Abstract

A need was determined to enhance communication and information exchange from nurse to nurse during shift report. Patients were included in this exchange and discussions were held at the bedside as walking rounds. Walking rounds was identified as being essential in avoiding communication breakdown between professional staff as well as enhancing patient and family participation in their healthcare. Multiple benefits were identified and patient satisfaction increased as well as more a complete transfer of patient information for proper delivery of care. Benefits also included improved communication between staff, patients and families, if desired by the patient, as well as safe delivery of care and a potential cost savings component due to shorter report times. Communication failures during report have been noted to have adverse effects on patient outcomes. Patient participation was promoted and they were encouraged to be more involved in their own healthcare. The detriments of walking rounds included a potential loss of patient confidentiality if the patient was in a semi-private room. The lack of patient involvement has been identified as a potential negative aspect. Family members were included only according to patient wishes.
Leadership Strategy Analysis of Walking Rounds in a Medical Setting

Americans have unlimited access to information, including health information. They are more participatory in their own health than ever before. Evidence shows “that active patient participation in care produces better health outcomes” (Anderson & Mangino, 2006, p. 112). For this reason, the shift-to-shift bedside nursing report was considered. This report, given at the patient’s bedside using set guidelines would insure “individualized yet comprehensive exchange of information” (Anderson & Mangino, 2006, p. 114). This leadership strategy was developed to provide the best possible patient care and accurate transfer of patient information.

Identified Clinical Needs

This type of nurse-to-nurse communication at shift change transfers important patient information that promotes safety and holistic care versus private verbal or taped report. Patients desire a more participative and collaborative model of care and this will provide the structure to meet this need (Anderson & Mangino, 2006). This type of report improves communication between care givers and the patient. This process promotes active participation of patients and families while planning their own care that improves patient safety and keeps patients current on daily progress.

A negative impact of walking rounds would be the possible compromise of patient confidentiality, especially if the patient is in a semi-private room. Another barrier is the hesitancy on the patients’ part to participate in care based discussions (Laws and Amato, 2010).

Collaborative Team and Design

The proposed project would involve a general medical-surgical unit in an acute care facility. A team would be chosen to determine the implementation of “walking rounds” for shift-to-shift report. The team would include the unit manager, who would make the final
implementation decision, a nurse “champion”, a strong believer in the project, and the staff nurses who would be using this technique. Patients would be also on the team.

Preparation for this project would include informational meetings and written literature for the nursing staff. Both pre-and post surveys would be used to see what concerns the staff has about the project. It would include an outline of what type of information would be exchanged during report to facilitate good communication between shifts and ancillary departments involved with the patient’s care. Patients would also receive information explaining bedside report and encouraging their participation in the bedside rounding.

**Team Design Data Collection Method**

It was determined that walking rounds would occur at the times of 7 a.m. and 7 p.m. but night staff would use the information and not report at bedside in order to not disturb sleeping patients (Laws & Amato, 2010). “Satisfaction surveys of the entire unit staff regarding the current report process were conducted before implementation and the again after implementation” (Anderson & Mangino, 2006, p. 116). All data results would be reported in bar graphs which can be used to show the connection of variables (Yoder-Wise, 2011). A bedside handoff form was developed for nurse use (see Appendix).

**Goals for Improvement/Outcomes**

According to Anderson and Mangino (2006), Grant & Colello (2009), and Laws and Amato (2010), goals in performing walking rounds are:

- Increased patient collaboration with nursing staff in the plan of care.
- Improved patient safety through bedside evaluation.
- Decreased errors.
- Keeping patients informed about their care and progress.
• Allows patient to know who their care providers are for the day.
• Patients are given the opportunity to ask questions and voice their concerns.
• Improved patient satisfaction and decreased patient wait time.
• Decreased time of shift report thereby increasing patient time.
• Improved quality of care by reviewing pertinent information about the patient at every shift change.
• Increased accountability and communication of all care providers.

Strategies for Change

According to Anderson and Mangino (2006), methods that were proven to be helpful through the process of change were:

• Building a team with a unit manager, unit champion, staff supporters of the change and staff who had reported previous positive experiences with walking rounds.
• Identification of goals and outcomes that included a shared vision in making and keeping the changes a reality of shift-to-shift walking rounds.
• Declaring walking rounds a priority.
• Data collection to determine the satisfaction of staff report and the patient satisfaction before and after the implementation of shift-to-shift walking rounds.
• Education provided to teach the both the nursing staff and patients about the expectations of providing shift-to-shift walking rounds.
• Resource tools provided to assist in a successful change in the process to converting over to a shift-to-shift report such as the Walking Rounds Report Form, small pocket guides, educational seminars, personnel resources, and a manual covering all walking round information.
Positive feedback from staff, management and patients was displayed to reinforce and encourage staff in continuing to use the shift-to-shift walking rounds for report.

According to Laws and Amato (2010), other methods proven to be helpful through the process of change include: standardized hand-off communication, including current information, treatment, services, condition, and anticipated changes. In addition, building partnerships with patients and families is evident by having involvement in care. This process ensures that the transfer of responsibility has occurred (Riesenberg, Leitz, & Cunningham (2010).

**Evaluation Method**

In establishing methods for evaluating movement towards the goal of successful bedside nurse to nurse report, we would employ several tools. As bedside nurse to nurse reports are implemented, it will be important to keep a communication book on the clinical units for staff to write questions, comments, and concerns about the process (Alvardo, Christofferson, Fram, Boblin, Poole, & Lucas, 2006, p. 1). In addition, a post-implementation survey would be conducted at four, eight, and twelve months. Two surveys would be designed and distributed; one to staff and one to patients. Monitoring financial change, as related to decreased report time, will also be important information in the evaluation process. (Anderson and Mangino, 2006).

According to Alligood and Tomey (2006), Imogene King’s Theory of Goal Attainment is accomplished “by focusing on the attainment of goals, or outcomes, by nurse-patient partnerships” (p. 309).

**Support and Analysis**

Walking rounds is supported by King’s theory that allows the sharing of information between patient and nurse, so the plan of care is individualized and outcomes improved (Anderson and Mangino, 2006). Effective communication, quality improvement, and patient
safety are supported by the Systems Theory. The crucial points of quality care include safe healthcare environments, “patient involvement in the plan of care through effective communication, and specific mission-driven behaviors such as an organizational commitment to safety” (Petula, 2005, p. W6-2).

**Conclusion**

Evidence has shown that walking rounds benefits both the nurse and the patient. The nurse gains by accurate fact finding and increased communication with other staff and the patient benefits by being more involved in his/her own care and having an idea of the expectations required from them. The family is also included in this process to hasten healing and return the patients to their pre-hospital environment. This partnership supports the healing process and interpersonal communication for possible shorter hospital stays and a more pleasant experience.
References


Appendix

Walking Rounds Report Form

1). On-coming and off-going shifts to meet at nurses station, take a report form and together go into the patient’s room.

2). Knock on door and together enter the room where the off-going shift will introduce the on-coming staff to patient/family.

3). If there are visitors in the room, clarify if the patient would like the visitors to leave or stay in the room. If asked to leave, direct all visitors far enough away from the room the information cannot be overheard. The visitor’s lounge or the end of the hallway would be the best place for visitor or family to go for approximately ten minutes.

4). Give bedside report, checking for proper intravenous solutions or medications at the bedside, assessing the patient as needed, assess for required safety features, ask patient for questions or concerns that her or she may have, educate patient as needed.

5). Signatures are to be provided after the report is completed.

6). Prior to leaving the room, ask the patient if there is anything else needed or expected to be provided. Express appreciation to the patient and/or family and leave the room.

7). If any needed clarification, do this prior to going into the next patient’s room.