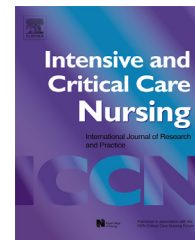




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APN-led nursing rounds: An emphasis on evidence-based nursing care

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KEYWORDS

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Summary In today's healthcare environment, nursing staff are challenged to care for patients with increasingly complex needs in an ever-changing environment. Nurses are expected to stay up to date on a tremendous number of institutional initiatives, best practice guidelines, and policies and procedures. These practice imperatives are often disseminated through passive means of information-sharing such as staff meetings and electronic mail. In this setting, it is difficult for nurses to simultaneously focus on incorporating practice updates while continuing to value basic nursing functions such as oral care, skin care, and incontinence management. The concept of Interventional Patient Hygiene emphasises that basic nursing functions are not only tasks, but also important evidence-based interventions that contribute to improved health for the patient. Interventional Patient Hygiene facilitates the integration of science and practice. This article describes a quality improvement intervention, Advanced practice nurse-led nursing rounds, which supports Interventional Patient Hygiene and be used to help staff integrate best practices while balancing the multiple priorities inherent in nursing care.

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Implications for Clinical Practice

- APN-led nursing rounds assist nurses in integrating best practices and institutional initiatives into the complex care environment.
- APN-led nursing rounds aid staff in connecting basic nursing tasks, such as evidence-based hygiene measures, to patient outcomes.
- Staff feedback and available quality data can be used to adapt nursing rounds to meet the needs of individual units or care settings.

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Introduction

Interventional Patient Hygiene (IPH) is a concept introduced by Vollman et al. (2005) to bring attention to the importance of performing “basic” nursing care activities according to evidence-based standards. Although initially focused on oral care, bathing and incontinence management, the concept of IPH has expanded to include other essential nursing functions such as mobility, catheter care and hand hygiene. These activities contribute significantly to improved patient outcomes by decreasing the risk of healthcare-acquired conditions such as pneumonia, pressure ulcers and skin breakdown (Carr and Benoit, 2009; McGuckin and Torres-Cook, 2009; Vollman, 2006).

Clinical leaders are challenged to create a culture in which basic nursing care is evidence-based and appropriately prioritised within the myriad of tasks that nurses face. Evidence-based guidelines, protocols and procedures are often written to integrate science into practice but are rarely implemented to the fullest extent. One reason for less than full implementation is that a passive approach is used to introduce the best practice. Passive dissemination of information is insufficient to change practice whereas a multi-faceted, interactive approach is more likely to be successful (Grol, 2001; Gross et al., 2001).

Nursing rounds have been used in a number of settings to provide education and enhance patient care. In some settings, rounds focus primarily on staff education and critical thinking (Brault et al., 2009; Guin et al., 2002; Segal and Mason, 1998). In other settings, the primary purpose is to develop or enhance the nursing plan of care (Catangui and Slark, 2012; Coleman and Henneman, 1991). Nursing rounds have not been explicitly linked to empirical outcomes, in part because nursing rounds do not focus on one intervention, but rather the integration of multiple interventions into bedside practice. Outcomes reported include mostly process measures, such as participation and staff willingness to present information.

Advanced practice nurses (APNs) are viewed as resources that can assist staff in linking direct care to current evidence (Gerrish et al., 2011). APNs are well-poised to bring evidence to the nurse clinician, and to develop innovative strategies to assist nurse clinicians in integrating the evidence into practice. One quality improvement initiative that may impact nurse-sensitive indicators is APN-led nursing rounds.

Methods

In response to quality data, a group of APNs at a large academic medical centre in the Mid-Atlantic United States developed the concept of APN-led nursing rounds to focus on the application of evidence-based nursing practice at the bedside. Three APNs covering four units were involved in the initial roll-out of the project. By emphasising the basics of good nursing practice, the group hoped to improve nurse-sensitive patient outcomes. The APNs on the participating units used quantitative data collected as part of the hospital's standard quality framework to determine the initial focus of nursing rounds in their areas. The APNs continue to review these data monthly to determine trends and adapt practices. This is an ongoing quality

Nursing Rounds Presenting RN Guide	
Age, sex, diagnosis	
Current situation	
Relevant Past Medical History	
Relevant details of hospital course	
Current priorities of care	
• Medical Management (brief overview) • Safety and Quality of Care (choose two) - o Fall risk/prevention - o Aspiration risk/prevention - o Pressure ulcer risk (Braden)/prevention - o Restraints/alternatives - o CAUTI risk/prevention - o VAP risk/prevention - o CLABSI risk/prevention - o Surgical site infection risk/prevention - o Delirium risk/prevention (CAM-ICU) - o Pain assessment/treatment/documentation - o Patient/family satisfaction	
What's keeping the patient in the ICU?	
Worst case scenario?	
Other concerns?	
Key:	
CAUTI = catheter-associated urinary tract infection	
VAP = ventilator-associated pneumonia	
CLABSI = central line-associated blood stream infection	
CAM-ICU = Confusion Assessment Method for the ICU	

Figure 1 Presenting guide for nursing rounds in the NICU.

improvement intervention and thus the format for nursing rounds is not strictly dictated; the APNs are encouraged to adapt Rounds to meet individual unit needs. A description of the structure and process of nursing rounds follows.

Neurosciences Intensive Care Unit: Emphasising the Basics and Encouraging Critical Thinking

In the 12-bed Neuroscience Intensive Care Unit (NICU), nursing rounds led by the unit-based Clinical Nurse Specialist (CNS) occur on Sunday afternoons. Additional nursing rounds are integrated into the unit's Neurocritical Care Course, a five-week series attended by all newly hired nurses without previous NICU experience. A template is provided for the presenting nurse (see Fig. 1). After presenting the patient, the nurse is asked to identify two quality indicators for discussion. For example, the nurse might identify the patient as at risk for ventilator-associated pneumonia. Discussion would then focus on the Ventilator Bundle, including the importance of evidence-based interventions such as head of bed elevation and comprehensive oral care. Electronic resources are utilised; if a question arises about oral care, the staff is coached in locating the on-line nursing procedure. Head of bed elevation is assessed and raised if not already elevated at least 30°. Everyone present participates in the discussion, both to keep everyone engaged and to increase their comfort level with providing and receiving peer feedback.

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