Collaborative Physician-Nurse Rounding

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Introduction

Patient satisfaction survey results remain a focus for hospital administrative personnel due to the risk of decreased reimbursement as part of the Hospital Value-Based Purchasing Program initiated by the Centers for Medicare and Medicaid Services. As a result, managers and administrators continue to seek evidence-based interventions to increase and maintain patient satisfaction scores in the top percentiles. The practice of collaborative bedside rounds which include both the physician and the nurse caring for the patient has been suggested as an intervention to improve inter-professional communication and coordination of care. During these encounters nurses also have an opportunity to assist the patient to be an active participant in the communication which occurs at bedside rounds. In theory this fosters a more patient-centered approach versus the traditional rounding encounter during which the physician rounds alone. Increased patient-centeredness should improve patient and family satisfaction. Accordingly, this process improvement project was initiated to answer to primary questions: 1) Does increasing collaborative bedside rounds affect the patient satisfaction percentile ranks for the overall hospital stay? 2) Do collaborative bedside rounds affect the patient satisfaction percentile ranks for the question assessing physician-nurse communication?

Methods

Sample

1. An ICU and general care floor in the Cardiovascular Service Line.
2. Progressive care unit used as a control.
3. Single physician service (Cardiology)

Ethics

A waiver of institutional review board oversight and review was approved due the fact that this was a quality improvement project.

The Process

1. Unit Clerk creates a list of patients, who their nurse is and that nurse’s limited network mobile phone number.
2. Physician Team picks up the list before beginning rounds.
3. Physician Team calls each nurse prior to entering the patient’s room for the rounding encounter.
4. Nurses arrive at the bedside with the expectation that they will be an active participant in the encounter.

Outcome Metrics

1. Two questions from patient satisfaction surveys conducted by a contracted vendor.
   - Overall rating of the hospital.
   - Patient rating of doctor and nurse communication.
2. Frequency of other behaviors observed by the QI team.

Results

Physician-Nurse Communication Percentile Rankings

Rate Hospital Percentile Rankings

Oberved Outcomes

Discussion/Lessons Learned

- Collaborative rounding appears to have a positive impact on patient satisfaction scores for Physician/Nurse communication.
- There does not appear to be a direct correlation between initiation of collaborative rounding and overall hospital ratings.
- Collaborative rounding is most effective when there is a champion rounding with the team—in this case a nursing leader.
- There were no major barriers inhibiting nurses from getting to the bedside.
- It is a challenge to get nurses and physicians both engaged and to value the collaborative rounding culture.

References

2. Rimmeleman C. Establishing patient-centered physician and nurse bedside rounding. The Evidence Based Journal of Medical Management. 2011;0(6)