



Lawrence General Hospital

Nurses on Russell 4 at the Lawrence, MA, hospital improve patient safety through hourly rounding.

Runner Up: Med/surg unit boosts safety and satisfaction with initiative

Essay submitted by Margaret Bujnowski, MM, RN

There is always a lot of talk about the power of teamwork and successful teams yet there is little talk of what actually defines a great team. I believe this year's honors for the best nursing team should be bestowed upon the nurses of Russell 4.

The R-4 nurses have epitomized the meaning and the power of team work and have showcased what a great team can do. This team was presented with a challenge and accepted it and attacked it head on. They understood the challenge presented to them and worked together to lead a culture change that spread through out the entire hospital and ultimately and dramatically improved patient safety and satisfaction scores.

In order for anyone to appreciate Russell's 4's accomplishments you must first understand its challenges. Russell 4 is a large medical surgical unit that has the capacity to hold 46 patients. They specialize in caring for patients who have renal disease and have contained within its unit a dialysis center and new epilepsy monitoring unit.

The mere fact that this floor has the capacity to hold so many patients presents its own set of challenges, but in addition to its size, its shape also presents workflow challenges. The floor is set up in a large U. Most rooms are semi-private except for 8. These 8 rooms are located between the two parallel hallways and have been dubbed the "swing". The swing is not for the faint of heart. It is a place that elicits a visceral reaction and maybe even an audible groan from the most seasoned of nurses. It is not a place for a new grad or a nurse that has been floated from another floor. That would be plain impolite.

Within the swing, there are the two rooms used for 24 hour brain telemetry, two negative pressure rooms one bariatric room and three small privates, guaranteed to be filled with air beds, and precaution gowns. The only nursing station is located about a third of the way from swing and two thirds away from the remainder of the patients. A nurse that is stationed at the end of the floor needs to be particularly well organized to avoid wasting precious moments walking back and forth to the desk. The fact that the floor has such a large capacity affords the bed coordinator the opportunity to utilize semi- privates as privates to accommodate the growing need to care for patients with MDRO's.

Approximately 25-30 percent of our patient population requires some sort of isolation. Most nurses are responsible to care for 5-6 patients and have assistance from a designated charge nurse and two nursing assistants. Russell-4 has the reputation of having the sickest patients in the hospital and had the highest fall rate per 1,000 patient days in 2009.

Understanding that something had to be done to improve patient safety the R-4 team took the lead and agreed to trial hourly rounding. Before introducing such a huge project to the entire hospital it made sense to everyone that if Russell 4 with all its challenges could master this new approach in patient care delivery then others could master it as well.

We tackled our own knowledge deficits first. Reading articles, going to educational meetings

and taking the advice of an expert helped the team understand that the impending change was merely a tweaking of what they already did.

The staff knew that they were already in the rooms at least once an hour. The difference was that now each time a staff member entered the room their interactions with the patients would be more meaningful. They were to round with purpose, assuring that their patients had all their needs met before leaving the room, telling the patients that they were there to check on them, reinforcing with them that they were concerned for their comfort and safety by asking the patients if they had pain or needed to use the bathroom. The staff was instructed to check to see that all their personal needs had been met and to reassure the patients that someone would be back to check on them hourly.

The team although skeptical at first and somewhat doubting of the success touted in numerous articles, agreed to do their best and went forward and began rounding with a purpose. The cries of the naysayers were muted by the success of their team mates. It was not long before the promise of decreasing call lights came to fruition.

Measurements of call lights during peak hours before the start of rounding were compared to post rounding data after they had been rounding for approximately one month. The evidence was clear. Patients were using their call lights less. It was quieter and the team found that they were interrupted less frequently. Three months after the trial started on Russell-4, the expansion of the project began in other areas of the hospital.

Suddenly other patient care providers were looking to R-4 as a shining example of a success story. As others joined forces with the initiative, R-4 continued to perfect the process and practiced rounding with relative ease motivated by patients comments of satisfaction and evidence of decreasing fall rates.

One year after pioneering hourly rounding and leading the hospital in this new care delivery model, it was time for the team to come together to celebrate its successes. The team gathered with pride, for the proof was in the numbers.

R-4 no longer had the dubious distinction of having the highest fall rates as in 2009, but instead had gained acclimation for a fall rate reduction of 36% by the end of 2010. They also decreased patient call light use by 50 percent and improved patient satisfaction scores.

These successes were enjoyed because a group of outstanding professionals came together and dedicated themselves to improve patient safety. They stepped outside their comfort zone and became the catalyst for a hospital wide patient care improvement project.

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