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# Standardized Nurse Leader Rounding

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Project Written Proposal: Nurse Leader Rounding

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Submitted to Patricia Cullen PhD, CPNP-PC in partial fulfillment of

Regis University

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# **Executive Summary**

Project Title: Standardized nurse leader patient rounding

**Problem:** The problem was that there is an expectation of nurse leader rounding (NLR) on the inpatient units, however, there was not a standardized process in place to support this expectation. In addition, patient falls, and patient falls with injury remain high in this acute care setting.

**Purpose:** The purpose of this DNP quality improvement project was to determine if standardized nurse leader rounding on hospitalized inpatients improves nursing outcomes, specifically, patient falls, patient falls with injury and overall patient satisfaction.

**Goals:** The goals of this quality improvement project included decreasing/improving patient falls and patient falls with injury, and increasing/improving overall patient satisfaction on the inpatient acute care nursing unit.

**Objectives:** The objectives included the implementation of a standardized NLR process through standardized education and competency validation. The standardized process defined who conducts NLR, how often NLR was conducted, the time of day rounding occurred and what was covered in a patient round.

**Plan:** This quality improvement project utilized a quasi-experimental design, with a convenience sample of hospitalized inpatients, to evaluate three outcome variables impacted by the intervention of nurse leader rounding. Pre-intervention data, a baseline of three months, was compared to post-intervention data, three months of data, to determine the overall impact of standardized NLR.

**Outcomes and Results:** Standardized NLR positively impacted the dependent variables of patient falls, patient falls with injury and the overall HCAHPS patient satisfaction scores. Patient falls decreased/improved 48%. Patient falls with injury decreased/improved 100%. Overall patient satisfaction score increased/improved 43%. This quality improvement project demonstrated the positive results of standardized NLR on nursing quality outcomes and patient satisfaction. In addition, the standardized approach ensured that all patients receive the same intervention from nursing leaders. All nursing leaders must conduct NLR consistently in approach and frequency to increase the impact on patient outcomes and patient satisfaction.

# Project Written Proposal: Nurse Leader Rounding

The Doctorate of Nursing Practice (DNP) program includes a scholarly project. Many of these projects contain a quality improvement focus. "Healthcare quality improvement projects generally focus on analyzing elements of specific areas of performance in order to gain some measure of improvement" (Moran, Burson, & Conrad, 2017, p. 138). The DNP project discussed in this paper is one such quality improvement project conducted within the inpatient acute care community hospital environment. The purpose of this paper is to explain the specific DNP quality improvement project. Detail and discussion is provided on the DNP problem recognition and definition, review of the evidence, project plan and evaluation, project findings and results, and project limitations, recommendations, and implications for change. Nice introduction...makes me want to read on!

#### **Problem Recognition and Definition**

There was an expectation of nurse leader rounding (NLR) on the inpatient units at Littleton Adventist Hospital (LAH). However, there was no standardized process in place to support this expectation. This lack of standardization created variability in time of day rounding was completed, how often rounding was done, what was covered in nurse leader rounding and who actually participated in rounds. There was a lack of education for nurse leaders on the process for conducting leader rounds and specific discussion points to address during the rounding process. In addition, patient falls, and patient falls with injury remained high on the acute care nursing units. Up to the point of this project implementation, there were no interventions making a significant impact on patient falls and falls with injury. In the past, the focus was only on patient satisfaction results. In addition to patient satisfaction, this project also included the nursing quality outcome results impacted by NLR. The specific quality outcomes in this project were patient falls and patient falls with injury. In summary, the problem was the lack of standardized NLR in the hospitalized inpatient acute care population.

# **Statement of Purpose**

The project focus was the implementation of standardized nurse leader rounding in hospitalized patients. This was a concern within the project community hospital, as each individual nursing leader conducted NLR differently. Some of these differences included leader rounding time of day, leader completing the rounding, frequency of NLR and specific discussion points addressed with the patient or family during NLR. The identified problem was the absence of standardization regarding the NLR process in the hospitalized inpatient acute care population. The purpose of the quality improvement initiative was to determine if standardized NLR improved overall patient satisfaction, patient falls, and patient falls with injury. The evidenced based project was not meant to develop new knowledge or to be generalized outside of Littleton Adventist Hospital.

This quality improvement project related directly to the DNP role. "Although most practicing nurses are exposed to 'research' and 'evidence' in practice, the DNP must not only embrace the process but also implement the findings in ways that ultimately change or improve practice and outcomes" (Zaccagnini & White, 2017, p. 73). The process of this DNP quality improvement project touched on each of the individual pieces of the citation. These included embracing the quality improvement process, implementing the findings and improving nursing practice and patient outcomes. The investigator works in the community-based hospital of focus, with a clinical background in the acute care setting. This focus area assisted the investigator throughout the quality improvement process due to the personal level of expertise and understanding of the acute care nursing environment.

# **Problem Statement**

The problem was that there was an expectation of NLR on the inpatient nursing units at this community-based hospital, however, there was not a standardized process in place to support this expectation. In addition, patient falls, and patient falls with injury remained high in the inpatient nursing acute care setting. These problems were directly addressed with this DNP quality improvement project.

# **Population-Intervention-Comparison-Outcome (PICO) Question**

The PICO question for this DNP quality improvement project was "does standardized nurse leader rounding in the hospitalized acute care inpatient population decrease patient falls, decrease patient falls with injury and improve overall Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient satisfaction scores?" The population was the adult hospitalized acute care patients on a medical/surgical/oncology nursing unit. The intervention included standardization of the process for nurse leader rounding with patients and families. The comparison included changes from the pre-intervention or baseline data to the postintervention data. The desired outcome was decreased patient falls and patient falls with injury, and increased HCAHPS overall patient satisfaction scores. The outcome focus for standardized NLR was the impact on nursing quality outcome indicators and HCAHPS overall patient satisfaction. The nursing quality indicators were further narrowed to patient falls and patient falls with injury.

# **Project Significance, Scope, and Rationale**

This quality improvement project was significant because patient falls continue as a focus and are this community-based hospital's ongoing highest priority nursing outcome concern. The high priority concern aligns with national patient fall trends. The Agency for Healthcare Research and Quality (2019) states that 700,000 to 1 million hospitalized patients fall annually, and one-third of these falls result in injury (Agency for Healthcare Research and Quality, 2019). Patient falls are a specific nursing sensitive indicator which front-line nurses and nursing leaders can directly impact with such a quality improvement project. Additionally, the overall HCAHPS score is also a nurse-sensitive indicator, as well as an organization sensitive indicator. Nurses play a major role in ensuring the satisfaction of patients and families. However, the entire hospital plays a role in this indicator as well. Any part of the organization could potentially impact the ultimate reported patient satisfaction scores.

The project was completed at Littleton Adventist Hospital (LAH). This hospital is a 231bed, community-based non-profit hospital. The nursing unit was a 20-bed medical/surgical/oncology unit. All patients admitted to this unit received the DNP project intervention. Pre-intervention data were compared to post-intervention data. This project was significant in determining the impact of a standardized approach to NLR on nursing quality outcomes and patient satisfaction.

## **Theoretical Foundation for Project and Change**

Two theories were utilized in this quality improvement project's foundation. The first theory was Covell's nursing intellectual capital theory. This theory is defined as a middle-range theory. The theory illustrates the interrelationship of the nurse's work environment, professional skills and experience and how this all ties directly back into the patient outcomes, as well as the organizational outcomes (Covell, 2008). The linkages are further described in the theory and can be visualized in the Nursing Intellectual Capital Theory model. The theory model is shown in figure 1.



Figure 1. Nursing Intellectual Capital Theory model (Covell, 2008)

The Nursing Intellectual Capital Theory was a foundation for this DNP project because it provided the theory behind how nursing human capital can directly impact both patient outcomes and organizational outcomes. NLR was a form of employer support for professional development, specifically related to the development of nursing leaders and then further developing front line nurses through the actions taken from NLR. The nursing structural capital referred to the resources and processes in place to support nurses that leads to patient and organizational outcomes. Patients are happier when they feel they are listened to. This directly improves patient satisfaction scores. NLR is a support for nursing and process. This further leads to improved patient outcomes in real time with NLR. These include patient satisfaction and nursing quality indicators. The specific nursing quality indicator in this project was the impact on patient falls. Organizational outcomes can further be improved through reimbursement based on patient satisfaction scores, patient outcomes, associate engagement, and ultimately associate retention. The second foundational theory for this quality project was Kotter's Change Theory (Kotter, 1995). Kotter's theory is based on Lewins' Change Theory developed in 1951 (Lewin, 1951). Kotter moved from Lewin's simplified three steps of change and expanded the change process into eight total steps of change. Kotter's change theory leads the change process, step by step through planning, implementing, and sustaining the change. The eight steps are shown in sequence below.

- 1. Sense of urgency
- 2. Form a guiding coalition
- 3. Create a vision
- 4. Communicate the vision
- 5. Empower others to act on the vision
- 6. Create quick wins
- 7. Build on the change
- 8. Sustain and new approaches (Kotter, 1995)

Kotter's theory integrated easily into this NLR quality improvement project because the project included a major change in practice for nursing leaders, front-line nurses and impacted the entire community hospital. According to this theory, all eight steps of change must be included and followed. Including each step helps to ensure a successful and sustained change over time. Kotter's change theory was the framework for the NLR quality improvement project to implement and sustain this change.

#### **Literature Selection and Process**

A robust systematic review of the literature was completed in preparation for this quality improvement project regarding the implementation of standardized NLR. Data bases searched include Medline, OVID and CINAHL. Search terms used were leader rounds, leader rounding and leadership rounding. These terms resulted in 4,691 articles. The search was further narrowed with variations of these terms. These terms included nurse leader rounding, purposeful leader

rounds, daily leader rounding, nurse manager rounding, intentional nurse manager rounding, executive rounds, CNO rounding, nurse director rounds, patient satisfaction, nursing outcomes and HCAHPS. This distilled the search down to sixty-four articles. Ultimately, a full review was conducted on thirty pertinent articles.

# **Review of Evidence**

The method used to evaluate the research from the literature review was the seven-tiered levels of evidence as described by Houser and Oman (2011). The levels are depicted in figure 2 and includes the definitions of each level.

Level	Description
Level I	Systematic review or meta-analysis of randomized control trials (RCT)
Level II: 1	From at least one RCT
Level III: 12	From well-designed control trial without randomization (quasi- experimental)
Level IV: 5	From well-designed case-control and cohort studies (non-experimental)
Level V: 2	From systematic reviews of descriptive and qualitative studies
Level VI: 9	From single descriptive or qualitative study
Level VII: 1	From expert opinion, regulatory opinion and/or expert committees

Figure 2. Seven tiered levels of evidence (Houser & Oman, 2011, p. 141).

The thirty articles reviewed were evaluated utilizing this method. The systematic review of the literature can be reviewed in detail in Appendix A. There was one article at Level II, twelve articles at Level III, five articles at Level IV, two articles at level V, nine articles at Level VI and one article at Level VII evidence. The majority of the articles were ranked at a Level III evidence of a well-designed control trial without randomization or quasi-experimental in design. An example of two articles and how each article was reviewed in the complete literature review can be seen in Appendix A.

The literature review identified several themes. The first theme was that the majority of studies on NLR utilize HCAHPS as the metric for quality improvement. Patient satisfaction was a focus of NLR as an outcome. Some examples of these studies included intentional nurse manager rounding and patient satisfaction (Cody & Williams-Reed, 2018), daily intentional nurse leader rounding on patients (Hudson-Covolo, Rivers, & Irwin, 2018), implementation of daily senior leader rounds using a transformational leadership approach (Manss, 2017), improving the patient experience through nurse leader rounds (Morton, Brekhus, Reynolds, & Dykes, 2014), bundling the value of discharge telephone calls and leader rounding (Setia & Meade, 2009) and does purposeful leader rounding make a difference? (Winter & Tjiong, 2015). Each of these studies utilized HCAHPS as the metric for improvement.

A second theme identified in the literature review was that NLR was often implemented in conjunction with other rounding initiatives. Some of these initiatives included discharge phone calls, hourly patient rounding and associate rounding. This presents a challenge when determining which rounding initiative produced which outcome. Each of the following studies implemented NLR with one or more of the identified other rounding initiatives: three nursing interventions' impact on HCAHPS scores (Kennedy, Craig, Wetsel, Reimels, & Wright, 2013), improving the patient experience through nurse leader rounds (Morton et al., 2014), leveraging information technology to drive improvement (Nash et al., 2010), round and round we go: rounding strategies to impact exemplary professional practice (Reimer & Herbener, 2014), bundling the value of discharge telephone calls and leader rounding (Setia & Meade, 2009) and effectiveness of nurse leader rounding and post-discharge telephone calls in patient satisfaction: a systematic review (Tan & Lang, 2015). Each of these studies implemented multiple rounding strategies.

A third theme identified in the literature was the variability in standardized approaches to NLR. Some studies involved formal training and a more standardized approach to NLR. These studies included implementing purposeful daily leadership rounding: a broader approach to measuring quality (Carroll & Carrigan, 2016), intentional nurse manager rounding and patient satisfaction (Cody & Williams-Reed, 2018) and daily intentional nurse leader rounding on patients (Hudson-Covolo et al., 2018). Other studies did not formally train the nursing leaders. The leaders were simply asked to round on patients and be present at the patient bedside. These studies included: three nursing interventions' impact on HCAHPS scores (Kennedy et al., 2013), implementation of daily senior leader rounds using a transformational leadership approach (Manss, 2017) and does purposeful leader rounding make a difference? (Winter & Tjiong, 2015).

The final theme identified in the literature was the wide variation in leader rounding frequencies. The frequency of NLR varied from once during a patient's stay on admission (Kennedy et al., 2013), to two days per week (Winter & Tjiong, 2015), to weekday rounding (Manss, 2017) and (Reimer & Herbener, 2014), finally to NLR conducted every day including weekends (Cody & Williams-Reed, 2018) and (Hudson-Covolo et al., 2018). Great variability was apparent in the frequency of NLR.

Voids in current evidence around NLR exist. The major void identified was the lack of measures of NLR success outside of patient satisfaction or HCAHPS scores. Only one study by Carroll and Carrigan (2016), focused on nursing sensitive patient outcomes. This study measured patient falls and pressure injuries related to purposeful daily leadership rounding. Great variability also existed regarding using a standardized approach to rounding. This variability

included training and frequency. A considerable amount of research has been completed on NLR; however, most studies utilize only the metric of HCAHPS. This created challenges around using this measure to verify nursing care quality. HCAHPS can be utilized as one metric and used in conjunction with other nursing sensitive quality indicators to determine quality of care. In addition, a standardized approach was recommended for consistency in the NLR process.

## **Project Plan and Evaluation**

Littleton Adventist Hospital was the 231-bed community-based non-profit hospital where the quality improvement project was conducted. A convenience sample was used. The entire population of patients on a 20-bed medical/surgical/oncology nursing unit was included in the quality improvement initiative. All admitted patients on this nursing unit received the intervention of standardized NLR. The quality improvement project compared pre-intervention or baseline data (without standardized NLR) to post-intervention data. This project was important to clinical practice to drive improvements in patient satisfaction and nursing quality outcomes. In addition, this project was significant to determine the leader rounding impact by employing a standardized approach to conducting NLR. The complete project timeline can be reviewed in Appendix E. Each period number in the timeline represents a month starting September 2018 and ending May 2020. The timeline depicts the project completion timeline. The final step included communicating the results in preparation for the final DNP project presentation in the Spring of 2020.

#### Market/Risk Analysis

A market and risk analysis is an important component of any project plan. This analysis assesses the market in which the project will occur and then identifies and analyzes the possible market risks for the project. The next few sections of this paper will present a StrengthsWeaknesses-Opportunities-Threats (SWOT) analysis, driving/restraining/sustaining forces, stakeholders and project team, as well as a cost-benefit analysis for the DNP quality improvement project.

# Project Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

A SWOT Analysis was completed to determine the strengths, weaknesses, opportunities and threats to the quality improvement project. Within a SWOT analysis, the strengths and weaknesses are internal factors. The opportunities and threats are external factors. The strengths in this project included a standardized process for NLR, increasing the numbers of patients rounded on, executive leadership support, engagement of nursing leaders to improve the process and increased support for associates providing care at the bedside. The first weakness was the time commitment for nursing leaders to round daily. Nursing leaders already had an abundance of responsibilities and NLR required a significant time commitment. Other weaknesses included the challenge of changing the culture to daily rounding as an expectation and support of this daily rounding from nursing leadership. Leaders needed to see the value in NLR. There was a potential for front line nurses to feel threatened by a nursing leader visiting with their patients. Nurses may have felt they were being evaluated daily. The final weakness was the patient condition and their availability to participate in the leader rounding process to provide feedback.

Opportunities and threats are external forces within the SWOT analysis. One opportunity was improving HCAHPS and patient satisfaction, as compared to other hospitals within the local market. Another opportunity was improving nursing quality indicator outcomes, specifically patient falls and patient falls with injury. A future opportunity exists with a technology solution around the NLR process and documentation. The first threat was the conflicting priorities for nursing leaders, both at the hospital level and across the hospital system. Many nursing leaders

participate in system initiatives and committees that take them away from their individual hospital responsibilities. Another threat was the existing culture of nursing as a whole. Nurse leaders already believed that too many areas of focus exist, and this was just another focus area. Finally, a new hospital opened in June 2019 less than two miles from LAH. This was an identified threat as the new hospital creates competition for hospitalized patients as well as nursing associates to care for these patients. The complete SWOT analysis can be reviewed in Appendix B.

#### **Driving and Restraining Forces**

Every project contains driving, restraining and sustaining forces. One major driving force in this quality project was that nursing leaders desired improvement in patient experience and patient quality outcomes. They sought a way to improve, and this project provided that opportunity. Another driving force was the executive support for this project to move forward. The executive team wanted this project to succeed and were willing to support the necessary steps to ensure success. Setting expectations around NLR drove this project forward. Nursing leaders had clear expectations to follow and understood these expectations moving forward.

Time constraints were the biggest restraining force. Nursing leaders are very busy with competing priorities. Nursing leaders have not discovered great value in the past with NLR. Therefore, this risk proved that it could be a restraining force for the project. The nursing leaders had to see the value in NLR. In addition, the current hospital culture was identified as a possible restraint in this project. All involved parties were extremely busy with many responsibilities. The creation of the standardized approach was necessary to remove this restraint. Finally, patient availability to participate in NLR also created a restraining force. Hospitalized patients are acutely ill and are often off the nursing unit for tests and procedures. In addition, at times,

patients just do not feel well enough to participate in NLR. This restraining force was further mitigated by including families in the process and employing a consistent schedule, so patients and families knew when to expect a visit.

# Need, Resources and Sustainability

Sustaining forces were mitigated with the success of this quality improvement project. Based on this success, standardized NLR will spread to other nursing units within the hospital. NLR classes will need to be taught at regular intervals to ensure nursing leaders receive the education necessary to conduct standardized NLR. This will require more classes in the beginning to train all nursing leaders. Classes will be offered as often as needed, based on the spread units and new nursing leader hires that require the education. Super users will need to be identified in the NLR process to assist with teaching classes and bedside competency validation. A large sustainment factor is the executive leadership support for this project now and moving forward. The executive team desired a standardized time on nursing leader's calendars to conduct NLR and sustain this process. Times were blocked on calendars and the expectation was that nursing leaders would round daily during this blocked time. Finally, nursing leaders must continue to see the value in the investment of time for NLR. Seeing this value means that improvement is evident in the outcomes of patient satisfaction and nursing quality indicators.

## **Stakeholders and Project Team**

There were multiple stakeholders for this quality improvement project. These stakeholders included the hospital executive leadership team, hospital nursing leaders, front line nurses, patients and families. Each of these individuals or groups had a vested interest in this project moving forward and being successful. The project team included the DNP student/author of this paper, Chief Nursing Officer (CNO), pilot unit nurse manager, nursing director, pilot unit assistant nurse manager, charge nurses, patient experience program manager, patient safety manager and a former patient of LAH that served on the hospital patient and family collaboration council.

## **Cost-Benefit Analysis**

A cost-benefit analysis was completed for the implementation of this project. Actual project hard costs were minimal with supplies for education classes and the competency validation of the nurse leaders. Project soft costs included the nursing leader's time to attend the class and the daily NLR time. The project benefits were significant. The first benefit was improved HCAHPS and patient satisfaction scores. These improved scores create potential for increased hospital reimbursement. Another benefit was the improved patient quality outcomes, which, in turn also potentially improved reimbursement and decreased patient length of hospital stay. Finally, the support of front-line nurses through the NLR process potentially leads to increased staff engagement and retention. This creates a cost benefit to retaining front-line nurses. The benefits of this quality improvement project outweigh the costs of the project.

# **Budget Considerations**

Consideration of budget and required resources are always necessary for any project. The components of the budget for this quality improvement project included teaching materials, conference room space, nursing leader's time to attend the class and competency validation time. Teaching materials included the cost of copies of the presentation materials, folders and laminated pocket cards. The cost was \$4 per attendee. The project included six attendees; therefore, this cost was \$24 for the initial project class. The conference room space to teach the class was another budget consideration. This was free and available at the project hospital. However, if project replication occurred in the future, conference room space would need

consideration as a possible budget cost. The nurse leader's time was the next budget consideration. Nursing leaders that attended this class included managers and directors. These were exempt employees and therefore, there was no added cost for the leaders to attend the class. Day shift charge nurses also attended the class, so they could round on the weekend to ensure rounding took place seven days per week. This involved four charge nurses. The average hourly rate of a charge nurse was \$35 per hour. Therefore, the cost to attend the one-hour class was \$35 per nurse. The total cost of four charge nurses attending the class was \$140.

The final component of the budget was the competency validation time. This included the project lead's time to competency validate each of the nursing leaders at the bedside after attending the class. The lead's time was free to the organization in this quality project, however, this could be a consideration if the quality project is replicated, depending on who completes the competency validations moving forward. In addition to the nurse leader's time, the individuals who are being competency validated is also a consideration. Again, there is no additional cost for exempt employees, however, charge nurses will work additional time for this validation. The cost was \$35 per hour to validate each charge nurse. The total cost to validate the four charge nurses was \$140. This will also be provided by the organization and must be considered for project replication and sustainment or spreading of this work within the organization moving forward. The executive team was aware of the nursing leader's time commitment and was in support of this quality improvement project.

In summary, the budget and resources involved a total cost of \$304 for the quality improvement project. If this quality improvement project was replicated, considerations should include the cost of conference room space to teach the education class, determining who will teach the NLR education class and complete the competency validation of nursing leaders, the number of leaders attending classes and competency validations, the hourly rates for each of these nursing leaders, as well as their exempt and non-exempt status. The complete budget summary can be reviewed in Appendix C.

# Mission, Vision and Goals

The mission statement or goal for the nurse leader rounding quality improvement project was to demonstrate the value of nurse leader rounding related to the nursing quality outcome of patient falls and patient satisfaction. The vision or ultimate future goal for this quality project was to spread the successful standardized nurse leader rounding process across the 17-hosptial Centura Health system and for the entire system to realize the positive benefits of NLR on nursing quality indicators as well as patient satisfaction.

There were two major goals for this project. The first goal was to decrease patient falls and patient falls with injury on the pilot medical/surgical nursing unit. Falls were measured as a rate per 1,000 patient days. The second goal was to increase the HCAHPS overall patient satisfaction scores on the pilot nursing unit. This was measured as a monthly percentage by individual nursing unit within the hospital. Success in these two goals potentially leads to improved patient experience, improved patient quality outcomes, increased nurse satisfaction, nurse retention and a positive financial impact.

#### **Project Processes and Outcome Objectives**

The project intervention included the implementation of a standardized NLR process. A one-hour education class for the nursing leaders on the project pilot nursing unit was presented. All nursing leaders conducting NLR attended this education class. The class began with introductions to each other and the evidence behind NLR. The class included the key points to cover in NLR at the patient's bedside. These were key points and not a script, as every nursing

leader must present as their authentic self. The key points included asking the patient and/or family member permission to round, emphasizing the importance of quality care to the patient and family, validated the quality of care provided by associates, asking for any staff recognition, assessing the patient room environment for safety, closing the round and following up as appropriate. Assessing the environment included white board completion, bed or chair alarm set, necessary items within reach of the patient and ensuring patient and family understanding of high fall risk. This assessment was critical to impacting the dependent variable of patient falls and patient falls with injury. The final step of following up as appropriate included review and coaching with the bedside care team on any patient or environmental safety concerns. Laminated pocket cards were provided outlining this process as a reminder to the nursing leader, if needed. The final segment of the education class included practice time with partners on NLR.

Competency validation occurred outside of the class, at the bedside with actual NLR. The DNP student competency validated each individual nursing leader conducting rounds on this specific nursing pilot unit. In addition to the education class and competency validation, standardization included the time of day nursing leaders rounded, the frequency of rounding at seven days per week and key discussion points of what was addressed in NLR.

The short-term outcomes of this project included increased awareness and knowledge of the NLR process, the expectation of daily NLR and increased numbers of patients being included in the project. The longer-term outcomes measured in this quality improvement project included decreased patient falls and patient falls with injury. This was measured as a rate per 1,000 patient days and was reported monthly. The second outcome was increased overall HCAHPS patient satisfaction scores on the inpatient pilot nursing unit. This was measured as a monthly percentage by each individual nursing unit.

# **Logic Model**

Logic models are developed to depict how the investigator envisions the flow of an individual project. "A logic model is a picture of how the project developer believes the program will work. It is a series of diagrams to indicate how parts of the program are linked together or sequenced" (Zaccagnini & White, 2017, p. 478). The model illustrates the identified project, problem identification, inputs, constraints, activities, outputs, and short-term and long-term outcomes. The project and problem identification have been discussed in detail in the previous sections of this paper. The inputs in the conceptual model included any factors necessary for the DNP quality improvement project moving forward. These factors included nursing leaders, hospitalized patients, a nursing lead to teach the classes and executive leadership support. The largest constraint was the existing culture, as nursing leaders displayed considerable variance with regard to their adoption of NLR and many had not readily embraced this concept. Other constraints included patient condition and availability to participate in the NLR process and the nursing leader having the dedicated time to conduct daily NLR at the bedside.

The activities in the conceptual model included the education of the nursing leaders on the NLR process and bedside competency validation on the standardized NLR process to ensure consistency. The outputs revolved around the standardized process for NLR. These included the time of day rounding occurred, who conducted NLR with patients and families, how often or the frequency NLR is completed and key discussion points taking place at the bedside with the patient or family during the nurse leader round. Short-term outcomes included nurse leader awareness and knowledge of the NLR process, the communicated expectation of daily NLR and an increase in the number of actual hospitalized patients that received the NLR intervention. Long-term outcomes included decreased patient falls, decreased patient falls with injury, increased HCAHPS overall score and decreased cost associated with patient falls. The complete conceptual model for the quality improvement project implementation is shown in Figure 3.



Figure 3. Nurse leader rounding conceptual model

The nursing outcome measures addressed by the conceptual model were patient falls, patient falls with injury and overall HCAHPS patient satisfaction scores. The DNP project was a quality improvement project, internal to the organization and not intended to contribute to generalizable knowledge outside of LAH. According to Zaccagnini and White (2017), the DNP prepared nurse "designs and implements processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends" (Zaccagnini & White, 2017, p. 73). This quote exemplifies what the investigator desired

accomplishing. Outcomes of nursing practice were evaluated with the NLR process. The author sought to determine whether the standardization of NLR ultimately impacted the nursing sensitive outcomes of patient falls, patient falls with injury and HCAHPS overall scores.

# **Project Research Design**

According to Terry (2018), "the independent variable leads to the effect produced in the dependent variable" (Terry, 2018, p. 24). The independent variable in this quality improvement project was the implementation of standardized NLR. Three dependent variables were identified in this project as well. The dependent variables included patient falls, patient falls with injury and overall HCAHPS patient satisfaction score. Patient falls and patient falls with injury rates continued to be elevated in the hospitalized acute care nursing environment, despite numerous initiatives. Therefore, patient falls and falls with injury were a nursing outcome that required more focus and NLR could potentially impact. The third dependent variable was the HCAHPS overall patient satisfaction score. This created a focus on the overall score to demonstrate the overall patient satisfaction with care, which NLR could also impact.

Patient falls and patient falls with injury were measured as a rate. This was done to remove bias from fluctuations in individual nursing unit census to depict an accurate representation. Using fall rates also created an opportunity for comparison, falls rates were measured monthly by the individual nursing unit to meet quality reporting standards. The HCAHPS overall score was a standardized measure of patient satisfaction across inpatient hospitals nationally. Again, this was measured monthly by the individual nursing unit. The primary outcome measures for this project were patient falls, patient falls with injury and the HCAHPS overall score specifically for the nursing unit of study. This quality improvement initiative employed a quasi-experimental design using a convenience sample of patient data evaluating three outcome variables impacted by the intervention of standardized NLR. This project took place on one acute care medical/surgical inpatient nursing unit in which all patients admitted to this unit during the project were included in the sample. More specifically, the quasi-experimental design was a time series design, in which the baseline patient population data (pre-intervention), were compared with the post-intervention patient population data, to determine the impact of the intervention. The study instruments for data collection were already active and in place at the facility. These instruments included the measurement of patient falls and falls with injury. Both of these were reported as a rate and were determined by the patient safety manager, per the standardized reporting guidelines. The second instrument was the HCAHPS patient satisfaction survey. This survey was utilized across the nation to measure patient satisfaction and has proven validity and reliability.

# **Population and Sampling**

The project took place on one 20-bed acute care inpatient medical/surgical/oncology nursing unit. All patients admitted to this nursing unit during the project timeframe were included in the sample. Recruitment was not necessary, as this was a quality improvement project and informed consent was not required, though patients were informed that the initiative was taking place on the unit.

The minimum sample size for this project was 45 patients. This number was based on the "convenience" rule of a sample size of 15 per variable evaluated. The quality improvement project studied three variables, therefore a minimum sample size of 45 was necessary. The NLR project included one inpatient acute care nursing unit as the location of study for the project. The nursing unit was a 20-bed medical/surgical/oncology nursing unit with an average daily census

of 18.14 patients. The average length of stay was 3.78 days. Therefore, the unit cared for an average of 144 unique individual patients per month. The entire population of patients on this nursing unit was included in the project. All patients received the intervention of standardized NLR. Pre-intervention data was compared with post-intervention data.

The sampling method was a convenience sampling. "This type of sampling is utilized when the researcher selects people who are most easily located or most available for participation in the research study" (Terry, 2018, p. 119). All the patients receiving care on the medical/surgical/oncology nursing unit were included in the sample for falls and falls with injury. The dependent variable, overall HCAHPS score was rated in patient satisfaction surveys after the patient was discharged from the hospital. An average survey return rate for this nursing unit is 20 per month. Three months of HCAHPS survey data were collected to reach the minimum recommended sample size.

# **Setting of Project**

The setting of the quality improvement project was at Littleton Adventist Hospital. This hospital was a non-profit, community hospital licensed for 231-beds. The hospital location was in Littleton, Colorado. The hospital was Joint Commission accredited and was a Medicare approved facility through the Centers for Medicare and Medicaid Services (Centers for Medicare and Medicaid Services, 2018). The quality improvement project occurred on a 20-bed medical/surgical/oncology inpatient nursing unit within Littleton Adventist Hospital.

# **Protection of Human Rights**

As in any research study or quality improvement project, responsibilities exist related to human subjects protection. The Office for Human Research Protections (2018), stated that protected vulnerable populations include pregnant women, human fetuses, neonates, prisoners, children and mentally or physically disabled people (Office for Human Research Protection, 2018). NLR did not involve any of these populations and therefore was not an official protected vulnerable population by the federal definition. However, investigators were aware of potential vulnerabilities in the project population and considered them within the study. Hospitalized patients could be considered a vulnerable position, simply by being admitted as an inpatient into the hospital. The investigator followed the ethical principles of autonomy, beneficence, non-maleficence, justice, fidelity and veracity and ensured protection of patients throughout the quality improvement project.

The implementation of standardized NLR was the intervention. This included a one-hour education class to any nursing leader that rounded on the pilot nursing unit. Rounding time of day was standardized to 10:00 a.m. to 11:00 a.m. The time was blocked on managers' and directors' calendars to ensure the time was free to round. NLR was conducted seven days a week. Weekday rounding was completed by managers or directors. Weekend rounding was completed by the charge nurse. Everyone conducting NLR was trained and competency validated. Key rounding discussion points to address in NLR were taught in the one-hour class. Competency validation occurred with each nursing leader at the bedside after the class was completed. Each of these described pieces ensured the NLR process was standardized.

This was a quality improvement project that was internal to the organization and did not meet the federal definition of research. The project did not intend to add new knowledge to the discipline of nursing. The investigator completed the Social-Behavioral-Educational modules in the Collaborative Institutional Training Initiative (CITI) training. Evidence of this successful completion is shown in Appendix H. The participants were hospitalized inpatients on the pilot medical/surgical/oncology nursing unit. There was not any risk to the patients in the quality improvement project. The benefits to the patient included a nursing leader reviewing the quality of care provided and a time for the patient and family to have questions answered and addressed. The Institutional Review Board letters from Regis University and Centura Health can be reviewed in Appendices F and G. The LAH hospital letter of support for the project can be reviewed in Appendix I.

# **Instrument Reliability and Validity**

There were two measurement instruments in this quality improvement project. The first measurement instrument was HCAHPS patient satisfaction. The overall HCAHPS instrument reliability score was reported as 0.9. This indicated excellent reliability. In addition, the recommendation of at least three hundred completed surveys per twelve-month reporting period for an individual facility is necessary to attain accuracy for validity and reliability scores. This hospital received the recommended survey numbers. The second measurements were patient fall data, as reported to National Database of Nursing Quality Indicators (NDNQI). This is a standardized reporting tool in which hospitals report fall rates per 1,000 patient days. Reporting in a rate removes bias from fluctuations in nursing unit census and volume for accurate representation and easier comparison. There is "strong evidence that the NDNQI falls with injury measure is reliable and valid in supporting hospitals' fall prevention efforts and future injurious falls research" (Garrard, Boyle, Simon, Dunton, & Gajewski, 2016, p. 111). Both of these measurement instruments were already in existence as standardized metrics for LAH. They were also publicly reported.

Potential threats to validity and reliability in this quality improvement project were possible. One potential threat was ensuring the nurses report patient falls through the occurrence reporting system for tracking and follow up. The nurse must perceive a culture of safety to feel safe to report the fall. However, this process did not change as the nurses already feel a culture of safety around reporting, therefore the threat was minimized. A second potential threat to validity and reliability was the HCAHPS tool. Discussion in the literature included the validity and reliability of the HCAHPS scores. However, the recommendation of at least 300 completed surveys per 12-month reporting period for a facility minimized this threat. According to the Centers for Medicare and Medicaid Services (2015), a reliability score of 0.9 indicates excellent reliability (Centers for Medicare and Medicaid Services, 2015). The overall HCAHPS reliability score is reported as 0.9. The hospital in which the quality improvement project was being conducted received over the recommended survey numbers, therefore, this threat is also minimized.

# **Data Collection and Treatment Procedure/Protocol**

Data were collected for this quality improvement project through previously established methods already in place at the hospital level. Patient falls and patient falls with injury rates were collected and calculated monthly for NDNQI reporting purposes. These were standardized reports and were calculated in rates per 1,000 patient days. The overall HCAHPS patient satisfaction score was also collected monthly though Press Ganey. HCAHPS were standardized questions and reports that are nationally reported.

## **Plan for Data Analysis**

The analysis of project data is an important component of the overall quality improvement project. The project data included the independent variable of standardized NLR. The dependent variables were patient falls, patient falls with injury and overall HCAHPS patient satisfaction scores. The three dependent variables were measured with interval and ratio measurements. Patient falls and patient falls with injury were measured monthly as a rate. HCAHPS overall score was measured monthly as a percentage. The baseline pre-intervention data were measured against the post-intervention data. In each of these variables there was a meaningful zero point, which is the ratio measurement (Polit, 2010). Zero falls and falls with injury was a meaningful point in which no patient falls occurred.

Power analysis involves four components: the significance criterion (type I error), power (type 2 error), population effect size and sample size (Polit, 2010). The significance criterion that is standard for type I error is .05. The power standard for type two error is .80. Polit (2010), states that "it is probably wise to anticipate that a new intervention being tested against 'usual care' rarely will have a greater than a small-to-moderate effect, which (using Cohen's guidelines) would mean an effect size in the vicinity range of .35" (Polit, 2010, p. 128). Therefore, the sample size should be 129 patients included in the quality improvement project. As stated previously, the pilot medical/surgical/oncology nursing unit had adequate patient admissions to meet the recommended sample size.

#### **Project Findings and Results**

Descriptive statistics were completed for this quality improvement initiative. Pre and post frequency statistics were run on the patient fall rate, patient fall number, patient fall with injury rate, patient fall number, patient falls with no injury number and overall HCAHPS patient satisfaction score. These headings are listed across the top of the Table 1.

# Table 1

# Statistics Table

				Statist	ics			
PrePo	ost		PtFallRate	PtFallNumber	FallInjRate	FallInjNumbe r	FallNolnjNum	HCAHPS
1	Ν	Valid	3	3	3	3	3	3
		Missing	0	0	0	0	0	0
	Mean	Mean		1.33	1.9700	1.00	.33	55.2667
	Median		2.0000	1.00	2.0000	1.00	.00	54.6000
	Mode		1.88 <sup>a</sup>	1	.00 <sup>a</sup>	0ª	0	50.10 <sup>a</sup>
	Std. Deviatio	Std. Deviation		.577	1.95517	1.000	.577	5.53022
	Percentiles	100	3.9100	2.00	3.9100	2.00	1.00	61.1000
2	Ν	Valid	3	3	3	3	3	3
		Missing	0	0	0	0	0	0
	Mean		1.3467	.67	.0000	.00	.67	79.2000
	Median		1.9500	1.00	.0000	.00	1.00	70.6000
	Mode		.00 <sup>a</sup>	1	.00	0	1	69.60 <sup>a</sup>
	Std. Deviatio	n	1.16835	.577	.00000	.000	.577	15.76959
	Percentiles	100	2.0900	1.00	.0000	.00	1.00	97.4000

The pre and post mean, median, mode, standard deviation and percentile are listed on the left side of this table. For example, the patient fall rate is the first header in the table and includes three months of data pre and post intervention. The mean patient fall rate changed from 2.5967 pre-intervention to 1.3467 post-intervention. The median patient fall rate changed from 2.0000 pre-intervention to 1.9500 post-intervention. The mode patient fall rate changed from 1.88 pre-intervention to 0.00 post-intervention. The standard deviation was 1.13896 pre-intervention and 1.16835 post-intervention. The percentile changed from 3.9100 pre-intervention to 2.0900 post-intervention.

Test results were analyzed based on the percent change for the three dependent variables of falls rate, falls with injury rate and HCAHPS patient satisfaction score. The original questions posed for this quality improvement project were does standardized nurse leader rounding decrease patient falls and patient falls with injury, and increase the HCAHPS overall score? According to the results for the falls rate, a decrease of 48% was realized in this rate. This means that the answer to the question of does NLR decrease patient falls is yes. The fall rate decreased by 48% from pre-intervention to post-intervention. According to the results for the patient falls with injury rate, a decrease of 100% was realized. This means that the intervention of NLR does decrease the patient falls with injury rate. Finally, the HCAHPS overall score increased 43%. Interpreting these results determines that NLR did increase and improve the overall HCAHPS patient satisfaction score. In summary, standardized NLR does decrease patient falls and patient falls with injury, and increase the HCAHPS overall score.

# Limitations, Recommendations and Implications for Change

The final section of this paper discusses the limitations, recommendations and implications for change based on this DNP quality improvement project. Each of these are important components for the investigator to analyze upon completion of a quality improvement project.

## Limitations

The only identified limitation was the low sample size of only three months of postintervention data collection. A larger sample size, with increased data collection time, to create more data points would allow for a t-test and analysis of variance (ANOVA) test to be run statistically to obtain significance values. An Analysis of Variance (ANOVA) test is a t test with multiple data points to give a longitudinal impact of the intervention. Ultimately, in this quality improvement project, only a percent change could be calculated on pre-intervention and postintervention means.

# Recommendations

Based on the analysis of data of the NLR quality improvement project, multiple recommendations can be made. The first recommendation is to spread the project to other inpatient nursing units in this community-based hospital. Based on the positive impact of NLR on the dependent variables, this work should be spread to other nursing units. The second recommendation is to increase the data collection time frame, in an effort to increase the sample size of months of measurement. This increased time frame would allow for further statistical testing to be completed. These could include the independent t test and the ANOVA test. Furthermore, upon successful implementation of standardized NLR across the community-based hospital, the work could spread across the 17-hospital system. "Practicing by best evidence requires a team of healthcare professionals and an organizational culture that values change based on research and other forms of evidence to optimize patient outcomes" (Houser & Oman, 2011, p. 212). This hospital system values this type of change and quality improvement. Therefore, this quality improvement should spread across the hospital system.

#### **Implications for Change**

Implications for practice exist, based on the analysis of the quality improvement project for standardized nurse leader rounding. Standardized NLR positively impacts the dependent variables of patient falls, patient falls with injury and overall HCAHPS scores. This impact is significant because many studies have demonstrated the value of NLR on HCAHPS and patient satisfaction. This study reinforced that value and is the first implication for practice. However, very little research has been conducted on the impact of NLR on patient quality outcomes, more specifically, patient falls. The Agency for Healthcare Research and Quality (2019) states that 700,000 to 1 million hospitalized patients falls annually, and one-third of these results in injury (Agency for Healthcare Research and Quality, 2019). This quality improvement project aligns with addressing the increasing falls in hospitalized patients. In addition, a second implication for practice is that NLR appears to decrease patient falls and patient falls with injury.

A third implication for practice is the need for a standardized approach in implementing standardized NLR. This approach ensures that all patients receive the same intervention from nursing leaders. All nursing leaders must conduct NLR consistently in approach and frequency to increase the impact on patient outcomes and patient satisfaction.

#### Conclusion

In conclusion, this paper discussed the DNP quality improvement project regarding the implementation of standardized nurse leader rounding. The PICO question was "does standardized nurse leader rounding in the hospitalized acute care inpatient population decrease patient falls, decrease patient falls with injury and increase overall HCAHPS patient satisfaction scores?" The answer to this question, based on this DNP quality improvement project is yes. The implementation of standardized NLR at a community-based hospital improved patient falls, patient falls with injury and HCAHPS overall patient satisfaction scores. Detail and discussion were provided on the DNP problem recognition and definition, review of the evidence, project plan and evaluation, project findings and results, and project limitations, recommendations and implications for change. Standardized NLR made a difference on this medical/surgical/oncology inpatient nursing unit.

Kelley: Great job...my corrections/revisions are purely editorial to "fine tune" what you have written!

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# Appendix A

# Example systematic review of the literature

Article/Iournal	#1	#2
	Daily intentional nurse leader rounding on patients. <i>Journal of Perianesthesia</i> <i>Nursing</i> , 33(1), 90-95.	Does purposeful leader rounding make a difference? <i>Nursing Management</i> , 46(2), 26-32.
Author/Year	Hudson-Covolo, J., Rivers, R., & Irwin, B. (2018).	Winter, M., & Tjiong, L. (2015).
Database/Keywords	MEDLINE Daily leader rounds	MEDLINE Purposeful leader rounds
Research Design	Quasi-experimental with a pre and post intervention.	Quasi-experimental measuring pre and post intervention.
Level of Evidence	Level III: Evidence obtained from a well-designed control trial without randomization (quasi-experimental)	Level III: Evidence obtained from a well- designed control trial without randomization (quasi-experimental)
Study Aim/Purpose	The purpose was the implement daily nurse leader rounding in acute care inpatient hospitalized patients in an effort to improve the patient's experience and increase Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores.	The purpose of this project was to conduct leader rounds on all inpatients to see the impact on patient satisfaction/HCAHPS scores.
Population/Sample size Criteria/Power	Inpatients on the 34-bed inpatient medical/surgical unit.	Acute care hospital with 58 nursing unit beds with and average daily census of 52.2. This equals 2,506 rounds over the 6-month research period.
Methods/Study Appraisal Synthesis Methods	The implementation of daily intentional nurse leader rounding included using Kotter's change model through the process. Method and design was appropriate. Two nurse leaders led the practice change. They taught a 3-hour training with the nurse manager and charge nurses. Nurse leaders were to round on patients 7 days a week for two months.	The implementation included leader rounding by a 25-member team who were trained to interview patients. Each leader was assigned three rooms each month. Leader rounds were done Tuesdays and Thursdays from 13:00-14:00.
Study tool/instrument validity/reliability	HCAHPs scores which is used across the United States to measure patient satisfaction. Studies show tool is reliable, as it consistently measures. However, validity is undetermined. HCAHPs measures hospital patient satisfaction. HCAHPs scores use used to measure the dependent variable, as shown in the next section.	HCAHPs scores which is used across the United States to measure patient satisfaction. Studies show tool is reliable, as it consistently measures. However, validity is undetermined. HCAHPs measures hospital patient satisfaction. HCAHPs scores use used to measure the dependent variable, as shown in the next section.
Primary Outcome Measures/Results	Various HCAHPs scores were used. Global rating score increased 9.8% with p value of .155 (not statistically significant)	HCAHPs was compared to a one-year baseline and a six-month research timeframe. None of the HCAHPs showed any statistically significant positive change.

	Communication with nurses score	
	increased 6.3% p of 0.378 (not	
	statistically significant)	
	Communication about medicines	
	increased 4.6% p of 0.821 (not	
	statistically significant)	
	care transitions increased 9.8% with p	
	of 0.033 (statistically significant)	
	Pain management increased 0.4% p of 0.100 (not statistically significant)	
	A correlation was found with more	
	rounding and increase in positive	
	scores loss rounding correlated to	
	produce lower scores	
	produce lower scores.	
Conclusions/Implications	Daily intentional nurse leader rounding	Although rounding did not prove any
	increased HCAHPS scores. Nurse	statistically significant improvements in
	leaders began to hear the voice of the	HCAHPS, rounding is an opportunity for
	patient in real time and then resolve	communication, observation and real time
	concerns and recognize staff for	feedback.
	positive patient responses in real time.	This hospital still believes that rounding can
	More study is needed over a longer	be from any discipline, not just nursing.
	period of time to show higher strength	
	of evidence for this conclusion. Two	
	months is not enough time.	
Strengths/Limitations	Strengths include a large sample size of	Strengths include a large sample size over 6
	921 HCAHPs surveys over the two-	months of time, relationships and p values
	month time frame and P values	for seven HCAHPS questions.
	conducted on each individual question.	Limitations include no real training on how
	This study does provide a strong base	to round, all leaders rounded not just nurse
	for further research.	leaders and rounding only took place two
		times per week on Tuesdays and Thursdays.
Funding Course	Nono you out od	I his is not daily nurse leader rounding.
Funding Source	None reported	None reported
Comments	Used Kotter's theory of change and	Leaders included all levels of leadership not
	Kristen Swanson's midrange theory of	just nursing leadership.
	caring.	Rounding took place twice weekly. With a
	Showed improvements in every	short average length of stay in healthcare
	HCAHPS domain and question, however	currently, is this often enough?
	most were not statistically significant.	No formal training was conducted on how
	Need to expand time frame beyond 2	to round.
	months and include more inpatient	
	nursing units.	

# Appendix B

# SWOT Analysis



# Appendix C

# Budget Summary

Budget Item			Total Cost
Teaching Materials	\$4/attendee	6 attendees	\$24
Conference Room Space	Free		Free
Nurse Time to Attend Class	\$35/charge nurse	4 charge nurses	\$140
Competency Validation Time	\$35/charge nurse	4 charge nurses	\$140
Total Cost			\$304

# Appendix D

# Logic Model/Conceptual Diagram



# Appendix E

# Project Timeline

# **DNP Project Timeline**

Select a period i	to hi <u>i</u> qhli <u>i</u> qht a	at ri <u>a</u> ht. A le <u>i</u>	gend descrit	bin <u>o</u> the cha	Period High	📕 1 👘 Plan Duration 🎆 Actual Start 📲 % Complete 🎆 Actual (beyond plan) 📕 % Complete (beyond pl	lan)
ACTIVITY	PLAN START	PLAN DURATI ON	ACTUAL START	ACTUAL DURATI ON	PERCENT COMPLETE	PERIODS 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 # # # # # # # # # # # # # # # # # #	35 :
ID Problem	1	2	1	2	100%		
PICO Statement	1	3	1	3	100%		
Lit Review	1	4	1	4	100%		
ID Population	2	2	2	2	100%		
Organizational Assessment	2	6	2	6	100%	-	
ID Stakeholders	2	4	2	2	100%		
Determine Goals	2	8	2	8	100%		
Define Scope	2	8	2	8	100%		
Theory and Framework	1	10	1	10	100%		
Determine Research Type	3	8	3	8	100%		
Project Proposal	9	3	9	2	100%		
Submit for IRB	9	3	11	2	100%		
Project Implementation	12	3	14	1	100%		
Data Collection	12	4	15	3	100%		
Data Analysis	16	3	18	2	100%		
Communication of DNP Results	19	2	20	2	50%		

Appendix F

Regis IRB Approval Letter

# REGIS UNIVERSITY

# **REGIS.EDU**

# Institutional Review Board

DATE:	August 30, 2019
TO:	Kelley Kovar, MSN
FROM:	Regis University Human Subjects IRB
PROJECT TITLE:	[1478126-1] Nurse Leader Rounding
SUBMISSION TYPE:	New Project
ACTION:	DETERMINATION OF NOT RESEARCH
DECISION DATE:	August 30, 2019

Thank you for your submission of New Project materials for this project. The Regis University Human Subjects IRB has determined this project does not meet the definition of human subject research under the purview of the IRB according to federal regulations. The reviewer noted that the site letter indicated the project is not research.

We will retain a copy of this correspondence within our records.

If you have any questions, please contact the Institutional Review Board at <u>irb@regis.edu</u>. Please include your project title and reference number in all correspondence with this committee.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Regis University Human Subjects IRB's records.

# Appendix G

### Centura IRB Approval Letter

CHI Institute for Research and Innovation

FWA Number: FWA 00019514 OHRP IRB Number: IRB00009715

DATE:	September 23, 2019
TO:	Kelley Kovar, MSN
PROJECT TITLE:	[1493074-1] Nurse Leader Rounding
SUBMISSION TYPE:	New Project
ACTION:	DETERMINATION OF NOT HUMAN SUBJECT RESEARCH
DECISION DATE:	September 23, 2019
REVIEW TYPE:	Administrative Review

Thank you for your submission to the Catholic Health Initiatives Institute for Research and Innovation Institutional Review Board (CHIRB). An individual designated by the CHIRB has determined this project does not meet the criteria for human subject research under the purview of the IRB according to federal regulations. The following documents have been reviewed in making this determination:

- CHI Research Application CHI Research Application (UPLOADED: 09/8/2019)
- CV/Resume Kelley Kovar Resume 8.2019.docx (UPLOADED: 09/8/2019)
- Letter Regis Determination Letter.pdf (UPLOADED: 09/8/2019)
- Letter Capstone letter agreement.pdf (UPLOADED: 09/8/2019)
- Other CenturaResearchRoutingForm.pdf (UPLOADED: 09/10/2019)
- Proposal Proposal Summary NLR.docx (UPLOADED: 09/8/2019)
- Training/Certification CITI Certificate.pdf (UPLOADED: 09/8/2019)

As defined by federal regulations, research is systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. 45 CFR 46.102(I)

A human subject, as defined by federal regulations, means a living individual about whom an investigator (whether professional or student) conducting research obtains (1) Information or biospecimens through intervention or interaction with the individual and uses, studies, or analyzes the information or biospecimens; or (2) Obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens. 45 CFR 46.102(e)

The CHIRB determined that this project does not meet the regulatory definition of research involving human subjects as defined by 45 CFR 46.

#### Please note that any publications regarding this project should not describe this body of work as "research" or as a "study" involving human subjects.

If you do not believe this determination is accurate, or should you wish to amend this project in any way that might impact this determination, please contact the CHIRB.

Please note that it is your responsibility to obtain any additional local institutional or departmental required approvals prior to initiating your project. If you have any questions at any time, please feel free to contact the CHIRB at 1-844-626-2299 or CHIRB@CatholicHealth.net. Please include your project title and reference number in all correspondence with the CHIRB so that we can best assist you.

Thank you.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Catholic Health Initiatives Institute for Research and Innovation Institutional Review Board (CHIRB)'s records.

# Appendix H

# **CITI Training Certificate**



# Appendix I

## Agency Support Letter

# Littleton Adventist Hospital

📥 Centura Health.

7700 S Broadway Littleton, CO 80122 303.730.8900 Direct mylittletonhospital.org

Letter of Agreement

Monday, July 29, 2019

To Regis University Institutional Review Board (IRB):

I am familiar with Kelley Kovar's research project entitled Nurse Leader Rounding. I understand Littleton Adventist Hospital's involvement to be allowing a class to be taught to nursing leaders on a pilot unit, daily nurse leader rounding by nursing leaders on that unit and collection of data through patient satisfaction (Hospital Consumer Assessment of Healthcare Providers and Systems/HCAHPS) and patient fall data.

I understand that this research will be carried out following sound ethical principles and that participant involvement in this research project is strictly voluntary and provides confidentiality of research data, as described in the proposal.

Therefore, as a representative of Littleton Adventist Hospital, I agree that Kelley Kovar's research project may be conducted at our agency/institution.

Rhonda Wind -Sincerely,

Rhonda Ward, MSN, RN, NEA-BC Chief Nursing Officer, Littleton Adventist Hospital RhondaWard2@Centura.org 303-734-3959