Unraveling the Mystery: Nursing Care, Learning Rounds, and Patient Outcomes

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Background

- As a magnet organization, nurses need to articulate the impact their practice has on patient outcomes. Identifying a avenue to achieve became a priority for the nurse manager and clinical nurse specialist (CNS).
- Nursing learning rounds were implemented second quarter 2011 in addition to the already established weekly interdisciplinary rounds, on a 21 bed Acute Care of the Elderly (ACE) unit. This is to allow increased focus on nursing care in a non-threatening, learning environment.
- The need for nursing learning rounds were made evident by the following:
  - Staff overwhelmed by quantity and complexity of change in the practice of nursing.
  - RN staff unable to articulate impact of nursing care on National Database of Nursing Quality Indicators (NDNQI).
  - Clinical Nurse Specialist (CNS) new to the practice of gerontology.

Literature Review

- Review of the literature identified strategies for implementation of nursing learning rounds as well as demonstration of the following outcomes:
  - Increased RN confidence in articulating the nursing process.
  - Continued RN development in critical thinking skills.
  - Linking of evidence based data with nursing practice.

Development

- Based upon the review of the literature, the nurse manager and CNS identified the framework for learning rounds.
- Concept and framework was presented to unit based shared leadership council to solicit feedback on the following:
  - Time of shift to conduct learning rounds (day and night shift included)
  - Process for identifying patients for discussion
  - Anticipated versus unannounced rounding
  - Variable versus set day of week

Format

- Original format based on SBAR (situation, background, assessment and recommendation).
- RN would present patient using defined format.
- To allow for more purposeful discussion, format was revised to ASPICESS (see diagram) and key discussion points to reflect NDNQI data were added.
- Current initiatives related to nursing practice as well as documentation are reviewed during learning rounds.

Outcomes

- Catheter Associated Urinary Tract Infections (CAUTI) rates outperformed the median 3 out of 3 quarters.
- Falls outperformed the median 6 out of 8 quarters
- Relationship between nursing staff and new CNS has developed.

From left Sue Brooks, Clinical Nurse Specialist; Shara Dell'Isa, Staff RN; Amanda Himes, Nurse Manager.