

MHA Green Belt Lean Six Sigma Project Summary

INITIATIVE TITLE: Purposeful Rounding

ORGANIZATION NAME: Mosaic Life Care – St. Joseph

ELECTRONIC MED RECORD: Cerner

PARTICIPANT / CONTACT INFORMATION

Team Leader Name	Title	Preferred contact-type email address/phone#
Elizabeth Mitchell	Quality Improvement Consultant	Elizabeth.Mitchell@mymlc.com

DEFINE - Problem Statement & Goal

Mosaic is not meeting facility established goals. Currently purposeful rounding on each element of a purposeful round is occurring 1437 out of 3112 opportunities (46.2%).

Reduce the defects in rounding. Establish and hardwire a reliable, consistent process.

Increase purposeful rounding compliance from 46.2% to 93.3% by September 2022.

DEFINE - Initiative Scope

Patients receiving care on units 2E and 3E will receive purposeful rounding

- All patients on these units
- Nurses and PCA's

DEFINE -BIG Y

Big Y is discrete: # of rounding elements accurately completed during rounds / total number of elements required.

Opportunity: Every element that should be completed on hourly round.

Defect: Elements of the round required but not completed.

MEASURE - Data Collection / MSA

Data collection completed by direct observation of nurses and PCA's on 2E and 3E performing hourly rounds using audit tool to track elements of purposeful rounding.

ANALYZE - Critical Xs/Root Causes Identified

Statistically Significant:

Overall pass/fail rates indicate long standing policy is not being consistently followed

A.C.T.

AIDET

P's

Closing

IMPROVE - What was Implemented

2E and 3E staff meeting presentations

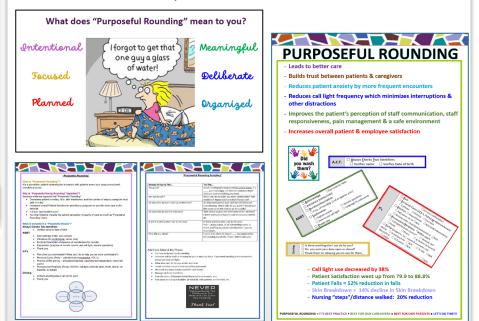
- Reviewed video <u>Intentional Hourly Rounding Bing video</u> (not purposeful vs purposeful rounding)
- Educated and discussed purposeful rounding practices, scripting, elements of rounding, etc.
- Provided handouts/resources
- Reviewed statistics (Mead,C., Bursell,A., & Ketelsen (2006). Effects of nursing rounds on call light use, satisfaction, and safety.)

Hardwiring

- Posters in nurse's stations, break rooms, staff bathrooms, etc.
- Unit level Facebook posts 3-4 times a week
- · Rounding discussions included in huddles
- Leader meetings
- VP reinforcement and support
- Ongoing audits with "just in time" education

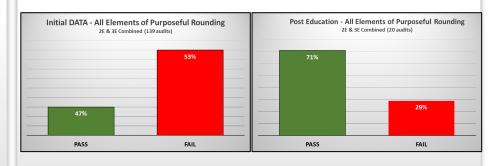
IMPROVE – What was Implemented

Screenshot of some posters, handouts & visual aids



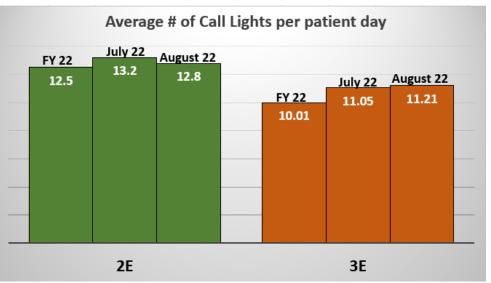
IMPROVE – Results to Date

Below are the initial pass/fail rates & follow up pass/fail rates. We plan continue to monitor data monthly to measure our progress and improvements.



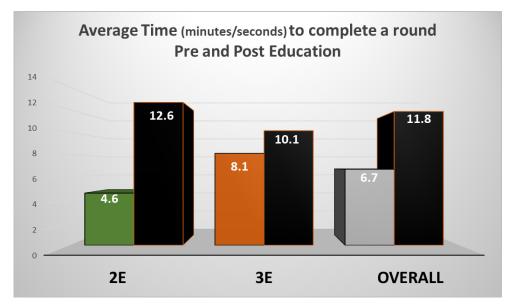


Improve - Results



Anticipate decrease in # of call-lights per day

Additional/ongoing audits to be performed



Limited # of audits

Increase in time spent with patient

"Just in time" education



Measure	2E July 2021-June 2022 (rolling 12 mo.)	2E August 2021-July 2022 (rolling 12 mo.)	3E July 2021-June 2022 (rolling 12 mo.)	3E August 2021-July 2022 (rolling 12 mo.)
Comm with Nurses	79.1%	78.4%	72.0%	71.1%
Nurses treat w/courtesy/respect-	85.1%	85.3%	80.4%	79.7%
Response of Hosp Staff	49.5%	49.0%	47.3%	47.8%

We anticipate **HCAHP's** trending up over time.

- Education started in August (data not available at this time)

Quality Data (hospital acquired infections) data is not available at this time.

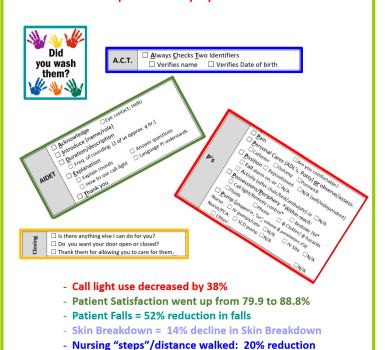
This data is will be pulled and compared as soon as available



Unit Level Poster

PURPOSEFUL ROUNDING

- Leads to better care
- Builds trust between patients & caregivers
- Reduces patient anxiety by more frequent encounters
- Reduces call light frequency which minimizes interruptions & other distractions
- Improves the patient's perception of staff communication, staff responsiveness, pain management & a safe environment
- Increases overall patient & employee satisfaction



PURPOSEFUL ROUNDING = IT'S BEST PRACTICE • BEST FOR OUR CAREGIVERS • BEST FOR OUR PATIENTS • LET'S DO THIS!!!



Unit Level Handouts & Education



"Purposeful Rounding"

What is "Purposeful Rounding"?

It is a pro-active, patient centered plan to interact with patients every hour using a structured, complete process.

Why is "Purposeful Hourly Rounding" important"?

Because evidence supports that "Purposeful Rounding"

- Decreases patient's anxiety, falls, skin breakdown; and the number of steps a caregiver must take in a day.
- Increases overall Patient Satisfaction and allows caregivers to provide more care at the bedside.
- It is just "good patient care".
- No other initiative impacts the patient perception of quality of care as much as "Purposeful Rounding" does!

What is included in a "Purposeful Round"?

Always Checks Two Identifiers

· Verifies name & date of birth

AIDET

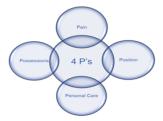
- Acknowledge (hello, eye contact)
- Introduce (Or re-introduce: name, role)
- Duration/Description (frequency of rounds/here for rounds)
- · Explanation (purpose of rounds, how to use call light, answer questions)
- Thank you

4 P's

- Pain (Are you comfortable? What can I do to help you be more comfortable?)
- Personal Cares (Potty catheter/ostomy/purewick, ADL's)
- Position (Offer activity ambulate/chair/bed, repositioned/independent, check fall alarm)
- Possessions/Periphery (Pump- SCD/IV, call light, bedside table, fluids, phone, no hazards, or clutter)

Closina

- · Is there anything else I can do for you?
- Thank you



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"Purposeful Rounding Scripting"

Instead of Saying This	Try This
You good?	Good morning/afternoon/evening <u>patient name</u> , it's your nurse/ <u>pca</u> . I'm here for rounds to make sure you have everything you need.
Are you in pain?	What can I do to make you more comfortable? Pain medicine? Reposition? Activity? Pillows? Ice?
Do you want to turn or get up to the chair?	An important part of your care includes frequent repositioning. Which side do you prefer? Would you like to get up to the chair or go for a walk?
Do you need to use the restroom?	Shall we try to go to the bathroom while I am here? I don't want you to have to wait should you need to go.
Is there anything else I can do for you?	Is there anything else I can do for you? PCA - <u>Nurse name</u> is an outstanding nurse. Is there anything you need from him/her? I can let them know.
How did you sleep?	I came in to check on you at, you appeared to be sleeping peacefully. I hope I didn't wake you.

Additional Ideas & Key Phases:

- · I'm here to do my hourly rounding.
- Someone will be back in to round on you in about an hour. If you need anything in the meantime, please use your call light.
- What else can I do for you while I am here?
- · I want to make sure you have everything you need.
- We work as a team to take excellent care of you.
- Manage Up Team members.
- · Scan the room. (Eliminate clutter/hazards/items in reach, etc.)
- · Talk about rounding in huddles, at hand off, with patients and families, etc.

NEVER
Underestimate The
Difference You
Made and The Lives
You Touched.

Thank You!



Purposeful Rounding is the Right Thing to Do for Our Patients.

Purposeful Rounding with consistency will result in:

Reduced call lights and falls

Observed an increase in your patient engagement scores

Uninterrupted time to chart

Nursing steps decreased

Decreased number of pressure injuries













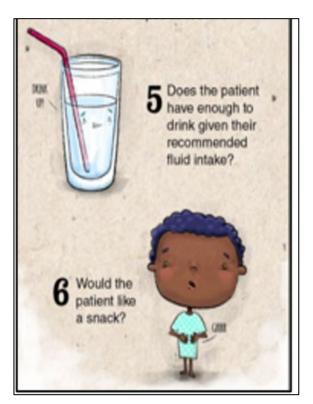














Purposeful Hourly Rounding

Some phrases...

"What can I do to make you more comfortable?"

"I want to make sure you have everything you need"

"Someone will be back to check on you in an hour or so, please use your call-light if you need anything in the meantime."

"What else can I do for you while I'm here?"

"Shall we ______, while I'm here? I don't want you to have to wait."

(Go to the bathroom, ADL's, get up in chair, ambulate, etc.)

'We want to make sure your skin doesn't breakdown, which side would you like to turn to??

Purposeful Rounding can help prevent When you're interrupted every time you sit down to chart





CONTROL – Next Steps

- 1. Conduct ongoing direct observation audits and provide "just in time education" to caregivers
- 2. Monitor for barriers and updates to our process as needed
- 3. Monthly reporting at Nurse Quality Committee and unit level staff meetings
- 4. Evaluate documentation opportunities with new EMR EPIC (March 2023)
- 5. Develop plan for implementation improvements for other units
- 6. Include purposeful rounding in hospital wide orientation
- 7. Hand off project to unit leaders, educators, and frontline staff with the support of VP of Nursing

OVERALL LESSONS LEARNED

- Team efforts were needed to effectively implement changes. We worked together and used our strengths to compliment one another.
- Mosaic Life Care has an engaged team that is supportive of process improvement.
- Lean and Six Sigma compliment each other. Six Sigma reveals areas where improvements are needed, and Lean supplies the tools to make those improvements.
- Create a habit of recording the ideas that surface during the process and include the rationale. i.e. this is a long process, and it is imperative that we are able to recall "what we did" and "why we did it" the way we did it.
- Conversations with caregivers made it obvious that hardwiring of purposeful rounding dropped off during COVID.
 - Nurses who graduated and began their careers during COVID had less exposure and understanding of purposeful rounding.
 - Staffing (increased workloads and staff turnover) and patient acuity also contributed to the failure to consistently perform purposeful rounding
- Clearly defined questions and answers on the audit tool are key to being able to perform an accurate statistical analysis.





OVERALL LESSONS LEARNED

PURPOSEFUL ROUNDING AUDIT Observer Name/Title: UNIT: DATE: INSTRUCTIONS: Check the box if APPLIES to Patient and only if COMPLETED. If NOT Completed leave blank. Or N/A if not applicable to the patient. 2) Time in: 1) Time in: ☐ Day Shift ☐ Night Shift ☐ Day Shift ☐ Night Shift 3) Time in: □ Day Shift □ Night Shift Round Count Pt. Age: Sex: □M □F Pt. Age: Sex: □M □F Pt. Age: Sex: □M □F Day: ☐M ☐T ☐W ☐Th ☐F ☐Sat ☐Sun Day: ☐M ☐T ☐W ☐Th ☐F ☐Sat ☐Sun Day: □M □T □W □Th □F □Sat □Sun ☐ Mentation (dementia/encephalopathy/withdrawals/Meds, etc.) Mentation (dementia/encephalopathy/withdrawals/Meds, etc.) ☐ Mentation (dementia/encephalopathy/withdrawals/Meds, etc.) Physical(>1 asst./Paralysis(Quad/Para/Unilat.)/amputation, etc.) Physical(>1 asst./Paralysis(Quad/Para/Unilat.)/amputation, etc.) Physical(>1 asst./Paralysis(Quad/Para/Unilat.)/amputation, etc.) ☐Behaviors List: ☐ Behaviors List: ☐Behaviors List: □Language(non-english speaking) □HOH/Deaf □↓Vision/Blind □Language(non-english speaking) □HOH/Deaf □↓Vision/Blind □Language(non-english speaking) □HOH/Deaf □↓Vision/Blind □RN □IPN Home Float □PCA □RN □I PN Home Float □PCA □RN □I PN Home Float Role: □ CRU ☐ Agency ☐ International □ CRU □ Agency □ International □ CRU ☐ Agency ☐ International ☐ Did Huddle, Report, or Hand-off occur on this pt.? ☐ Did Huddle, Report, or Hand-off occur on this pt.? ☐ Did Huddle, Report, or Hand-off occur on this pt.? Hand-off $\square Y \square N$ $\square Y \square N$ $\square Y \square N$ □Initial Round(1stround of day) or □Subsequent Round $\square Y \square N$ ☐ Initial Round(1#round of day) or ☐ Subsequent Round $\square Y \square N$ ☐ Initial Round(1stround of day) or ☐ Subsequent Round $\square Y \square N$ Type ☐ Sleeping: if ok to sleep, skip ACT & AIDET = go to P's. ☐ Sleeping: if ok to sleep, skip ACT & AIDET = go to P's. Sleeping: if ok to sleep, skip ACT & AIDET = go to P's. $\square Y \square N$ $\square Y \square N$ $\square Y \square N$ Nurse quides whether or not a pt should be awakened Nurse quides whether or not a pt should be awakened Nurse quides whether or not a pt should be awakened ☐ Always Checks Two Identifiers ☐ Always Checks Two Identifiers ☐ Always Checks Two Identifiers □Yes □Yes □Yes A.C.T. □No ☐ Verifies name & date of birth ☐ Verifies name & date of birth □No ☐ Verifies name & date of birth □No ☐ Acknowledge ☐ Eve contact; Hello ☐ Acknowledge ☐ Eve contact: Hello ☐ Acknowledge ☐ Eve contact: Hello ☐ Introduce (name/role) ☐ Introduce (name/role) ☐ <u>I</u>ntroduce (name/role) □Complete □Incomplete □Complete □Incomplete ☐Complete ☐Incomplete ☐ Duration/description ☐ Duration/description ☐ Duration/description ☐ Freq. of rounding (1 of us approx. q hr.) ☐ Freq. of rounding (1 of us approx. a hr.) ☐ Freq. of rounding (1 of us approx. q hr.) AIDET ☐ I have time to assist you ☐ I'll be back in ☐ I have time to assist you ☐ I'll be back in ☐ I have time to assist you ☐ I'll be back in □ Explanation □ Explanation □ Explanation ☐ Explain rounds ☐ Answer questions ☐ Explain rounds ☐ Answer questions ☐ Explain rounds ☐ Answer questions ☐ How to use call-light ☐ Language Pt understands ☐ How to use call-light ☐ Language Pt understands ☐ How to use call-light ☐ Language Pt understands ☐ Thank you ☐ Thank you ☐ Thank you ☐ Pain ☐ Pain Pain ☐ Are you comfortable? ☐ Are you comfortable? ☐ Are you comfortable? ☐ Personal Cares (ADL's, Potty) or observe/assess: ☐ Personal Cares (ADL's, Potty) or observe/assess: Personal Cares (ADL's, Potty) or observe/assess: □Incomplete □Incomplete □Incomplete □Catheter □Ostomy □Purewick □Catheter □Ostomy □Purewick □Catheter □Ostomy □Purewick ☐ Position ☐ Repositioned ☐ N/A (self/independent) ☐ Position ☐ Repositioned ☐ N/A (self/independent) ☐ Position ☐ Repositioned ☐ N/A (self/independent) □ Restraints: or □N/A □ Fall alarm on: or □N/A ☐ Restraints: or ☐N/A ☐ Fall alarm on: or ☐N/A ☐ Restraints: or ☐ N/A ☐ Fall alarm on: or ☐ N/A □ Activity (offer chair/bed/ambulate) or □N/A □ Activity (offer chair/bed/ambulate) or □N/A □ Activity (offer chair/bed/ambulate) or □N/A ☐ Possessions/Periphery *Within reach: ☐ Possessions/Periphery *Within reach: ☐ Possessions/Periphery *Within reach: 5 P's ☐ Call light/Remote control* ☐ Call light/Remote control* ☐ Call light/Remote control* ☐ Bedside TbI* ☐ Fluids ☐ Tissues ☐ Basin ☐ Phone ☐ Bedside Tbl* ☐ Fluids ☐ Tissues ☐ Basin ☐ Phone ☐ Bedside TbI* ☐ Fluids ☐ Tissues ☐ Basin ☐ Phone Complete □Complete □Complete ☐ White board updated (neat/readable) ☐ White board updated (neat/readable) ☐ White board updated (neat/readable) □ φ Clutter/ φ hazards □ Trash can* □ φ Clutter/ φ hazards □ Trash can* □ φ Clutter/ φ hazards □ Trash can* ☐ Pump (plugged in , "on", volume & parameters V'd) ☐ Pump (plugged in , "on", volume & parameters V'd) ☐ Pump (plugged in , "on", volume & parameters V'd) Nurse: ☐ IV pumps/rate ☐ N/A ☐ IV Site ☐ N/A Nurse: ☐ IV pumps/rate ☐ N/A ☐ IV Site ☐ N/A Nurse: ☐ IV pumps/rate ☐ N/A ☐ IV Site ☐ N/A Nurse/PCA: ☐ SCD pump ☐N/A Nurse/PCA: ☐ SCD pump ☐ N/A Nurse/PCA: ☐ SCD pump ☐ N/A Other: Other: Other: Assist. Did the pt. have a need? (asst. to BR/cleaned up, etc.) $\square Y \square N$ Did the pt. have a need? (asst. to BR/cleaned up, etc.) $\square Y \square N$ Did the pt. have a need? (asst. to BR/cleaned up, etc.) $\square Y \square N$ Did the CG establish a "personal connection" w pt? $\square Y \square N$ Did the CG establish a "personal connection" w pt? $\square Y \square N$ Did the CG establish a "personal connection" w pt? $\square Y \square N$ ☐ Is there anything else I can do for you? ☐ Is there anything else I can do for you? ☐ Is there anything else I can do for you? □Yes □Yes □Yes ☐ Do you want your door open or closed? ☐ Do you want your door open or closed? ☐ Do you want your door open or closed? □No □No □No ☐ Thank them for allowing you to care for them. ☐ Thank them for allowing you to care for them. ☐ Thank them for allowing you to care for them. Were you interrupted during the round? $\square Y \square N$ Were you interrupted during the round? $\square Y \square N$ Were you interrupted during the round? $\square Y \square N$ If yes, why?____ If yes, why?____ If yes, why?____

TIME OUT: Total time:

TIME OUT:

Total time:

TIME OUT: _____ Total time: _____



NEXT PROJECT(S)

- We plan to continue to work on hardwiring purposeful rounding and roll it out to remaining nursing units.
- We would like to tackle hardwiring bedside report next.

REWARD AND RECOGNITION

Thank you so much to the great team at Mosaic Life Care.

Executive Sponsors:

- Rebecca Bledsoe VP Nursing Services Operations
- Stacie Johnson VP Quality & Patient Safety

Process Manager(s): Lacey Clark, Nicole Schweder, Kelly Madget, Brianna Prettyman, and Rebecca Houghton

Physician Champion: Dr. Mohan



Questions and Discussion

Thank you for this amazing opportunity!

Elizabeth Mitchell BSN, RN Quality Consultant Mosaic Life Care Lana Taylor BSN, RN Patient Safety Manager Mosaic Life Care