

The CNS-Leader Dyad:

Providing Support to Clinical Nurses through Daily Rapid Rounds on a Medical-Surgical Unit

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Objectives

- The learner will be able to identify ways that daily unit rounding with leadership and clinical staff can contribute to unit goals
- The learner will examine means for providing feedback and facilitating discussing with the clinical nurse in a quick forum such as daily rounds to improve critical thinking



dy·ad
/dī-ad/

Noun: pair, two individuals maintaining a sociologically significant relationship

Merriam-Webster, 2018



Setting

- Norton Women’s and Children’s Hospital
 - 373-bed full service facility located in Louisville, KY
 - 5 Medical Surgical Units
 - Oncology
 - Advanced Surgical Unit
 - Orthopedic Surgical Unit
 - Cardio-Pulmonary Progressive Care Unit
 - Specialty Surgical Unit
- Norton Healthcare
 - 5 acute facilities
 - 13 immediate care centers
 - 250 outpatient practice locations



The CNS Role At NWCH

- The Clinical Nurse Specialist (CNS) role is not common throughout the Norton System
 - Service line based CNSs at one facility
 - Critical Care
 - Medical Surgical
 - Oncology
 - Women’s Health
 - Focus on driving outcomes and engaging with nurses and nurse leaders for development
 - Resources for patient care, facilitation, project management, and other needs as they are identified
 - Additionally, serve on a variety of system level committees and projects as leaders and subject matter experts



The Manager Role at NWCH

- The Nurse Manager is integral to daily operations
- One manager per unit
 - 4 Assistant Nurse Managers (2 days/ 2 nights)
- Accountable for unit outcomes, staff retention, patient experience, budget, and daily operations



A Unit with Potential...

- Orthopedics Unit- Summer 2016
 - Recently redesigned and more heavily specialized
 - Newer manager, new CNS
 - Anticipated a significant increase in orthopedic surgeries with OR expansion
 - Heavy staff turnover related to management changes and redesign
- Unit was largely underperforming on goals
 - Clinical Outcomes
 - Patient Experience
 - Staff turnover/ engagement



Need for Change

- Meetings with manager and CNS to plan a map for the unit
 - Increased focus on engaging staff
 - Manager wanted to build trust
 - CNS wanted to be available as a clinical resource
 - Seeking improvement on orthopedic measures
 - Already Joint Commission accredited for orthopedics
 - System goals in place to be improved/ maintained
 - Improvement for general HAC measures
 - Unit looking for a way to reduce lines and therefore CAUTI/ CLABSI
 - Looking to improve unit throughput and discharge planning



Structure

- Daily unit rounds were decided on based on previous successes with other organizations
- A small group consisting of stakeholders was engaged to develop the structure



Rounds- Initial Plan

- “Plan for the Day, Plan for the Stay”
 - Occur at 10:00 daily (M-F)
 - Participants: manager, CNS, case management, clinical nurse, and others as needed
 - Participants have included: physical therapy, chaplains, assistant nurse manager, orthopedics nurse practitioner, pharmacy, and others
 - Goal is to complete rounding on the unit in less than one hour
 - Not focused on report
 - Looking for specific patient information
 - Focus on safety, quality, and experience
 - Rounding group approaches the nurse (two nurses’ stations)



Implementation

- Information given to staff in the form of announcements at staff meetings and flyers
- Manager and CNS spent time on the unit talking about upcoming change and structure and what to expect
- Initial message was that it might take some time for the staff to get into the habit of participating

"Plan for the Day, Plan for the Stay"

SW Rapid Rounds

Goal	<ul style="list-style-type: none"> - Increase length of stay - Improve interdisciplinary communication - Improve patient care through meeting agendas for care measures and other goals
Who	<ul style="list-style-type: none"> - Daily Rapid Rounds - Bedside Management - Case Management/ Social work - AMM/ Physical Therapist/ Nurse - RN - Physician/ Extended in participating - All other members of the care team
When	<ul style="list-style-type: none"> - Daily 10:00 - Time 100 - Each patient should take about 1 min.
Where	<ul style="list-style-type: none"> - SW - The rounds will go to the nurse, not the other way around
Metrics	<ul style="list-style-type: none"> - Length of stay data - Cost charges for stay - DRG indicator against -nonmedical charges, commodity education, AMM, Physical Therapist and discharge score comparison to department

Total Rapid Rounds 10/18



Tool

Patient Name	Age	Admitting MD/Procedure	
Room #	Admission Date	Place for this stay	
Date Admission			
Physician/Case Manager	Physician/Case Manager	Physician/Case Manager	Physician/Case Manager
Room #/Floor	Room #/Floor	Room #/Floor	Room #/Floor
Room #/Floor	Room #/Floor	Room #/Floor	Room #/Floor

- SW Rounding Checklist**
- Room #/ Name
 - Admitting Diagnosis/ Surgical Procedure
 - LOS/ A/D
 - Foley?
 - Central Line?
 - Cardiac Monitor?
 - Fall risk?
 - If ortho: NV checks and chronic disease education?
 - Plan for Today?
 - Plan for discharge?
 - Needs for discharge?
 - Nursing Concerns?
 - Other Issues/ Things that need follow up



Facilitating the Rounds

- CNS and ANM/ Manager come prepared with basics
 - Patient list, invasive lines, general concerns
 - Utilize EMR tools and reports
- Nurses come prepared with appropriate information
 - Plan of care
 - Questions that they may already have
 - Needs that have not been met
- Quality measures addressed
- Feedback and open discussion
 - Will sometime happen in group
 - Otherwise, schedule time follow up outside of rounds



Since Initial Roll Out

- After 6 months of participation
 - CNS added additional units; participates in rounds once a week but goes to unit daily for follow up from rounds
 - Manager has transitioned responsibility to ANMs
 - Added bonus of improved critical thinking by ANMs
- After 12 months of participation
 - Staff seek out rounding group
 - Use it as an opportunity for students/ new hires
 - Added focus on patient experience and non-clinical needs

No decrease in rounding! Behavior hardwired.



Outcomes

- Unit remained CLABSI and CAUTI free for the rest of 2016 and 2017!!
- Significant reduction in line days
- Ortho outcomes
 - Recertified by Joint Commission
 - Reduced length of stay
- Overall reduced length of stay (2016 to 2017)
- Associate engagement
 - Opportunities for growth shifted from on unit support to interfacility needs (equipment, etc)
 - Support on the unit became a strength



Other Outcomes

- Relationship building
 - Between staff and leadership
 - Between manager and CNS
- Viewed as an opportunity to discuss challenging cases
 - Significant return for staff
- Safety catches
 - Several stroke/ sepsis catches in particular
- Expansion of daily rounding to other units in the division


