Improving care and accountability in a busy emergency department through the use of intentional rounding: the journey so far

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Project background

Nottingham University Hospital Trust introduced an intentional rounding practice termed 'Caring Around the Clock' (CATC) to inpatient areas in 2012. It involves hourly checks, where appropriate, on patients for fundamental care needs and was implemented to improve patient safety, ensure timely provision of essential nursing care and enhance patient experience. Emergency department staff are already expected to perform hourly observations (blood pressure, heart rate, temperature etc.) but the senior nursing team felt CATC offered an opportunity to make these observation rounds more holistic and patient focused.

Because all emergency departments tend to have their own unique processes, pathways and personnel, developing 'one-size-fits-all' systems is close to impossible. Additionally, a review of the literature and requests on social media were unable to find any documented evidence of an intentional rounding system being used in emergency departments, nationally or internationally. Two nurses were therefore asked by senior management to undertake a project with the aim of adapting the CATC model to the specific processes and challenges of the Nottingham emergency department. The project team grew as the project progressed and decided that action research would be the most helpful approach.

Aim

The ultimate aim of the project was to improve the quality of care provided in the emergency department in terms of safety, clinical outcomes and patient experience, anticipating that this would have a positive impact on staff satisfaction. To achieve this, the project aimed to implement a unique version of CATC, fit for purpose in the department.

Implications for practice

- Early engagement of all stakeholders is an essential part of achieving success
- Large departments may have many projects ongoing, and it is paramount that these do not happen in silos and that there is regular communication between project leaders and groups to share and coordinate ideas
- The pace of innovation/change will be effected by wider contextual issues; creative approaches can sustain staff engagement if the pace has slowed

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Online

Further information about the project can be accessed from: fons.org/library/report-details?nstid=71908

Key activities and outcomes

The project involved four cycles of planning, action, reflection and evaluation.

Cycle 1: Engaging staff

The team wanted to engage staff so they would be able to influence how the system worked. A series of meetings was arranged to share information about the project and capture staff views about CATC using a values-based questionnaire. A total of 136 staff participated (approximately 60%), with responses collated and themed by the project team. Overall, staff were positive about CATC. They suggested patient allocation involving all staff and enhanced use of digital technologies to enable more effective working. Concerns were expressed about low staffing levels, a shortage of equipment, and problems with access to patient notes.

Cycle 2: Reinventing CATC for the emergency department

The emergency department was divided into various areas such as 'majors' and 'resuscitation'. When an 'ambulatory care' area was added, this was an opportunity to discuss key themes with managers. Unfortunately, the project team was not involved in discussions from the outset and there wasn't time to involve staff more widely. However, it was agreed that patient allocation should be introduced into the 'majors' area of the department, with the senior nurse role moving from co-ordination to care champion. The implementation process faced challenges, including the introduction of new nursing and medical staff, which impacted on confidence when allocating patients. Despite this, patient satisfaction scores improved. Key learning from this cycle included the need to slow down implementation to enable staff engagement and involvement, and for all ongoing projects across a department to be coordinated so ideas can be shared.

Cycle 3: Re-engaging staff

After a very busy winter, the team re-engaged with staff by asking them to share their ideas about what a perfect shift would look like (using pictures and/or words); 52 staff responded. Key themes included: more equipment; better staff skill mix, patient flow and team productivity; and timely care/hourly rounding. Eight staff offered to support the project team and they met on several occasions. A key success during this cycle was improved training for agency nurses, which was recognised by the Care Quality Commission in its inspection report. Key learning related to the need for more equipment and the desire to enhance accountability for care.

Cycle 4: Incorporating accountability into CATC

The team explored ways of securing extra equipment but so far without success. They also worked on ideas to enhance accountability through improved handovers. Several approaches were trialled but have proved difficult to embed. The complexity of the processes and the busy nature of the department continue to act as barriers.

Accountability around the clock

Although the above vision has not yet been achieved, the team remain committed to it. They are now receiving support from the trust's 'Better for You' team (tinyurl.com/Notts-BFY). The introduction of eObs and eHandover is being used as an opportunity to continue the focus on accountability with staff.