

Structured Intentional Rounding: A Pilot Project with Certified Nursing Assistants in a Long-Term Care Facility

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Purpose & Specific Aims

Purpose

- To improve quality of patient care by educating Certified Nursing Assistants (CNAs) about the structured intentional rounding (IR) tool and its four components (4Ps = Potty, Position, Possession and Pain)
- To evaluate its impact on fall incidences and loss of patients' personal belongings over a period of 10 weeks.

Specific Aims

- Educate and train all participants (CNAs) about the QI project and the IR tool with its four components (4Ps)
- Improve CNAs' knowledge and understanding of the IR tool and measure the uptake of its use
- Explore CNAs perception on use of the IR tool
- Decrease fall incidences
- Reduce cost of lost patients' belongings such as dentures, hearing aids, eye glasses and other personal items.

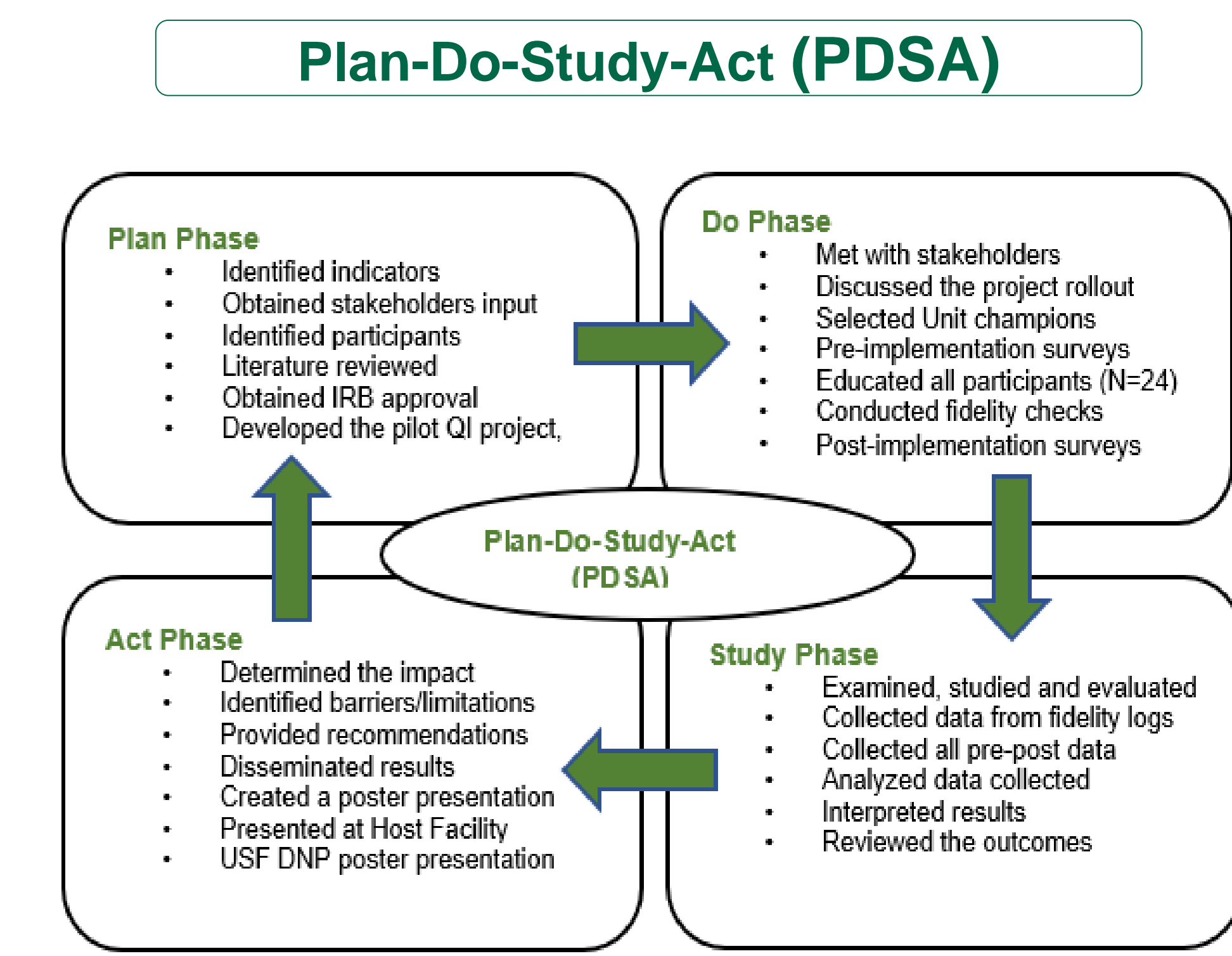
Background

- Increased number of falls and loss of patient personal possessions were major problems identified by the host facility leaders.
- To decrease high-cost of reimbursement related to loss of patients' personal items such as dentures, hearing aids, and other patients' belongings, the quality improvement project using IR tool was selected.
- IR is a proactive strategy utilized by nursing staff to visit patients' rooms with a purpose of providing care to patients at regular intervals.
- IR offers nursing staff a surveillance process to proactively check on patients and ensure their needs are met
- The four components (4Ps) of this IR tool addresses patients' toileting needs (Potty), position changes as needed (Position), checks on patients' belongings (Possession) and inquire the presence of pain (Pain) at every rounding encounter, to improve patient care, comfort and safety

Methods

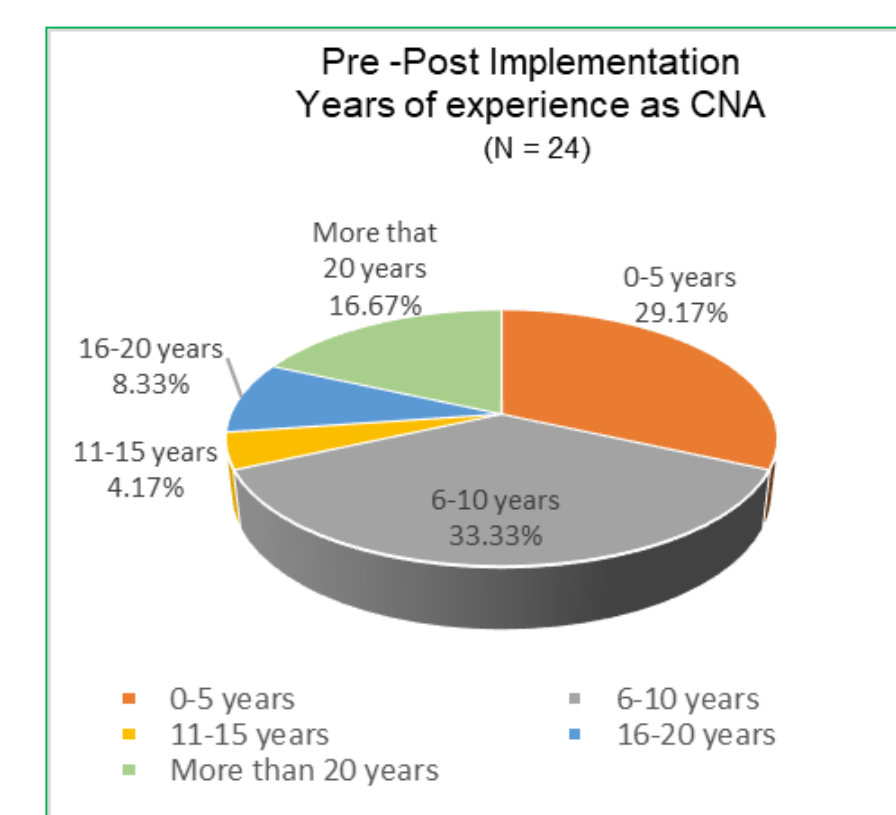
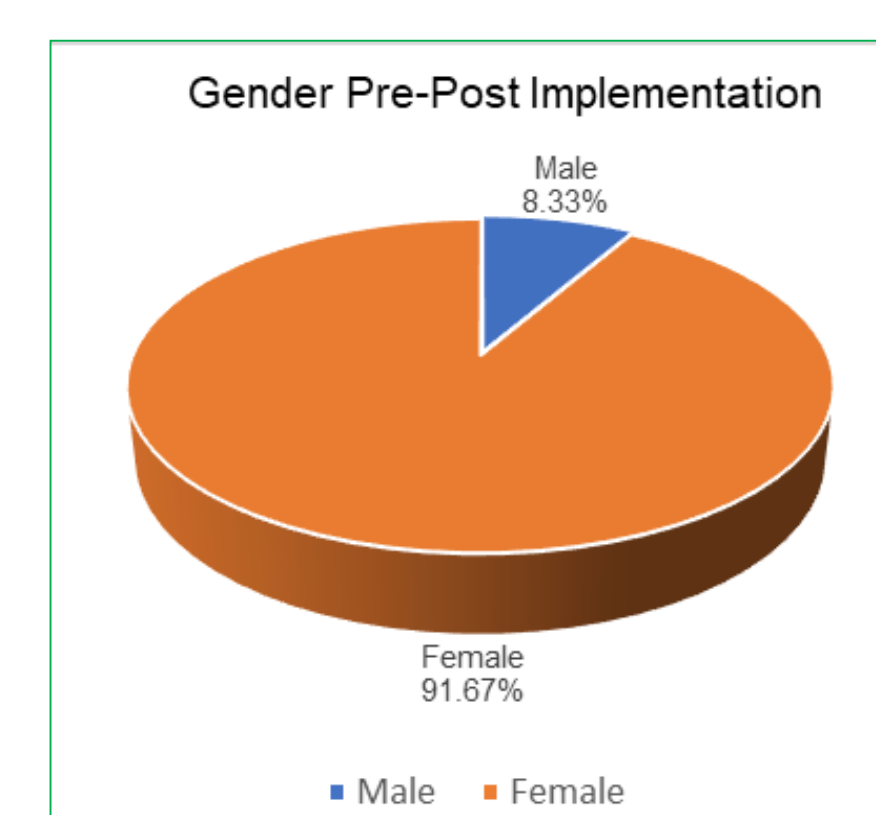
- To research available evidence and determine feasibility of the proposed QI project, a literature review was conducted using the database CINAHL, PubMed and Cochrane Library.
- The Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) approach was used to review and appraise the strength and quality of each article.
- Meetings with leaders and stakeholders were conducted

Conceptual Framework



Setting and Sample

- The project was implemented in one unit of a long-term facility located in Southeastern Florida.
- The Unit consisted of 60 beds.
- The target population included full time and part-time CNAs, as main participants (N = 24).
- PRN and flex CNAs were excluded.
- The project had only two male CNAs and 22 female CNAs with varying level of experience as a CNA.



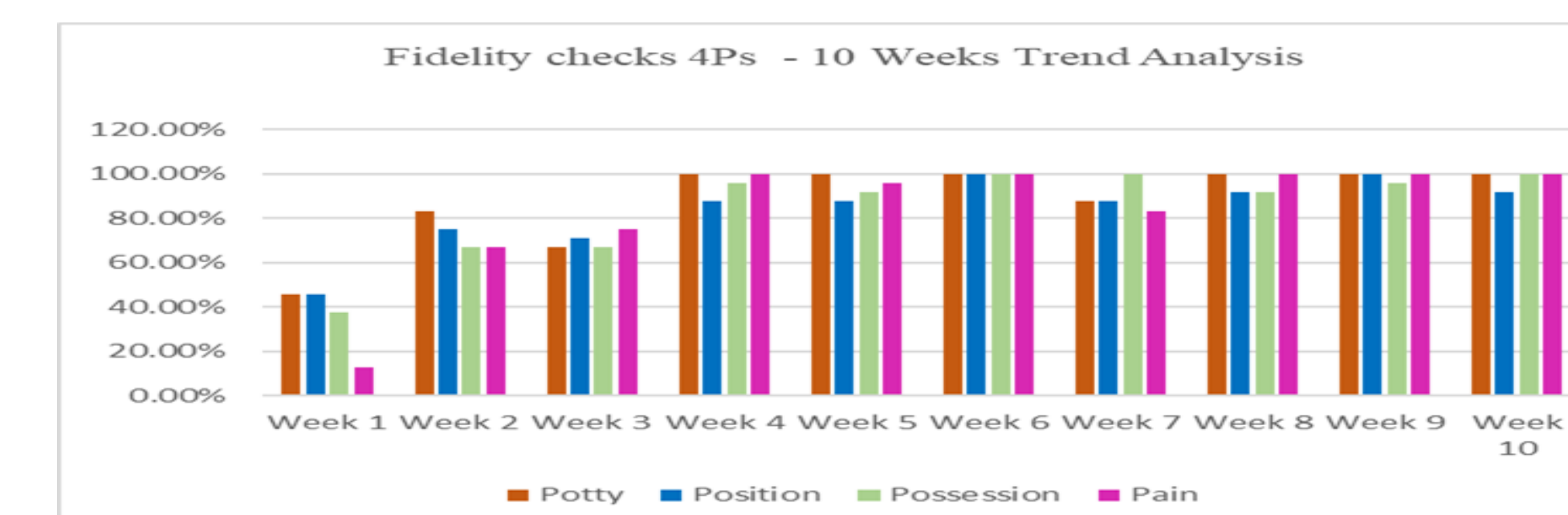
Project Implementation

- The QI project included the use of a Pre-Post implementation surveys, teaching material, buddy badge and Fidelity Logs.
- Training was provided to all participants.
- Fidelity checks using rounding logs were conducted for 10 weeks by the DNP student.
- Pre-post project implementation data on participants' knowledge and cost of lost patient belongings analyzed using SPSS-24 and fall rate based on AHRQ formula
- The post-implementation survey included one qualitative question.

Results

Improved Knowledge

- To determine if there was a statistically significant difference in CNAs' knowledge scores related to the IR tool with its 4Ps, a Related-Samples Wilcoxon Signed Rank Test was conducted in SPSS-24.
- The result showed significant value of 0.000, which is less than p-value of 0.05, indicating a **significant increase** in knowledge post implementation compared to pre- implementation.
- Data from rounding logs showed that it took participants (CNAs) three weeks to understand the IR tool and its 4Ps, and apply the tool correctly (see trend graph).



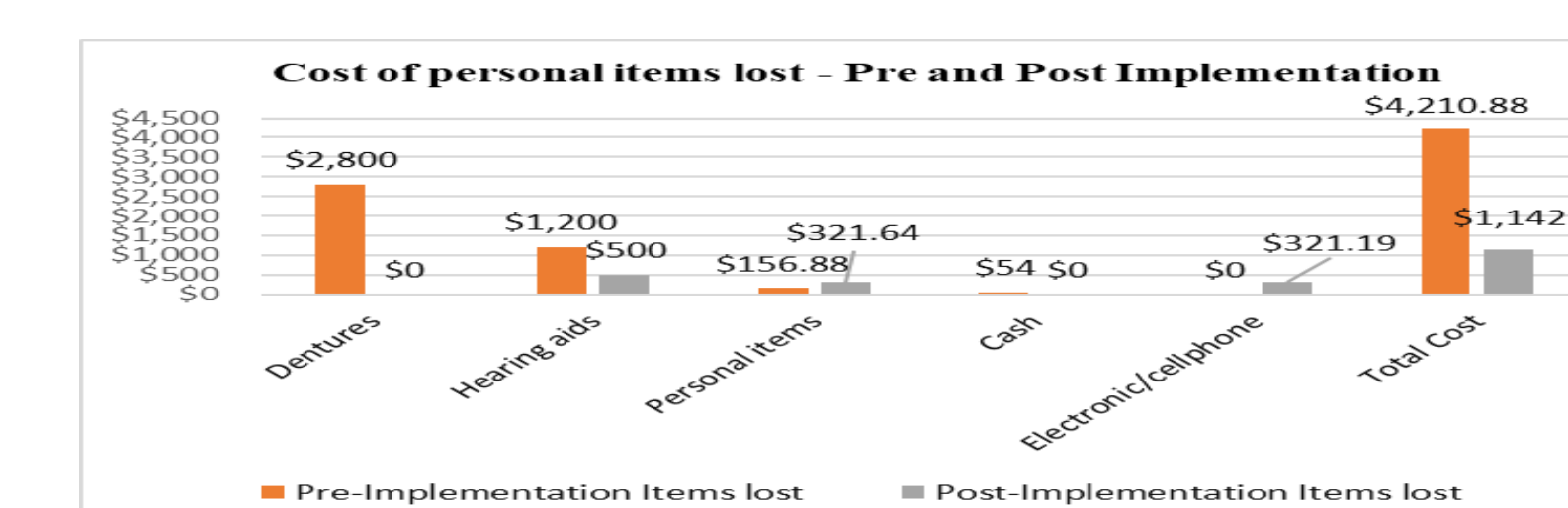
Reduction in Fall Rates

- Pre-Post implementation fall rates were calculated based on the number of falls per 1,000 occupied bed days.
- The fall rate **significantly decreased** from 14.43 to 8.04 falls per 1,000 occupied bed days, post implementation.

Decreased cost of lost items

- Pre-Post data on patients' belongings showed a substantial decrease in reimbursement cost.
- Pre implementation, the total cost of lost belongings was \$4,210.88 and post implementation was \$1,142.83, a **significant decrease** of about 73%

Lost Items	Dentures	Hearing aids	Personal Items	Cash	Electronic/cellphone	Total
Pre-Implementation	\$2,800	\$1,200	\$156.88	\$54	\$0	\$4,210.88
Post-Implementation	\$0	\$500	\$321.64	\$0	\$321.19	\$1,142.83



Qualitative Responses

- In response to the open-ended question, in the post-implementation survey "How did IR tool make a difference or not in your work as a CNA?"
- 75% of participants' **responses were positive**, supporting improvement in their daily work activities
- Participants identified five key areas where the IR tool was helpful to them. These were:
 - improved workflow,
 - improved customer service/patient care
 - improved safety
 - improved communication
 - increased efficiency

Discussion

- Prior to implementation of the IR tool, the facility did not have any structured strategy for CNAs to address the problems identified.
- This QI project implementation answered the PICO question, "Does implementation of structured intentional rounding consisting of 4Ps (Potty, Position, Possession, and Pain) by CNAs, improve CNAs' knowledge, decrease patients' fall incidences and reduce loss of patients' personal belongings within a 10-week period?"
- Data analyses indicated that implementation of a structured IR tool can improve the quality of patient care, reduce fall incidences and loss of personal belongings.
- Overall, the results of this QI project were impressive as evidenced by improved patient care outcomes.

Limitations

- Small sample size limited to one specific unit.
- Participants were initially resistant and reluctant to participate due to varied levels of experience in the field.
- Fidelity checks became time consuming due to lack of participants' cooperation, and variation in their workload.
- Pre-Post survey questions were created specific to this QI project; generalization may be a challenge.
- The DNP student did not enter patients' rooms during the fidelity checks to maintain privacy and confidentiality, data were collected outside the patients' rooms.

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References

- References available upon request