9
Expanded Capacity

- No falls or skin breakdown means:
  - Patients are discharged sooner
  - Increased capacity
  - Reduced medically unnecessary days and delays
  - Reduced cost to patient and hospital

Resource: Studer Group 2007
Hourly Rounding on patients is one of ten (10) new ways hospitals can "see" differently. "Hourly Rounding, developed by Studer Group, the largest study ever focused on the impact of rounding. Hourly Rounding ‘restores sanity and joy to our workforce.’"

Maureen Bisognano, COO of IHI 2007

Resource: Studer Group 2007
Quotes from nurses in the study

- “I had more time to do my work because call lights were not going off all the time.”
- “I could concentrate on my tasks because of fewer interruptions.”
- “When patients used their call lights, they really needed our expertise—that was a good use of our time.”

Resource: Studer Group 2007
## HOURLY ROUNDING COMPETENCY CHECK LIST

<table>
<thead>
<tr>
<th>DATE</th>
<th>NAME</th>
<th>DEPARTMENT</th>
<th>EVALUATOR</th>
<th>SELF ASSESS</th>
<th>EVALUATOR</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

### INTRODUCTIONS
- Knock on door prior to entering - ask permission
- Manage up your skill or that of your co-worker
- Use good eye contact

### EXPLAIN HOURLY ROUNDING UPON ADMISSION
- Explain the purpose of hourly rounding (initial visit)
- Use key words “very good” care
- Round per your rounding schedule (6a-10p q 1 hr, 10p-6a q 2 hr)

### UPDATE WHITE BOARDS
- Place name on white board
- Update nursing plan of care/goals for patient

### ADDRESS 3 P’S PAIN...POSITION...POTTY
- How is your pain?
- Are you comfortable?
- Do you need to go to the bathroom?

### ASSESS ENVIRONMENT
- Move items within reach (table, call bell, phone, water)

### PERFORM SCHEDULED TASKS
- Complete MD ordered treatments, procedures
- Complete nursing care as needed
- Administer scheduled medications

### CLOSING
- We will round again in about an hour
- Is there anything else that I can do for you? I have the time
- Document your rounding on rounding log

**Tip:** Introduce hourly rounding to all new admissions and transfers.

We round hourly on our patients to ensure that you receive “Very Good” care. We round every hour between 6am – 10pm & every two hours between 10pm - 6 am. We will not wake you if you are sleeping unless we need to. If anytime during your stay, you feel you are not receiving “Very Good” care, please let us know immediately so that we can address your concerns.

Complete Self Assessment, practice and then have a Leader observe you.

**Resource:** Studer Group 2007
# Hardwire Tool ~ Dashboards

## St. Vincent Emergency Center Hourly Rounding Dashboard

<table>
<thead>
<tr>
<th></th>
<th>Average Turn Around Time</th>
<th>Call Light Activation Volume</th>
<th>Degree to Which the Nurses Took Time to Listen you</th>
<th>Informed about Delays</th>
<th>Adequacy of Info to Family/Friends</th>
<th>Information about Home Care</th>
<th>How well was Your Pain Controlled</th>
<th>Respect for Culture, Race, Religious Needs</th>
<th>Overall Rating of EC Care</th>
<th>Staff Checked ID before Treatment</th>
<th>Falls TOTAL For 2007-08</th>
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<td>125</td>
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<td>88.5</td>
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<td>90.8</td>
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<td>89.7</td>
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30 Minute Rounding Model Utilizing PPD
### Hardwire Tool ~ Dashboards

<table>
<thead>
<tr>
<th></th>
<th>SAFETY</th>
<th></th>
<th>PATIENT SATISFACTION</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>5 EAST</td>
<td>FALL RATE</td>
<td>PRESSURE ULCERS</td>
<td>CALL LIGHT VOL</td>
<td>N SIZE</td>
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<td>PAIN CONTROLLED</td>
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<td></td>
<td>RESPONSE TO CALL LIGHT</td>
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<td></td>
<td></td>
<td>STAFF WORKED TOGETHER AS A TEAM</td>
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<td>ATTITUDE TOWARD YOUR REQUESTS</td>
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<td>ATTENTION TO PERSONAL NEEDS</td>
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<td></td>
<td>OVERALL RATING OF CARE</td>
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<td>OVERALL PERCENTILE</td>
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</tbody>
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#### BASELINE

<table>
<thead>
<tr>
<th>Month</th>
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<tbody>
<tr>
<td>Dec-06</td>
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<tr>
<td>Jan-07</td>
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<td>Feb-07</td>
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<td>Sep-07</td>
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<td>Oct-07</td>
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</table>
# Hardwire Tool ~ Call Light Audits

- **AUDIT each floor**

- **Note how often and why!**

- **Multiply each call x 4 minutes for ROI**

## Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Shifts</th>
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</thead>
</table>

**REASON FOR CALL LIGHT** (Ex. IV, Bedpan, Pain Medication, etc. **Put tic mark in box**)

<table>
<thead>
<tr>
<th>Pain</th>
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<tbody>
<tr>
<td>Potty (bed pan, urinal, help to get up)</td>
</tr>
<tr>
<td>Position (help to get up, TED hose on, repositioned, help to walk)</td>
</tr>
<tr>
<td>Proximity (need water, call light, )</td>
</tr>
<tr>
<td>Nurse (ask why!)</td>
</tr>
<tr>
<td>Pump/Clinical Alarms</td>
</tr>
<tr>
<td>Other</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
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</table>
Customize for Specialty Units

- **OB:** SKIP: Supplies, Komfort, Information, Personal needs
- **Psych:** Privacy, Food, Plan of Care,
- **NICU:** Parents, Pain, Positioning
- **ICU:** Alarms, Plan of care, Questions/Information
- **Peds:** Pain, Potty, Play, Pumps, Questions
Hardwire Tool ~ Verification Logs
Agenda:

- What is going well? Share stories, staff feedback
- What are barriers identified? Problem solve solutions
- What are the tough questions?
- Review the patient satisfaction by unit
- Review the % of competency check sheets completed
- Review the rounding logs and daily rounding sheets for the past 24 hour period
# Hardwire Tool ~ Nurse Leader Rounding on Patients

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Nurses Name</th>
<th>Date</th>
<th>Pain</th>
<th>Positioning</th>
<th>Potty</th>
<th>Proximity</th>
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</thead>
<tbody>
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</table>

**INTRODUCE YOURSELF AS NURSE LEADER!!**

**SAMPLE KEY QUESTIONS:**

- How have we been managing your *pain*? Do you need to ask for pain meds or does your nurse ask you about your *pain* when she comes in?
- Have you been up today? Has your nurse *repositioned* you for your comfort in bed?
- Do you have to put on your call light for the *BR* or do we ask you when we come in to check on you if you need to get up?
- Does your nurse make sure you can *reach* everything? Is everything in easy reach, especially your call light?
Create the Promise

Hourly Rounding
The 4 P's-Adult
Cultivating Patient Care Excellence

Pain   Position   Potty   Position

Introductions: Use opening Key Words to introduce yourself or your co-worker, your skill set, and your experience.

For example:
"Mr. Smith, this is Sarah. She will be your nurse today. Sarah has been a nurse for 8 years and she will take very good care of you. I have discussed your care with Sarah and she knows what our plan is for the day."

Describe Hourly Rounding:
"Because we want you to receive very good care, we are going to round EVERY HOUR from 6 a.m. to 10 p.m. and EVERY 2 HOURS from 10 p.m. to 6 a.m. We will not wake you if you are sleeping, unless your physician has asked us to do so. During this time, we will check on your pain, your comfort and ask if you need to use the bathroom."

Use White Boards:
Write your name on the white board. Note the pain or goals for the day.

Address the 4 P's:
- **Pain**: "How is your pain?" Medicate patient or schedule during upcoming rounds.
- **Position**: "Are you comfortable?" Move up in bed, rearrange pillows, offer extra blankets. Turn patients at high risk for skin breakdown.
- **Potty**: "Do you need to use the bathroom?" Assist patient to the bathroom.
- **Possessions**: Move phone, call light, trash can, meals within reach. Arrange over-bed table. Fill water pitcher.

In Addition:
- Perform scheduled tasks.
- MD ordered procedures.
- Give scheduled medications.
- Communicate when you will return.
- "I will be back in about an hour."
- Close with key Words:
  - "Is there anything else that I can do for you? I have time."
  - Document Your Round.

Rounding Results:
- Reduces call lights.
- Saves steps for nursing staff.
- Increases associate satisfaction.
- Improves clinical outcomes.
- Decreases patient anxiety.
- Builds patient's confidence and trust.
Why *Bedside Report*?

- **Decrease potential for misses and mistakes**
- **Increase patient involvement, and keeps patients informed-opportunity to ask questions**
- **Increase trust and decrease anxiety with managing up**
- **Increase accountability for nurses, new RN skill level**
- **Increases teamwork between shifts**
On May 31, JCAHO released six National Patient Safety Goals. Additions to the JCAHO goals include a requirement to "improve the effectiveness of communication among caregivers" that hand-off of patients between caregivers be standardized, with particular attention to assuring the opportunity for asking and responding to questions."
Bedside Reporting

What’s In It For Me and My Patients?
“Every shift change, every patient, every time”

Increases patient involvement and addresses keeping patients informed. [Patient Centered Care]

- Decreases patient waiting at change of shift and feeling forgotten or abandoned.

AKA... SAFETY

- Decreases potential for misses and mistakes.
- Considered a good clean handoff for patient safety.
- Decreases amount of time that patient is left at change of shift without nursing attention

Increases accountability for nurses.

- Increases new RN skill level with bedside reporting as a learning time.
- Increases teamwork between shifts

Improves patient satisfaction, better documentation which leads to reduced risk, ultimately leading to reduced costs to the Medical Center.

Improves trust for patients with managing up our health care partners.

Increases trust for patients with managing up our health care partners.

Increases new RN skill level with bedside reporting as a learning time.

Increases teamwork between shifts

Increases trust for patients with managing up our health care partners.

Increases new RN skill level with bedside reporting as a learning time.

Increases trust for patients with managing up our health care partners.

Increases new RN skill level with bedside reporting as a learning time.

Increases trust for patients with managing up our health care partners.

Improves word of mouth and patient loyalty

Improves positive image in the community and shows our community how we GIRI [Getting It Right Inside]!

Resource: Studer Group 2007
| A | Acknowledge patient and family, use a greeting, adjust covers, smile, eye contact |
| I | Introduce self with title, introduce on-coming staff, manage up |
| D | Tell how long report will take, what patient is waiting for, use key words for keeping patient informed |
| E | Explain what is in progress with care, what assessment showed, what tests and treatments are pending |
| T | Say Good-bye to the patient |
Giving the best report: Consistent Content & Bedside Handoff

RN to RN Report Content Tool (for ERRN-ERRN and when calling report to floor):

- Name
- Age
- Sex
- Pertinent Medical History/Allergies
- Chief Complaint/Diagnosis/Events Leading Up To Visit
- Pertinent Assessment Information (Orientation, Lung Sounds, Cardiac Rhythm, Vital Signs, Ambulatory)
- Medications/Treatments Provided
- Medications/Treatments Still Needed (Review Chart to Discuss ER & Admit Orders)
- Ask If There Is Anything Else The Receiving RN Would Like To Know

BEDSIDE HANDOFF: Now go to the bedside use AIDET* (All medication drips should be cross-monitored/double-checked. When delivering a pt to floor with a med drip, do a cross-monitor there too)

(*AIDET=Acknowledge/Introduce/Duration of tests/Explanation of plan-delays-check pain/Thank you)

Approved by: ENPC/Emergency Nurse Practice Council© 1-16-07
Why Individualized Patient Care?

- IPC is a “WOW”
- IPC demonstrates caring
- IPC fits nursing model by adapting to patients individual assessment and self-reported needs

Resource: Studer Group 2007
Individualized Patient Care Card
(if not using white boards)

Individualized Patient Care
"What is one thing I can do for you (or your child) to make sure you get very good/excellent care today?"

Priority Index/
Key Drivers:

Note: This card was completed at triage or when patient was roomed. This was placed with the chart or documented on white board.
Upon admission, *Nurse* identifies key actions from the patient’s perspective that will reduce the patient’s anxiety and demonstrate our sensitivity to their inconvenience and responsiveness to their concerns.

*Key Words:* “We would like to know what we can do for you to ensure your care is ***---(use survey language).***”

Resource: Studer Group 2007
**IPC The How**

- If pain is identified as a priority, Nurse writes the patient’s responses on the white board so all staff can be informed and follow up in each encounter.

- Nurse identifies patients’ desired Pain Level and notes with time of next pain medication on the white board.

*Resource: Studer Group 2007*
Care Partners

- Care Partners follow up whenever they are in the room with the patient

Key Words: “How well are we doing - (with each of the identified needs)? Do you need anything? How is your Pain?”

- During patient care rounds every hour, Nurse/Care Partner follow up asking the same questions

Resource: Studer Group 2007
### Hardwire Tool ~ Rounding

**ROUNDING on Patients**

<table>
<thead>
<tr>
<th>Patient Name (Introduce, Acknowledge)</th>
<th>What are your 3 priorities for very good care?</th>
<th>How are we doing meeting your 3 priorities</th>
<th>Who can I reward and recognize?</th>
<th>What physicians can I recognize for giving you very good care?</th>
<th>Is there anything else I can do for you?</th>
<th>Thank the patient.</th>
<th>Action follow up</th>
</tr>
</thead>
</table>

- **Follow up**
- **Thank** the patient.
- **Is there anything else I can do for you?**
- **What physicians can I recognize for giving you very good care?**
- **Who can I reward and recognize?**
- **How are we doing meeting your 3 priorities?**
- **What are your 3 priorities for very good care?**

---

_May 2005: Observation Form_
Hardwire Tool ~ Stand Up Meetings

- Provide opportunities to collect stories to reinforce why the process is important to the patient and staff
- Identify barriers that should be addressed to ensure process will be hardwired

Resource: Studer Group 2007
Tips for Implementation

- Label boards with key words
  Excellent Care =

- Reinforce daily rounding on employees and patients with Nurse Managers

- Implement after Rounding and Hourly Rounding

Resource: Studer Group 2007
Next on the Agenda

- Terrell Smith - *Bedside Shift Report at VMC*

- Panel Discussion: Bedside Shift Report & Hourly Rounding
  - Beth Hodge - 4/5/6 RW
  - Paula Lampman - 6 North
  - Aaron Hirsch - 9 North / 9 South
  - Barbara Shultz - Peds ED; Lisa Hacker - PCCU
  - Donna Copeland - 11 North
  - Brent Lemonds - Administrative Rounding
Thanks

Many thanks to Julie Kennedy - Studer Group for providing data for slides

Julie will serve as our Coach to help us hardwire Nursing Model Tactics throughout our organization