Bedside Rounding in the JHH Adult Emergency Department

Cathy Lindauer, Tangela Robinson, Hershaw Davis, Maureen Henley, Claudette Ortega, Paula Justice
Heather Gardner, Mike Dutton, Suzanne Block

JOHNS HOPKINS HOSPITAL ADULT EMERGENCY DEPARTMENT; JOHNS HOPKINS UNIVERSITY SCHOOL OF NURSING,

1 Background

Bedside rounding has been shown to help improve patient and nurse satisfaction as well as patient outcomes (Sand-Jecklin & Sherman, 2013). With bedside rounding, patients have the ability to participate in their plan of care, which empowers them and improves outcomes. Moreover, it improves inter-professional communication and collaboration among the nursing staff (Gregory, Tan, Tilrico, Edwardson, & Gamm, 2014). It was implemented in the emergency department where the risk for adverse events such as falls and medication errors during the change of shift is higher (Baker & McGowan, 2010). Bedside rounding in the JHH Emergency Department consisted of rounding with the oncoming and off going nurse at each patient's bedside, and then going to the nurse station to complete the handoff.

2 Objective

To improve the patient experience and ensure concise, accurate and efficient handoff of patient care by introducing bedside rounding.

3 Methods

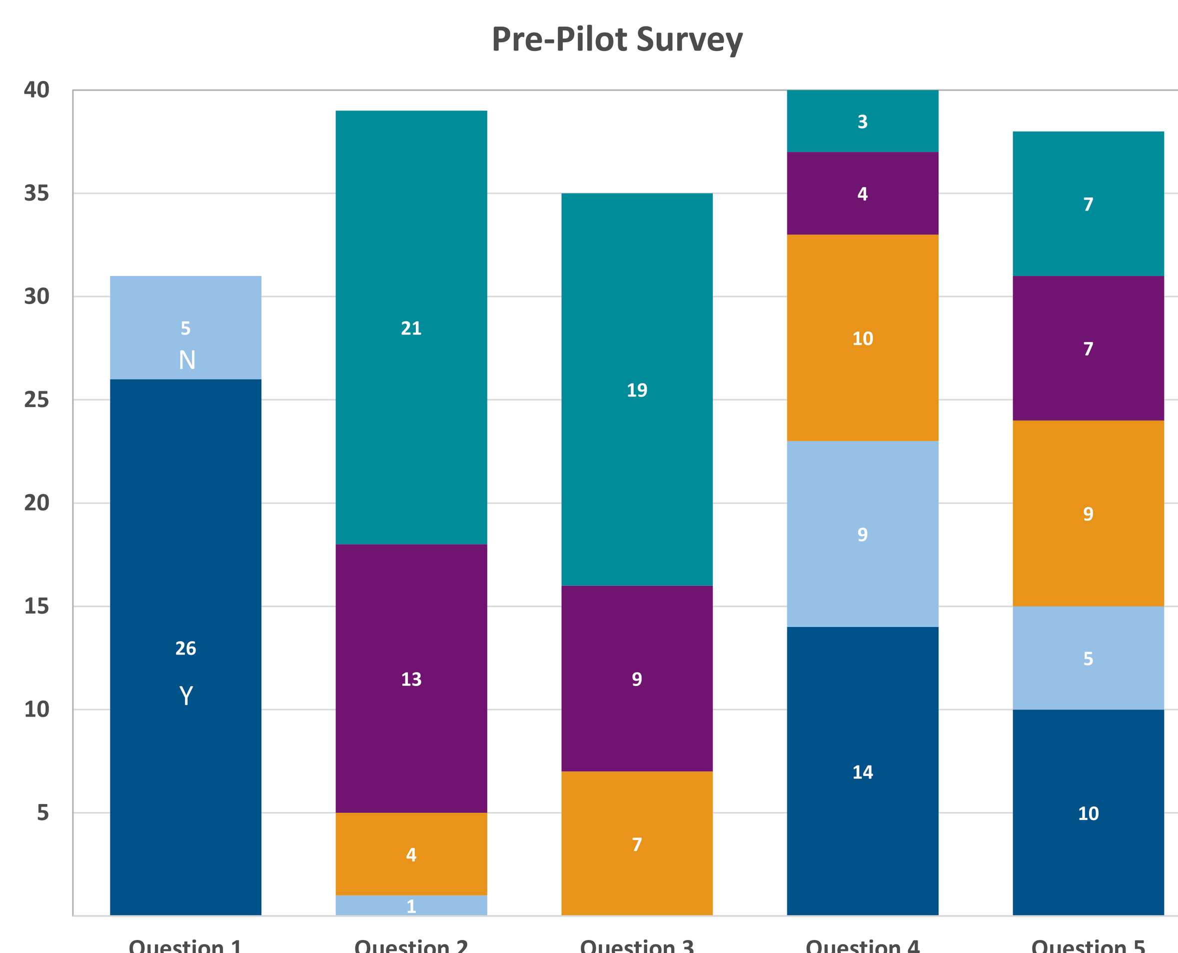
What impact will moving to bedside rounding have on patient care and our current workflow?

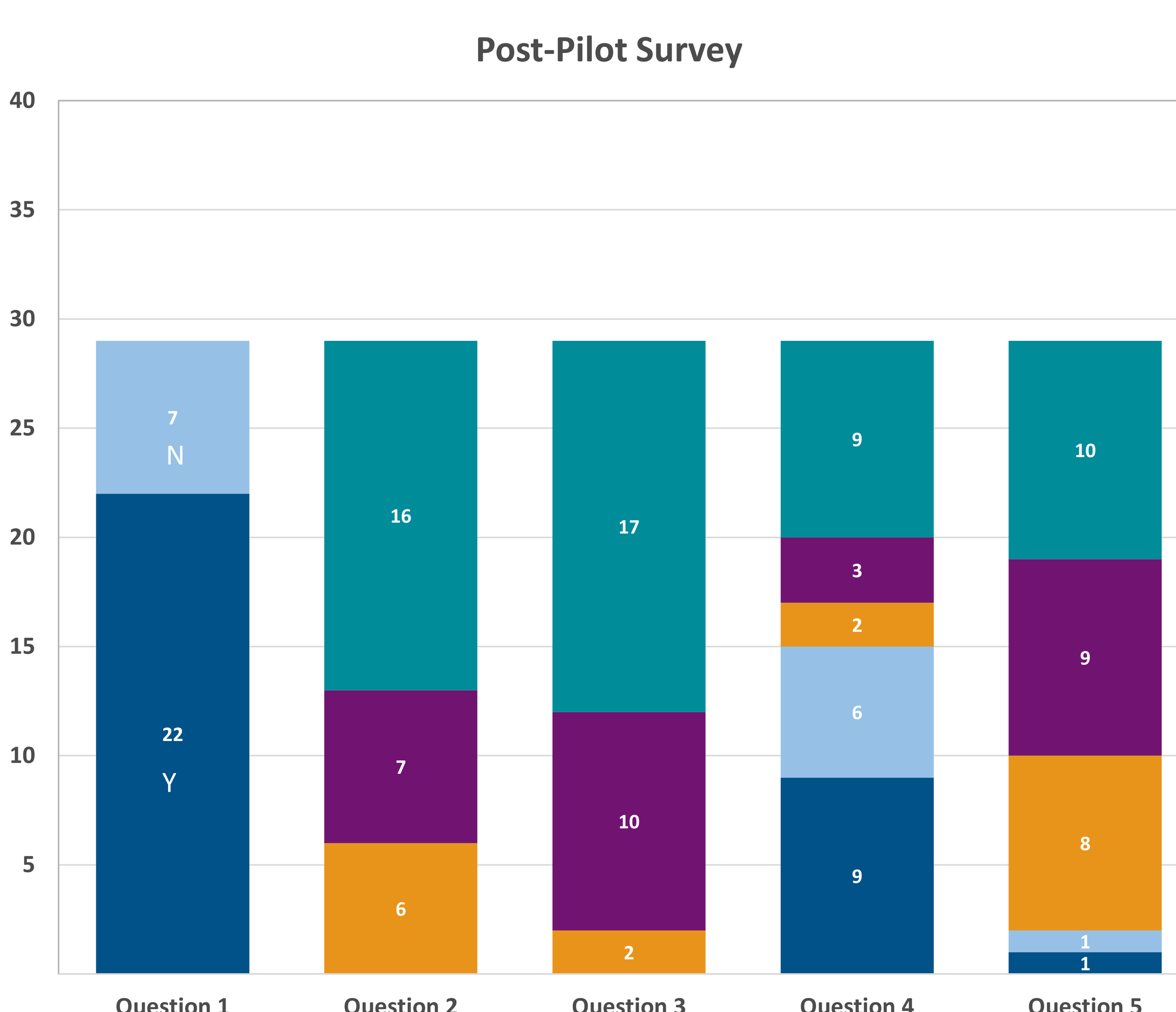
- A literature search was conducted to identify outcomes of bedside rounding, and to identify strategies to ensure success.
- Creation of a pre and post survey that included open-ended questions was distributed to all nurses, and then re-distributed after the one-month pilot to those who had participated in the EACU bedside rounding. 40 surveys were collected each time.
- Collection and analysis of surveys to assess the success of the implementation and to identify strengths and areas for improvement.
- Prior to and during the one-month pilot there was education on bedside rounding and champions in the unit were identified to answer questions and support the project.

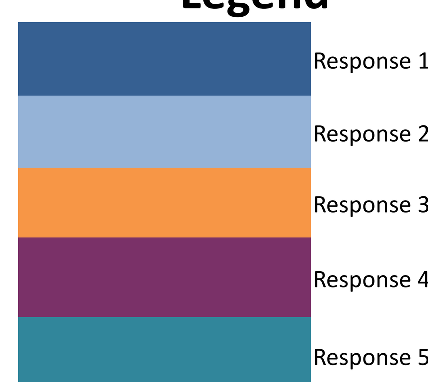
Keys elements to occur outside the room
Ensure documentation is complete and meds signed off
Vitals are up to date
ROS has been documented, and when the next ROS is due (q 12 hours)
Screening questions/history are documented
Meds are all signed off and note when the next med is due
Keys elements to occur in the room
Introductions and update whiteboard
Updating and clarifying current plan of care
Validate patient understands the plan and that the oncoming nurse is on board with the plan
Address the 4 P's Pain, Potty, Positioning, & Personal Belongings
Ensure room has all the necessary equipment and PCA parameters are checked and confirmed
Allow the patient the opportunity to ask questions

4 Results

- 40 pre and 40 post surveys were collected and analyzed.
- We found that what worked well included communication between nurses and patients, the ability to reconcile report and patient status with the earlier visualization of patients, and the clarification of the patient plan between the nurses and the patient.
- What did not work well included the length of time it took to give report at the bedside with delays due to many questions and requests while in the room, providing too much or too little information because of the extra efforts to adapt to different report styles, updating whiteboards, and not always having a clear idea of what the provider plan is for the patient.







Funding Source:
The Helene Fuld Leadership Program for the Advancement of Patient Care Quality and Safety

5 Conclusions

Bedside rounding in the emergency department will continue to improve with modifications to the current model. Some improvements include the following:

- The off going shift will complete a series of tasks one hour prior to handoff in order to be updated on their patients' plans of care (judgment would be used for patients who were admitted under two hours prior)
- Standardize report elements, but be flexible
- Team leads will assist with handoff preparation

Finally, as was reported in several other hospitals that implemented bedside rounding, hesitation on the floor was expected. However, there should improvement in attitudes regarding bedside rounding after several months if there is consistency in the implementation of the program (Sand-Jecklin & Sherman, 2013).

6 Future Directions

The nature of the emergency department is different from other units in that there is high turnover of patients, unpredictable patient flow, more nursing interventions, and medications per patient (Baker & McGowan, 2010). It is the hope that once bedside rounding is refined in the EACU, all units will implement this new form of patient handoff to improve patient and nurse satisfaction as well as patient safety.

7 References

1. Sand-Jecklin, K., & Sherman, J. (2013). Incorporating bedside report into nursing handoff: evaluation of change in practice. *Journal of nursing care quality*, *28*(2), 186-194.
2. Gregory, S., Tan, D., Tilrico, M., Edwardson, N., & Gamm, L. (2014). Bedside shift reports: what does the evidence say?. *Journal of Nursing Administration*,*44*(10), 541-545.
3. Baker, S. J. (2010). Bedside shift report improves patient safety and nurse accountability. *Journal of Emergency Nursing*, *36*(4), 355-358.

JOHNS HOPKINS
SCHOOL *of* NURSING