



Bedside Rounds for Nurses

BY GENEVIÈVE M. CLAVREUL, RN, PH.D.

JUST BEFORE THE HOLIDAYS,

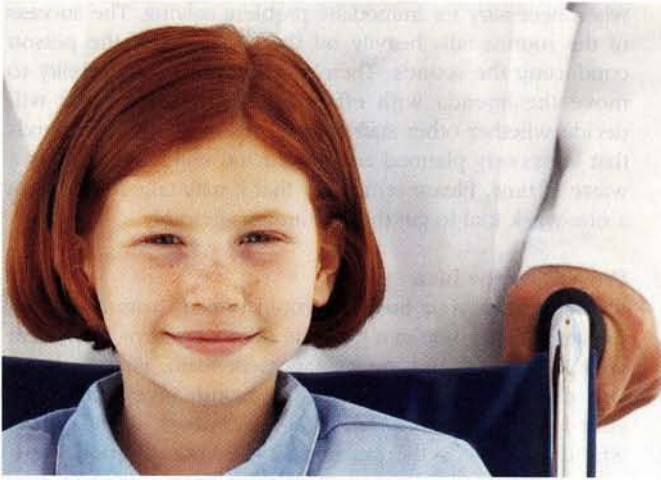
a list member of one of the nurse educator digests I subscribe to posted a question on rounding. She asked the list members if we were familiar with the practice, and if so, if we had any tips and techniques that could be shared.

The upside to having been in nursing for as long as I have is that you've

witnessed nursing in its many incarnations and varied models, and I was no stranger to rounding. I posted a response to the nurse's query and offered to share my knowledge and expertise. When I received a phone call from Florida, it was the nurse who had posted the query about rounding.

I was fortunate that early in my

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nursing career I worked at a teaching hospital where nurses were part of both nursing rounds and physician rounds. In those days, Bexar County Hospital in San Antonio, Texas, was quite cutting edge. We all felt as though we had ownership, which I daresay caused more than one of us to suggest new and creative techniques in nursing and patient care. One of these creative suggestions was to not only take report but to hold daily rounds.

Rounds gave the entire nursing team the opportunity to familiarize themselves with all the patients in the unit, not just their own. Another positive benefit was that sometimes another nurse could help identify a patient's illness.

It was during one of our rounds that I commented that the symptoms being reported in some newly-admitted PICU patients reminded me a lot of diphtheria. My comment was met with some skepticism, since there hadn't been a diphtheria outbreak in San Antonio for more than a generation. None of the other doctors or nurses had seen a case of diphtheria outside the textbook of a microbiology classroom.

However, my assessment was confirmed later that day when a physician, who had recently returned from practicing in the developing world, saw the patients and realized we had a diphtheria outbreak on our hands. Later, several nurses asked how I was so sure that the children had diphtheria. I reminded them that I had seen diphtheria as a child in my native France, and that was one disease that leaves an indelible impression on you.

Nursing Rounds aren't exactly unknown or unheard of. However, so few hospitals and nursing teams employ this tool today that the term 'rounds' has been applied almost exclusively to doctors, interns, and residents. Nursing rounds began to fall by the wayside when we started conducting rounds with doctors. The problem is that nursing rounds and doctor rounds address different patient care issues. When the rounds were combined, nurses were not getting their needs addressed.

Nursing rounds can be separated into two different models: the "Conference Room" round that has more in common with doctor's rounds, and the "Bedside" round which has been the subject of much discussion and study these past few years. It is important to note that both types of nursing rounds be used in your hospital, since they each have a different focus.

The Conference Room round would most frequently take place during shift change and report. To realize optimal results, some important steps need to occur, such as: the unit cannot be left unattended, someone must remain to monitor the desk, alarms, and telephones; the round protocols should be succinct, logical, and watched carefully to see that they are followed; one nurse (the head nurse or unit leader) should be the person designated to lead the rounds; and, rules of the conduct of rounds should be agreed upon and posted.

The nurse leading this style of round must be organized and should be able to cover the entire ward or unit in less than 20 minutes, if they do not linger too long over each patient or allow chitchat to occur too often. Additionally, a good manager would only discuss new patients in any depth and update important information on yesterday's patients.

Bedside rounds are more individual in nature. The Bedside round is conducted by the individual nurse, and can include the other members of the nursing team, and should encompass only those patients assigned to the nursing team. Bedside rounds should focus on the individual patient, their needs, and hospitalization care plan.

Other patient issues that should be included in the Bedside rounds are medication administration, pain assessment, assistance required for toileting needs, etc. These rounds can occur as frequently as every hour or as infrequently as every two, depending of the shift time. For example, making rounds every two hours during the



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7P – 7A shift makes sense since this is when both patient and hospital activity is at its lowest; while hourly makes sense during the day.

As with Conference Room rounds, Bedside rounds can only succeed when the entire team buys into the concept, agrees upon the rounding protocol, and then carries through with the rounds as expected. It is important to always conduct rounds in a way that meets the privacy requirements of the hospital and HIPPA.

Rounds can also serve as an impromptu nurses meeting when necessary for immediate problem solving. The success of the rounds falls heavily on the shoulders of the person conducting the rounds. Their professionalism and ability to move the agenda with efficiency and effectiveness will decide whether other staff appreciates the concept. Rounds that are poorly planned and conducted will be viewed as a waste of time. Please remember that it may take longer than a one-week trial to get things running smoothly.

Presenting the Idea

If you believe your hospital would benefit from instituting nursing rounds, you can take the following steps to present your idea to the nursing management team. First, learn all you can about nursing rounds. Second, investigate—did your hospital at some time ever use nursing rounds, if so why did they stop the practice? Third, find a friendly ear—who in the nursing management team seems open to new ideas? Fourth, draw up your plan, including the supporting documents, if possible, and be prepared to present a possible implementation strategy (see below). And, fifth, present your case and then prepare to defend it.

Implementation Strategy

Following is a strategy for implementing “Bedside” nursing rounds. Remember, this list is not all-inclusive. There may be other viable strategies out there, but this should help you get the process moving.

STEP ONE: Meet with your direct nursing manager, share your idea for nursing rounds. Present the research and data you’ve collected. If there are others on the nursing team who are interested, include them in the meeting.

STEP TWO: If your direct manager is supportive of the idea, offer to work with her/him to present to the nursing management team. Remember, since you had the bright idea, you should be part of the planning process from concept to implementation.

STEP THREE: Train the nursing team to use rounds. The best procedure is to implement initially only in one or two units.

STEP FOUR: It is helpful to have a whiteboard in each patient room. Since many hospitals already have whiteboards in place, the cost to implement this should be minimal. On the

other hand, if there are no whiteboards or they need to be replaced, buying in bulk will keep the costs down. Do not overlook the importance of the whiteboard to nursing rounds. It will serve as the information hub for each patient.

The other key piece of this process is a signed patient consent for the posted information. The reason is that information posted on the whiteboard becomes available to all who enter the patient's room.

STEP FIVE: The whiteboard should list the names of all the nursing team members. Use either first names or last names, with credentials. Be consistent. For example, Pat, RN, or Smith, RN. Be sure to include the exam plans for the day as this lets the patient know what the day will bring. The schedule can also include such things as meal times, visiting hours, room, and telephone numbers, and nurse shift times. In summary, the whiteboard should contain information that would be useful to the patient and their family. Ask yourself, what details would you want available if you were the patient?

STEP SIX: Assign each nursing team member functions to perform on the rounds. Be sure that each team member—RN, LVN, and CNA—are assigned functions that are appropriate according to their licensure.

STEP SEVEN: A simple step, but a critical one if nursing rounds are to succeed, is to decide how often rounds will take place: once a shift, every hour, every two? The interval is not as important as being consistent. So pick a time interval and apply it diligently.

STEP EIGHT: After instituting your nursing rounds, be sure to have a group evaluation. Ask the nursing team members to provide feedback on what they feel is working and what can be improved upon. This step is important in making sure that the nursing team is making the best use of rounds.

Nursing rounds are a tool of the past that nursing teams should consider bringing back. A recent study in the *American Journal of Nursing* showed a strong correlation between the reduction of call light use, increased patient satisfaction in nursing care, and reduced falls with the implementation of nursing rounds.

Nurses in this study initially expressed concern that performing the more intensive rounding would have a negative impact on their ability to perform the work overall. However, at the end of the study, nurses were more satisfied with their ability to care for their patients as well as perform other tasks. So, if possible, give rounds a try. They're not just for doctors anymore. **WN**



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