

A Rounding System to Enhance Patient, Parent, and Neonatal Nurse Interactions and Promote Patient Safety

Anna Graci

Correspondence

Anna Graci, RN, MSN, NNP-BC, 525 East 68th Street, New York, NY 10065.
annagraci@gmail.com

Keywords

nursing rounds system
patient
parent
and provider
communication
parent satisfaction
neonatal intensive care unit

ABSTRACT

Comfort rounds, an approach to assessing and meeting the needs of patients and families in a neonatal intensive care unit (NICU), was created based on nursing rounds. The purpose of comfort rounds is to provide information to parents and assess and enhance the neonate's comfort and safety. I describe a comfort rounds process that was implemented through presentations, huddles, and discussions and was validated through parent comments, employee documentation, and an increase in patient satisfaction scores.

JOGNN, 42, 239-242; 2013. DOI: 10.1111/1552-6909.12011

Accepted November 2012

Anna Graci, RN, MSN, NNP-BC, is a neonatal nurse practitioner, New York-Presbyterian/Weill Cornell Medical Center, New York, NY.

Nursing rounds are a process implemented in adult care units that includes assessing patient's pain control, observing their general condition, and meeting other nonmedical needs of a patient (Meade, Bursell, & Ketelsen, 2006). In 2009, in a large urban teaching hospital with a Level III neonatal intensive care unit (NICU), a hospital-wide initiative was begun to implement nursing rounds to increase patient satisfaction, time management, and patient safety. In adult patient care populations, Meade et al. found hourly nursing rounds to be effective in significantly reducing call light use, increasing patient satisfaction scores, and reducing patient falls.

The NICU staff was challenged to create a modified nursing rounds system to meet the goals of the hospital-wide initiative and would function within the unique NICU environment. The purpose of nursing rounds was to boost continued patient and environmental safety and enhance parent/family satisfaction, and the NICU staff created a modified nursing round system known as "comfort rounds," a systematic hourly process that was distinct to critical care for the neonatal population.

Adapted from general medical surgical nursing rounds, comfort rounds in the NICU were im-

plemented to enhance communication between parents and staff based on published evidence. Four studies highlighted the perception of parents and the health care provider's role in improving parent satisfaction in the NICU (Latour, Hazelzet, Duivenvoorden, & van Goudoever, 2010; Mills, Sims, & Jacob, 2006; Mundy, 2010; Weiss, Goldlust, & Vaucher, 2010). The search was expanded to include the needs of parents and families in the pediatric intensive care unit (PICU) (Fisher, 1994) to determine gaps in current hospital systems and tools and to identify a method to relay the information on nursing comfort rounds to the NICU staff. Fisher studied parent satisfaction in the PICU and found that meeting the requests of the family during a time of elevated stress increased satisfaction. Key needs of parents with children in the PICU included (a) knowing that my child is being treated for pain and is comfortable, (b) having questions answered honestly, (c) knowing exactly what is being done for my child, (d) receiving information about my child at least once a day, (e) talking to the doctor every day, and (f) being assured that the best care possible is being given to my child (Fisher). Homer et al. (1999) identified accountability and focus on family-centered care as important factors for care satisfaction. No universal tool for evaluating parent

The author reports no conflict of interest or relevant financial relationships.



Comfort rounds in the neonatal intensive care unit were introduced in an effort to increase patient and family satisfaction and to promote patient safety.

satisfaction in the NICU was found in the literature search.

Therefore, the NICU staff used selected items on a patient satisfaction tool, to guide the creation of comfort rounds by highlighting areas for improvement, such as parent and staff communication and controlled infant discomfort. The hourly comfort round system was created to be NICU specific with the goals of promoting patient safety and improving communication between nurses, health care personnel, and parents.

Health care provider to parent communication has been rated as an important need of parents in the NICU (Mundy, 2010), and the provision of written and verbal communication has been found to be critical in facilitating an infant's discharge (Mills et al., 2006). Interventions focused on improvement of communication between parents and health care providers have been shown to increase overall patient satisfaction (Weiss et al., 2010). As a child's medical needs and acuity change, the communication and educational needs of parents change. To provide effective patient care, the individual needs of the family should be assessed, and the critical care nurse may identify the needs of the family differently than the family themselves (Fisher, 1994). The nurse needs to be cognizant of this distinction and evaluate and address parents' needs while continuing to address the needs of the patient. To ensure the appropriate goals are met, individualized patient rounds that meet the specific needs of each patient and family are needed.

Parent, Position, and Physical Inspection

Four components of comfort rounds were selected based on the needs of parents of children in the neonatal and pediatric populations and improving their satisfaction. The 3Ps are inclusive of three of the key elements of comfort rounds: parent, position, and physical inspection. The presence of the nurse, the fourth element, is emphasized throughout the rounding process. Each phrase catego-

rizes an individual component of nursing rounds and the provision of patient care.

The term *parent* reinforced the importance of patient-specific parent education throughout the stay of an infant. Conversations and updates between nurses and the parents should include information about the patient's medications, procedures, and feedings. This term indicates the importance of involving the family in the neonate's care and assisting parents with understanding practices of daily management, including kangaroo care, medication information, discharge education, and concerns that could be managed easily by the bedside nurse. If additional assistance was needed, the appropriate person was consulted.

The term *position* represented the importance of a comfort assessment of the patient and the need to change the patient's position every 2 to 3 hours consistent with routine neonatal care. The focus was on body alignment and assessing the patient's comfort with an established pain assessment scale. In comfort rounds the nurse also evaluates the location of leads, wires, and tubing on or under the infant. Overall, *position* addresses the comfort level of the infant and as the comfort level perceived by the parents.

The term *physical inspection* represented the overall examination of the infant, the environment, and the bedside. Highlighting fundamental intensive care such as assessment of intravenous insertion sites, equipment, and appropriate labeling of lines (location, time, and date), the emphasis was to provide preventative and safe care. The term acts as a reminder for maintaining a clean and organized bedside.

The purpose of comfort rounds is to provide patient care consistent with nursing care that includes the specific needs of parents. These include the need to know, to be respected, and to be comforted (Fisher, 1994). In a study assessing the perceptions of parents and health care providers, Latour et al. (2010) noted that parents valued information. Therefore, the key thread throughout the creation of comfort rounds was the presence of the nurse in the care of the patient. This denotes continuous and frequent assessment of patient and varied family needs, such as assistance with locating additional support. The presence of the nurse is enhanced by informing parents when the nurse leaves the room and who will cover in the nurse's absence.

Download English Version:

<https://daneshyari.com/en/article/5866071>

Download Persian Version:

<https://daneshyari.com/article/5866071>

[Daneshyari.com](https://daneshyari.com)