

EFFECT OF A TEACHING SESSION ON NURSE LEADERS' KNOWLEDGE OF INTENTIONAL ROUNDING TO FOSTER COMMUNICATION WITH PATIENTS AND IMPROVE PATIENT SATISFACTION

Introduction

The purpose of this project is to create and deliver an evidence-based intervention in the form of an educational session on intentional leadership rounding program for nurse leaders at one community-based hospital. The project started with the evaluation of the leader's knowledge of rounding. Figure 1 explains the impact of rounding on the patient experience that coincides with the teaching plan in appendix A.

Figure 1:

How Rounding Impacts the Patient Experience?				
Category	Rounding for Outcomes	Round to Influence	Rounding on Patients	Daily Rounds
Theme	Rounding on patients with the intent to improve the patient experience during the hospital stay. General awareness of the environment is part of rounding.	Specific focus on safety, quality, services, and expectations.	Patient safety, quality, and service: from the patient perspective	Patient safety and satisfaction with care.
Purpose	Identify gaps in care that impact the patient experience. Build relationships with patients to improve care and clarify expectations.	Identify problems impacting a specific performance expectation.	Understand the quality of care from the patient perspective. Identify performance and deviations from care that requires intervention.	Check on needs of the patient. Assess for understanding related to the plan of care.
Implementation Details	Round on 50% of the patient census Monday-Friday. "During this hospital stay, how often did nurses explain things in a way you could understand?" "During this hospital stay, how often did nurses listen carefully to you?"	Targeted questions focused on the patient experience during the current encounter.	Utilization of a checklist to ensure specific items are assessed. Observe environment of care while discussing the plan of care with the patient.	Rounds will occur after daily patient rounds with the healthcare team.

The incentive for this project is to improve the patient experience by involving leaders in daily interactions with patients. Having leaders round on the unit with specific objectives improves the management of the patient thus improving the hospitalization experience. The focus of the rounds were on Communication scores for "During your hospital stay how often did nurses listen carefully to you?" and "During this hospital stay, how often did nurses explain things in a way you could understand?"

Need for Intentional Rounding

Poor communication creates knowledge deficit in disease management

- Patients who not able to perform self-care are readmitted to hospital
- Knowledge deficit can result in mismanagement of disease process

Poor communication leads to patient complaints and requires additional staff to perform service recovery

- Making personal connection builds trust and reduces miscommunication

Project Question

What is the difference in intentional leadership rounding knowledge scores of nurse leaders, tested before and after an intranet-delivered teaching session oriented by an evidence-based teaching plan?

Purpose

To make a positive impact on patient experience by leaders rounding with a purpose to focused on the plan of care, staff encounters, and environment of care.

Method

Design: Quality Improvement Study, before and after Paired T-Test

Independent Variable: the 1-hour teaching session

Dependent Variable: cognitive knowledge of purposeful leader rounding, including theory, facts, and principles based on literature; content on HCAHPS questions related to the communication of the nurse.

- Data Sources: Pretest/Posttest on knowledge of purposeful rounding

Intervention

1-hour, evidence-based education session that nurse leaders attended

- Focuses on knowledge needed to influence patients' perspectives related to communication about their plan of care

Based on 5-column, evidence-based teaching plan, see appendix A

Educational session specified objectives that structure content (cognitive knowledge) needed by nurse leaders to demonstrate purposeful rounding.

Leaders were encouraged to use the acronym CARE which allowed for natural conversation to occur while keeping the rounds standardized for the staff and patients. Using the acronym CARE fostered a safety culture and resilience that supported improved results with Patient Satisfaction as seen in Figure 2.

Figure 2:



Sample and Setting

Sample

Nurse leaders at Virtua Memorial Hospital

- Inclusion Criterion: Nurse Director, Assistant Nurse Manager, and Advanced Nurse Clinician; Exclusion: Employees who are not in a leadership role
- Demographic characteristics: position, years in position, years since completing basic nursing education, and highest degree earned
- 44 participants completed the pretest, intervention, and posttest
- 42 usable pretests/posttest results were analyzed

Setting

Virtua Memorial Hospital, community-based hospital

Results

Pretest/Posttest

Nurse leaders completed pretest and posttest via Survey Planet

Test questions: Literature-based items

Format: multiple-choice items, same for pretest and posttest

Expert validity: Lynn Scale with 4-point scale and comments on test items

Item Content Validity Index (I-CVI) and Survey Content Validity Index (S-CVI)

- The total I-CVI range was 0.8 to 1.0 and the S-CVI was 0.9

Results: Paired T-test (N = 42)

Paired T-test: calculated pretest and posttest total scores and tested hypothesis. Hypothesis was supported.

Nurse leaders' knowledge of daily rounding differs when comparing before and after test scores following implementation of an evidence-based teaching session.

- Pretest: Mean = 9.26, SD = 1.16, SE = .180, Min-Max = 7-12
- Posttest: Mean = 9.92, SD = 1.35, SE = .208, Min-Max = 6-13
- T-test = -.666, df = 41, p = .017
- T-Value for change from pretest to posttest statistically significant (p < .05); results support the hypothesis

Conclusion

Implementation of checklist that supports focused Purposeful Leadership Rounding specific to communication and patient experience might provide clear, consist, standardized process for leaders that may provide clear communication and set expectations from the time of patients' admission until discharge. Figure 3 is a checklist for the leaders to use during intentional leadership rounds.

Figure 3:

The figure shows two versions of the 'Intentional Leadership Rounding Checklist'. The first is titled 'Patient-Plan of Care' and is divided into three sections: 'Questions to Ask the Patient's Situation', 'Environment of Care', and 'CAUTI'. The second is titled 'CAUTI' and is divided into 'CAUTI' and 'CDUTI' sections. Both checklists contain numerous questions and checkboxes for leaders to use during rounds.

1. To provide a good patient experience, consumers' voice needs to be heard.
2. Nurse Leaders need to act on patients' care needs to provide supportive, effective, hospital experience during encounters

References

- Littleton, L. L., Fennimore, L. A., Fernald, C. S., & Gonzalez, J. Z. (2019). Effective nurse leader rounding improves the patient experience. *Nursing Management*, 50(10), 11- 14. <https://doi.org/10.1097/01.NUMA.0000580620.45628.cd>
- Winter, M., & Tjong, L. (2015). HCAHPS Series Part 2: Does purposeful leader rounding make a difference?. *Nursing Management*, 46, 26-32. <https://doi.org/10.1097/01.NUMA.0000460034.25697.06>