2023

Implementation of Night Shift Rounding to Improve Nursing Communication and Reduce Days of Intubation in the Intensive Care Setting

Lisa Wilkinson
Walden University

Walden University

College of Nursing

This is to certify that the doctoral study by

Lisa Wilkinson

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Barbara Gross, Committee Chairperson, Nursing Faculty
Dr. Maria Ojeda, Committee Member, Nursing Faculty
Dr. Joan Hahn, University Reviewer, Nursing Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Implementation of Night Shift Rounding to Improve Nursing Communication and Reduce Days of Intubation in the Intensive Care Setting

by

Lisa Wilkinson

MS, Walden University 2014

BSN, Towson University 2003

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2023

Abstract

Multidisciplinary rounds are the gathering of various health care providers who have a shared interest in a patient's well-being to discuss the plan of care and the patient's progress through their hospital stay. This multidisciplinary group of staff can be the providers, the nurse, charge nurse, social worker, pharmacist, dietician, respiratory, chaplaincy, and occupational and physical therapists. On night shift at the project site, this rounding process did not occur, leaving the staff feeling they were not involved in the plan of care. The purpose of this quality improvement evidenced-based project was to create a process change, introduced to the staff and to evaluate the effectiveness of staff education on night shift rounding in reducing intubation. Lewin's theory of planned change was the model used to introduce this new concept. The practice-focused question was "Will the implementation of night shift rounding focusing on nursing communication impact days of intubation in the intensive care setting?" The intubated intensive care population was sampled before and after project implementation. Data were extracted through EPIC the hospital's health care software. Ventilator days were averaged in July and August and then in October and November and in December. The data were skewed because of the increased population being admitted related to a COVID-19 diagnosis' the numbers of ventilator days increased with the spikes in COVID admissions. In December, the ventilator days average was at its lowest. The data is in alignment with the practice focused question, indicating both staff and patients benefit from nightshift rounding. As this process is introduced to other units, the hospital will also benefit, and patient outcomes will improve.

Implementation of Night Shift Rounding to Improve Nursing Communication and Reduce Days of Intubation in the Intensive Care Setting

by

Lisa Wilkinson

MS, Walden University 2014

BSN, Towson University 2003

Project Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

February 2023

Dedication

This project is dedicated to my supportive family and friends. To my parents who have always encouraged me to strive for excellence and follow my goals. Even when things got tough, they continued to give me the words of encouragement that kept me wanting to finish when I wanted to give up. To my husband, Terald who was a silent admirer you didn't apply pressure but knew when to remind me to continue on. To my baby girl, McKenzie Olivia, I wanted you to see that you too can persevere and overcome adversity…… that whatever you want in life, set a goal and get it done! And to my brother, Lyndon, I know you are watching from heaven, with a smile on your face, saying "that's my sister".

XOXO

---Me

Acknowledgments

I am ecstatic that I am done with this scholarly journey. Some days I wasn't sure I would ever get here. If it wasn't for my cheerleaders along the way I would have given up. I learned that everyone's journey is not the same, and it happens when it is supposed to happen. My major challenges would be the back and forth of the proposal so many times I lost count, and the unnecessary length of time that the site took to give me IRB approval. I am learning that different schools and sites are treated differently and that of course they take care of their own first. I AM a stronger person because of this journey. We survived a pandemic and now a DNP program. That's enough to be proud of.

Table of Contents

List of Figures

Section 1: Nature of the Project

Introduction

In 1999, the Institute of Medicine reported that between 44,000 to 98,000 people die annually from medical errors (Havens et al., 2000). More recently it is estimated to be as many as 251,000 deaths annually in the United States (Anderson et al., 2017). Over the last few decades, patient care has improved because early efforts to decrease errors focused mainly on hospital safety, and these safety risk have been identified and targeted for interventions (Bates, 2018). When to *Err is Human* was published in 2000 by the Institute of Medicine, nurses were allowed to report errors without repercussions, which led to the quality of care improving for all who were providing care to patients. Another safety mechanism that providers are responsible for is rounding on their patients. At the local site where this project is based, the medical team rounds on their team frequently, usually numerous times a day. Patient rounds can identify the plan of care as well as orders that may need to be altered or discontinued, and medications are reviewed and reverified to determine necessity (Beaird et al., 2017). Most hospitals will have multidisciplinary rounds which are physician or nurse-led and any providers involved in care will be present and have input on details of the patients care (Mercedes et al., 2015). Interprofessional clinical rounding is the exchange of patient information between providers with plans to create a succinct plan of care, which has improved lengths of stay and patient safety (Burdick et al., 2017).

It came to my attention as a nightshift nurse what was missing for the night shift staff was the inclusion of frequent rounding on patients during overnight hours.

Customarily, night shift staff does not formally round on patients and the nurses, and providers keep things status quo until the next morning. It has been identified that rounding helps to create a plan of care that produces the best outcomes, prevents harm, and meets all patient needs (Ashcraft et al., 2017). At the project site, nurses working on night shift were not able to participate in interdisciplinary rounds. In previous research overnight nurses reported that more frequent and regular communication with the physician would prevent the collection of non-urgent issues for dayshift rounds and also improve rapport between the resident physician and the nurses (Marshall et al., 2018). Rounding helps to identify gaps in care, shorten length of stay, improve quality metrics, reduce readmissions and mortality rates, and increase satisfaction in all team members (Terra, 2015). This project implementation was thus focused on improving nursing communication by implementing a rounding process in the intensive care unit.

Problem Statement

In health care, a breakdown in communication can be the reason a patient is harmed (Ashcraft et al., 2017). The Joint Commission reported that 65% of sentinel events were due to the breakdown in communication Cornell et al., 2014). Hospitals must analyze the reasons for medical errors and seek ways to reduce the occurrences of such errors (Mallow et al., 2013). The Centers for Medicare and Medicaid hold organizations accountable for patient outcomes and the delivery of efficient patient care (Ashcraft et al., 2017).

One solution to the communication breakdown issue is the introduction of interdisciplinary rounding. Another name for interdisciplinary rounds is interprofessional

collaboration. Interprofessional collaboration is the "process in which different professional groups work together to positively impact health care" (Burdick et al., 2017, p. 22). The night shift nurses at the project site have voiced concerns that they felt that they are "just there to keep patients alive till 07:45 a.m." Night shift nurses reported that they want to be included in the plan of care and be able to discuss changes that affect the plan rather than waiting until dayshift returns. Evidence supports that surgical multidisciplinary rounding contributes to reduced length of stay and reduces complications for surgical patients, improves safety indicators, and shows improvements for core measures (Counihan et al., 2016). Therefore, making enhancements in patient outcomes is the driving force for the initiation of this night shift rounding project.

The gap that this project addresses is the lack of rounding on night shift compared to what is done during dayshift and the resulting negative effects on patients and staff. After brainstorming with leadership, it was decided that night shift could benefit from a clearer plan of care and more focused goals throughout the night. The practice-focused question was "Will the implementation of night shift rounding focusing on nursing communication impact days of intubation in the intensive care setting?" The project raised awareness of the importance of introducing a new practice in the nightshift routine. This ensures that night shift staff are included in the plan of care and ultimately the patient will have a better outcome with staff involvement in the rounding process.

Purpose Statement

The purpose of the project was to improve communication and create an environment where night shift staff feel comfortable with rounding on their patients and

creating a change in routine that will be adopted and become the new routine. This will be accomplished through the development of a quality improvement project for nurses about an evidence-based practice approach to inter-disciplinary rounding. Lewin's change model was used to introduce a change and help make the changes a permanent part of the nighty routine. With the introduction of interdisciplinary rounding, which is comprised of the patient's nurse, the charge nurse and the provider, the long-term goal to improve communication and the addition of education on night shift rounding the staff will be better prepared to care for their patient. They will be able to continue the plan of care throughout the night and into the next shift. The hope is that as the communication improves the amount of intubation days will decrease, thus helping to decrease length pf stay and improve patient outcomes.

Nature of the Doctoral Project

The sources of evidence that support the staff education development were from evidence-based research articles as well as the pre- and post-test. The first source of evidence was the research literature. The literature was gathered from CINAHL, PUBMed, and MEDLINE. The second source of evidence was collected using a pre- and post-implementation survey based on the learning objectives (see Appendix A) to be given before and after staff education. See Appendix B for the pre- and post-test.

Significance

The staff will use the new rounding process to increase awareness of necessary changes to patients' care plan and the activities for the night shift to complete prior to shift end. After the staff is educated about quality improvement project, rounding will be

implemented and with repetition it is hoped that it becomes the new routine. Once it is shown to be beneficial, nightshift rounding can be introduced to any nursing unit that does not do this nightly. As units incorporate it into their normal daily routine and staff see benefits, they will share it with counterparts, and it may be introduced in other hospitals as well. After completing this project, there will be many who benefit from this new process. The stakeholders include leadership, mainly the nurse managers, the providers, and the charge nurses. Expected positive social change may occur as night shift nurses will feel more included in the plan of care, and patients will benefit from all members of the care team focusing on the entire care plan and all the details.

Summary

The purpose of this project was to introduce a new staff education program on night shift rounding to help foster communication and decrease the number of intubation days which in turn improves patient outcomes. In completing this project, the night shift staff felt included and teamwork between the shifts improved. It was shown that the introduction of night shift rounding improved patient/staff communication and impacted the number of intubation days. The next section will introduce Lewin and the theory of planned change and the definition of terms to clarify the unknown ideas related to this process change.

Section 2: Background and Context

Introduction

The practice focused question for this project was "Will the implementation of night shift rounding focusing on nursing communication impact days of intubation in the intensive care setting?" The concept of multi-disciplinary rounds is not new, just the focus of the rounding happening on night shift. From the literature it was identified that rounding helps the staff as well as the patient, and outcomes are improved. According to Cornell, et al., (2014) interdisciplinary rounds focus on continuity of care and discharge planning, this creates improved situational awareness between staff which leads to better plans causing decreased length of stays (pg.165). I introduced this new concept as well as monitored the effectiveness of the new routine. By using the theory of planned change to facilitate the new process, there was increased anticipation that the staff will embrace the change and benefit from it as well. This section describes the use of the theory of planned change to guide the project, the current literature on the topic, and the project site and my role in completing this project.

Concepts, Models, and Theories

Using Lewin's theory of planned change (TPC), the concept of rounding at night was introduced with hopes that the new behavior is implemented and continues to be a part of the daily routine. The foundation of Lewin's theory of planned change was built on the force field analysis framework, which determines forces that influence a situation (i.e., driving forces and restraining forces; Shirey, 2013). The reason that I chose this theory was to simplify the introduction of change process to the staff and help facilitate

the phases of change. A strength of Lewin's theory of planned change is its versatility, practicality, ease of understanding, and simplicity (Shirey, 2013). Lewin's change model is also widely used in nursing. Lewin's model has been identified in nursing education, nursing research, health care observations, clinical nursing practice and educational administration (Shirey, 2013).

The theory of planned change consists of three phases: unfreezing, moving, and refreezing. The first stage is unfreezing, which is the preparation for change. During this stage a person identifies that there is a need for change and helps others to see the same need (Shirey, 2013). This stage usually happens quickly, and the individual identifying the need for change will make it priority and have understand it to be important. In this stage the FFA identifies what factors are for and against change; for change to be successful driving forces need to be strengthened while restraining forces are weakened.

The second stage of this theory is called moving, sometimes called transitioning. In this stage there is a plan created and those involved are encouraged to participate in the proposed change (Shirey, 2013). Change is usually unwelcomed, so this stage deals with positive communication and coaching to overcome the apprehension that may be present surrounding new plans. The reason behind the name moving or transitioning is once the behavior has been unfrozen the individual will be prepared to move toward the proposed change.

The third stage is refreezing. This stage is what will make the change permanent. During this stage the change is rooted in procedures and the culture to not revert to old practices. The driving forces are interacting with the restraining forces and are

overcoming the pulls to create an environment that is conducive to the proposed change. In nursing, these stages can be described in the following way:

> The Lewin anchors of altering a traditional clinical path or approach (Unfreezing), refining the emergent provider behavior (Movement), and reinforcing them through changes in organizational structure (Refreezing) have previously been applied to understanding how health professions' behaviors become accepted and sustained in clinical settings. (Manchester et al., 2014, p. 82)

Unfreezing

It was determined that night shift nurses felt like they were not involved like their dayshift counterparts. To help staff morale and focus on patient safety, the night shift could benefit from a more formalized rounding system. There were a few night shift stakeholders identified to help promote this new change. It was before the implementation process starts that the staff completed a pre-implementation survey. The survey was a voluntary survey to help collect data on the temperature of the unit before the change process begins.

Moving

The stakeholders created a plan to successfully execute the change. Evidence-based articles were examined, and data were collected. Change is not usually welcomed, especially with seasoned staff. The first few weeks the staff were constantly reminded about the need to round at night. Once it becomes routine the reminders will not be necessary.

Refreezing

During this stage the staff will round each shift and will continue to do so daily. The stakeholders may need to reinforce the positives of the change and reiterate the evidence to solidify the need for change. Freezing seeks to solidify behavior at a new equilibrium to ensure that it is safe from regression (Burnes, 2018, p. 56). The staff completed the post-implementation survey to assess the success of the change. When there are issues identified, it was at this time that stakeholders and staff address them to prevent return to the old way of doing things.

Definition of Terms

The following terms will be used in the project:

Clinical nurse specialist: A term that describes licensed RNs who have continued their education to include graduate-level preparation, either a master's or doctoral degree in nursing (Mayo et al. 2017).

Critical care: Intensive care, also known as critical care, is a multidisciplinary and interprofessional specialty dedicated to the comprehensive management of patients having, or at risk of developing, acute, life-threatening organ dysfunction. Intensive care uses an array of technologies that provide support of failing organ systems, particularly the lungs, cardiovascular system, and kidneys (Marshal et al. 2017).

Evidence-based practice: A term that describes the process of shared decision making between practitioner, patient, and others significant to them based on research evidence, the patient's experiences and preferences, clinical expertise or know-how, and

other available robust sources of information (Rycroft-Malone et al., 2004; Sackett et al. 2000).

Intensive care unit: ICU is an organized system for the provision of care to critically ill patients that provides intensive and specialized medical and nursing care, an enhanced capacity for monitoring, and multiple modalities of physiologic organ support to sustain life during a period of life-threatening organ system insufficiency. Although an ICU is based in a defined geographic area of a hospital, its activities often extend beyond the walls of the physical space to include the emergency department, hospital ward, and follow-up clinic (Marshal et al., 2017).

Interdisciplinary rounding: During IDR, practitioners representing multiple disciplines including nursing, medicine, nurse practitioners (NP), pharmacy, social work, case management and other therapies meet to discuss care plans. The face-to face discussion can occur at the patient's bedside, in a conference room or as walking rounds in the hallway (Beaird et al., 2019).

Leadership: The concept of leadership is a complex and multi-dimensional phenomenon; research conducted for over a century concludes that although it is one of the most-observed concepts, no universally accepted definition or theory of leadership exists. There is increasing clarity surrounding what true nursing leadership is, and how it differs from management. (Scully, 2015)

Night shift: Shift work is a common and necessary part of working life for hospital nurses because people must be taken care of 24 hr. a day. (Li, 2019) Night shift is the shift that occurs from 7pm to 8am.

Rounding: Similar to Interdisciplinary rounding except the night shift team consists on provider, patients nurse, and the charge nurse.

Relevance to Nursing Practice

Beaird (2019) outlined that interdisciplinary rounding has been occurring since 1873. In the 1800's, interdisciplinary rounds were only a collaboration between physicians and nurses. What has changed is the necessity to include more disciplines in rounds. Health care is not just about doctors and nurses, there is a realization that what is best for patient outcomes is to have anyone involved in care be included (Beaird, 2019). This includes pharmacy, PT/OT, respiratory, and chaplaincy. Customarily, nurses and physicians worked in silos, which led to nurses feeling that their input was not valued in the physician's decision-making process (Sharma, 2014, pg. 4).

According to Counihan et al., (2016) with rounding, patients' length of stay will decrease, and the plan of care will be able to continue through both shifts without issues (p. 36). Length of stay will decrease because staff will be able help with continuity and complete the plan of care. Beaird stated (2019),

> Collaborative rounding promotes clear communication, increased collaboration, and improves quality of care…has been shown to reduce mortality, medication errors, hospital length of stay, hospital costs; improve staff and patient satisfaction; expand the health care team's understanding of the patient's plan of care; and increase both efficiency and perceptions of patient safety (37).

By rounding and including staff in the plan of care throughout the night, staff will feel more included and their attitude towards their contribution to patient care overnight

will improve significantly. According to Ashcroft et al. (2019) “Standardization achieves a structured routine that will accelerate, ease, and maximize productivity with the patient and the healthcare team”. (p. 90). If the unit can successfully implement this rounding process the other units in the hospital can adapt the process to work for them. This in turn will create better outcomes for each unit which will equate to better outcomes for the entire hospital.

The evidence that I have found helps prove the necessity of the change in practice. The articles reiterate the importance of having interdisciplinary rounds. According to Sharma and Klocke (2014), patient centered rounding aids in giving physicians and nurses’ real time opportunity to illuminate patient care issues, thus, helping nurses feel like a team member and improving job satisfaction and workflow (p. 476). This study findings support improved communication that happened in-person and fostered accessibility between hospitalists and nurses (Sharma and Klocke, 2014, p.476).

In an article in *Intensive and Critical Care Nursing*, Urisman et al. (2018) outlined the medical literature that proposes that collaborative practices in the intensive care setting is essential in improving patient outcomes and reducing morbidity and mortality (pg. 18). Urisman et al. also explained the improvement of job satisfaction for all members of the team, and the reduced health care costs associated with collaboration.

In a study conducted by York Hospital in Pennsylvania, a nightshift Clinical Nurse Specialist (CNS) was introduced to help fill the gap. Becker (2013) reported, when the nightshift CNS was added, the nightshift nurses felt they had a voice and night shift staff reported feeling more connected to dayshift and being very satisfied (p. 28). This is

a similar concept to the addition of night shift rounding. The theme that keeps surfacing is the inclusion of night shift staff, who want to feel like they are a part of the equation. Introducing practice changes that surround the hours that they work is one step to helping to ensure that it occurs.

By rounding and including staff in the plan of care throughout the night, staff will feel more included and their attitude towards their contribution to patient care overnight improved significantly. Because the unit wass able to successfully implement this rounding process the other units in the hospital can adapt the process to work for them. This in turn will create better outcomes for each unit which will equate to better outcomes for the entire hospital. Beaird et al. (2017) reiterated this, stating that as healthcare progresses to a value-based system, collaboration, shared decision, and patient centeredness is imperative (p. 103).

Prior to the initiation of this project, nightshift was not rounding, and the staff felt disconnected. They felt that they were in limbo until dayshift started again. The dayshift staff are good about conducting multidisciplinary rounds, but when it came to night shift that was not what was occurring. This project will help to fill that void and reconnect dayshift and night shift, improving communication and involvement.

Local Background and Context

The intended setting for this project is the intensive care unit at a hospital in Baltimore, Maryland. This is a 420 bed, level 2 trauma center. The staff consists of registered nurses, physicians' assistants (PAs) and physicians. The hospital is a teaching facility with residents and a central intensivist. The residents and the attending physician

are mainly responsible for the plan of care, and the PAs and the intensivists oversees the daily events when the residents are in the operating room. This project could be conducted on any unit that does not have nightly rounds. The unit that I am focusing on for this project is a 10-bed intensive care unit that admits mainly surgical patients. They will admit ICU overflow from other units if they are requested to.

The lack of rounding on the night shift has been identified as a practice gap on this ICU. The intended purpose of this project was to develop a staff education to inform staff that rounding during nightshift will be beneficial to all parties involved. The goal as hospital staff is to do no harm and create the safest environment for the patient. With the introduction of night shift rounding that will improve the odds of doing no harm as well as creating a safer environment for the patients and the staff. If we were to focus on the practice question, it states how the implementation of night shift rounding focusing on nursing communication impacts of days of intubation in the intensive care setting. There are no state or federal contexts that are applicable to this project. It can be considered a quality improvement initiative.

Role of the DNP student

As an ICU nurse with nearly two decades of experience, I have identified a deficit in the delivery of patient care. Communication between the dayshift and nightshift could be improved to help with many things including staff involvement and satisfaction. There is a need for rounding on the night shift. Staff are feeling not including in the plan of care, and patient care can be improved to increase patient safety. I have identified the driving and restraining forces and use them as catalyst for the proposed change. The

evidenced based research has already been conducted and I am knowledgeable about the need for the proposed change.

I have enlisted the aid of the nurse manager and individuals that will help convey the message. I used a survey to examine the attitude of the staff prior to education and implementing change. I provided evidenced-based education to inform the staff. The plan was to educate during staff meetings and in-services and use emails and bulletin boards to deliver the information. Once the information has been disseminated, the change process can begin. During the change process, I continued to monitor the process and be a beacon of positivity with those opposed to change. I continued to monitor for those slipping back into old habits and help guide them back to the new process. After the change was solidified, I will re-survey the staff to get a post implementation review of their feelings and the impact it has made on both the staff and the patients. If changes need to be made it will be identified at this time and will be highlighted using the same education avenues used prior to implementation. I spear headed all three stages of change with the help of leadership and other identified stakeholders.

The only bias identified is that I am a nightshift nurse. I have experienced the feelings of disconnect for most of my night shift career. Because of my night shift experiences I can better prepare staff for the introduction of a new practice. Another obstacle that I will be able to confront is the attitudes about change that nurses can have after being at the bedside and stuck in the “because we have always done it that way” mentality. In the end, nurses all have the same end goal: do the best we can for our patients. To minimize any bias, I have based the content of this education on research.

Summary

According to Terra (2015), “The primary focus should be the safe transition of the patient through the episode of care helps orient the team and foster an environment where everyone is working toward the same goals” (pg. 300). The addition of rounding at night will benefit the staff and the patients. The staff might be resistant to change, however, with the education and evidence provided nursing staff should be amenable to helping improve outcomes for themselves and the patients. Using Lewin’s Theory of Planned Change, it provided a structured example of how to effectively implement a process change. The hope is that this change will remain a constant and staff will continue to round at night even after the project is completed.

One of the major elements of change is whether changes are maintained. The word often used is sustainability. This project will test whether nurses are able to see the importance in the introduction of rounding at night and the ability to maintain it as part of their routine. For change to be successful, there needs to be individuals who own it and are passionate about it being successful. The identification of individuals to drive this change is key. When leadership identifies and endorses change, change is more likely to be effective. In Section 3, I will further describe the plan for development, implementation, and evaluation of this staff education project.

Section 3: Collection and Analysis of Evidence

Introduction

This project used Lewin's theory of planned change to guide a staff educational program on the addition of night shift rounding, which is a change in routine for the night shift staff. The hope is by adding rounding to the night shift communication will improve between the two shifts as well as within the care team. By increasing communication, the nurses will feel more involved and vested in the patients' care. The improved communication will also help with nurse satisfaction in their job and an increased morale on the unit. These improvements will also improve patient outcomes and patient safety. If successful, the institution of rounds on night shift could be introduced to other units to also help with staff communication and involvement.

Practice-Focused Question

The practice-focused question was "Will the implementation of night shift rounding focusing on nursing communication impact days of intubation in the intensive care setting?" I developed educational sessions to introduce night shift rounding, created pre- and post-implementation surveys to evaluate the education, and examined the number of intubation days. I will oversee a follow up with staff to reiterate the importance of the rounding implementation to solidify the change following project completion. This is in alignment with the practice focused question because it will determine the efficacy of night shift rounding with the improvement of communication.

Sources of Evidence

The literature review was conducted and resulted in journal articles relating to patient centered rounding. I used Walden's bibrary to do a literature search using key words such as *interdisciplinary rounds*, *patient centered rounds*, *clinical rounding*, and *nurse driven rounding*. To conduct my literature searches, I used databases CINAHL, PUBMed, and MEDLINE. Both CINAHL and MEDLINE displayed numerous articles relating to the subject at hand using the key words I used. The majority of the articles and evidence that I found were recent within the past 5 years, with one being within the last 7 years because this article added context. The evidence that I found supports the necessity of the change in practice. The articles reiterate the importance of having interdisciplinary rounds and incorporating families during rounding. The studies were either about critical care practice or nursing practice in intensive care settings.

Evidence Generated for the Doctoral Project

Participants

All nurses that work night shift were invited to participate in the project and participation is totally voluntary. Rounding will be added to the nightshift routine, so it is only fitting that the night shift nurses will be the ones included in the data collection via pre- and post-tests to determine if the staff education is effective in improving knowledge.

Procedures

The focus of this project was to educate staff on the importance of adding rounding to the nightshift routine. When staff are included in the plan of care, care

improves and staff morale improves (Beaird, 2019). The steps of education development were to outline the learning objectives (see Appendix A) and to develop a pre- and post-test (see Appendix B) based on the literature, which was used to develop a curricular plan (see Appendix C). The pre- and post-test were used to evaluate the knowledge gained by the staff based on the education program and to help determine whether the learning objectives were met.

During the night shift targeted meeting the education was given about the importance of the addition of night shift rounding. The education focused on evidence gathered as well as the emphasis on the improvements in patient care. For the education I created a Power Point presentation with my voice over recorded and made that available for all staff. Staff were educated on the benefits of adding rounding to their routine. Staff were coached on the best way to make the rounding go as smoothly as possible. This is where Lewin's theory of planned change applied. Starting with the unfreezing stage, the staff examined the "old way" and were introduced to a "newer way" with process of rounding outlined. This was to introduce them to the moving stage. I described to the staff about being cognizant that change takes time and it is easy to revert back to old ways and habits, and after it has been routine for some time the likelihood of them reverting to old ways will be reduced. I engaged staff on a discussion of how to facilitate sustained rounding to help them to apply the refreezing stage. At the end of the education sessions, I provided staff with the posttest to determine the effectiveness of the training to improve their knowledge about rounding.

Protections

Prior to conducting this project, I completed the application to Walden University's Institutional Review Board (IRB00329076). The manager of the ICU had been involved and agreed to allow her staff to be a part of this project. I obtained the site approval form from the manager to submit with the Institutional Review Board application. The surveys were anonymous, and participation was voluntary, although it was strongly recommended everyone participate for best results.

Analysis and Synthesis

The evidence from the literature was reviewed and key content areas were used to develop the staff education. Key areas were presented in a curriculum outline with learning objectives (see Appendix B for curricular plan and pre- and post-survey). Deidentified data on ventilator days was obtained from the project site. I used the data supplied from EPIC and described the findings using descriptive statistics.

Summary

I used Kurt Lewin's theory of planned change to facilitate the introduction and process of change in the staff education project. The evidence helped increase buy in from the staff. The participants and procedures of the project were discussed. The protections to the project are revealed and anonymity protected. The next section will describe the evidence from data collection, the analysis of the data, and the findings.

Section 4: Findings and Recommendations

Introduction

The gap identified was the difference in communication during dayshift versus the nightshift. The nightshift nurses were feeling not included in the plan of care. Evidence collected supports the concept that surgical multidisciplinary rounds aides in decreasing complications and improving quality of care. The practice focused question was: “Will the implementation of night shift rounding focusing on nursing communication impact days of intubation (e.g., ventilator days) in the intensive care setting?” The purpose of the project was to improve communication between dayshift and nightshift, helping those on nightshift to feel comfortable rounding on their patients and the ability to speak to the plan of care. . Using recent data, I was able to determine the need for the initiation of a formalized night shift rounding routine. Using Lewin’s change model, I created an education module to introduce the change in the daily activity to help make the changes a permanent part of the nighty routine.

Findings and Implications

The pre-implementation data for the months of July and August showed the mean ventilator days as 4.4. In July the means was 4.3 days, in August 2.5 day and the average of both months combined were 4.4 days. The project implementation happened in September. The data for postimplementation is 4.3 days for October, 5.6 days for November and for both months combined it was 4.5 days (see Appendix C). I pulled the data for December to see if the unit was on target and for December and found it was 2.4 days.

With the improvement of patient outcomes and communication, other units in the hospital would benefit from the same change. Once leadership sees that the metrics improve using this system, they will want to institute the change on other units in the hospital so that everyone involved wins. Once the COVID 19 pandemic has been a not issue for a while, the numbers will be less skewed. Getting back to the new normal and also instituting the change in rounding will help to improve the ventilator days and the reinforcement of importance of interdisciplinary rounding on night shift.

Recommendations

From the results of the project, it is recommended that staff continue to round on nightshift using the approach that was instituted during the project implementation. Data were somewhat skewed because of the fluctuation of COVID positive patients who were admitted to the unit. Despite that, looking at the month of December the average ventilator days were down from the 2 months post implementation (October and November).

Strength and Limitations of the Project

One strength of this project is that I am a bedside nurse, which means I have the most knowledge about the patient during their stay in the intensive care unit. Based on evidence, there is a need for an interdisciplinary approach to rounding to improve patient outcomes. When trying to implement change it is easier if there is evidence to support the push for change. The ability to show data and how the practice changes outcomes helped.

One of the main limitations was that the data might be skewed because of the COVID-19 pandemic. The unit is one of two intensive care units that admit COVID

positive patients. The unit had increased COVID admissions during the spikes, namely around the holidays and where there was the introduction of another strain of the virus. The spike in November was right around when Omicron was causing daily numbers to increase to over a million. The unit saw an increase in ventilator days, but that is part of the viral shedding process. However, as the COVID-19 admissions decrease, and there is less infection, the ventilator days should also reflect a decrease because of the addition of a rounding process, supporting the need for this process change.

Section 5: Dissemination of Plan

Acknowledging the importance of multi-disciplinary rounding process is important for any patient care area in the hospital. At the project site, the night shift has been left out of the rounding process that dayshift has access to. From this evidence-based project it has been identified as an important aspect of the nightshift behavior. I plan to introduce night shift rounding to the units that are not participating in this important measure. Using data and evidence, staff are more likely to be open to a new process. Improved patient outcomes are health care workers' goals, working to provide the best care possible.

Analysis of Self

As a practitioner, this project helped me to solidify the importance of nightshift rounding on the unit. It also helped me to learn how to implement a process change and watch it from beginning to the end. During this process I dealt with those who were opposed to change. Using evidence, I helped them to realize that what we are doing is best for the patient and for outcomes.

As a scholar, this project was trying. It started out as something I wanted to do and ended up as something I needed to finish. The process has taught me perseverance. This project involved many roadblocks that I have had to get past. I started my family amidst the pandemic, and I had to have emergency surgery shortly after having my daughter. On the project side, I changed my topic because the first one I was not passionate about. The proposal took a while to get accepted. The biggest hurdle I overcame was the 9 months it took for Institutional Review Board approval. I felt like I

exhausted my entire chain of command at the school and the hospital and finally it was approved. I implemented the project and then finalized the last chapters soon after that.

As a project manager, it was also challenging. But moving forward as a practitioner, I know that we have the patient's best interest at the forefront. Nightshift rounding has helped to bring the team together and help with the nurses' sense of belonging on nights. We feel more included in the plan and know we have a responsibility to make sure the plan of care continues from day shift to night shift with necessary changes being made as the patient situation necessitates. Long term we will work on solidifying the rounding process and making sure that it is happening every shift. As a seasoned, nightshift, ICU nurse I am proud to say that I investigated a problem, came up with a solution, provided education and executed and process change to improve patient care and outcomes.

Summary

The goal of this project was to introduce the concept of nightshift rounding and implement the rounding process and determine if it was effective in decreasing the number of days a patient is intubated. There are many variables one can look at, but I focused on intubation days to keep it simple and focused. The evidence is present and states the importance of the multidisciplinary approach to rounding.

References

Anderson, J. G., & Abrahamson, K. (2017). Your health care may kill you: Medical errors. *Studies in health technology and informatics, 234*, 13–17. https://doi.org/10.3233/978-1-61499-742-9-13

Ashcraft, S., Bordelon, C., Fells, S., George, V., Thombley, K., & Shirey, M. R. (2017). Interprofessional clinical rounding: Effects on processes and outcomes of care. *Journal of Healthcare Quality, 39*, 85–94. https://doi.org/10.1097/jhq.0000000000000039

Beaird, G. (2019). A historical review of nurse-physician bedside rounding. *American Journal of Nursing, 119*, 430–438.

Beaird, G., Baernholdt, M., & White, K. R. (2020). Perceptions of interdisciplinary rounding practices. *Journal of Clinical Nursing*, 29(7–8), 1141–1150. https://doi.org/10.1111/jocn.15161

Beaird, G, Dent, J. M., Keim-Malpass, J., Muller, A., Nelson, N., & Brashers, V. (2017). Perceptions of teamwork in the interprofessional bedside rounding process. *Journal of Healthcare Quality, 39*(2), 95–106. https://doi.org/10.1111/jocn.15161

Becker, D. (2013). Implementing a night-Shift clinical nurse specialist. *Clinical Nurse Specialist, 27*, 26–30. https://doi.org/10.1097/nur.0b013e3182777029

Berenholtz, S. M, Pronovost, PJ, Lipsett, PA, Hobson, D., Earsing, K., Farley, J.E., Milanovich, S., Garrett-Mayer, E., Winters, B., Rubin, H., Dorman, T., Perl, T., (2004). Eliminating catheter related blood stream infections in the intensive care unit. *Critical Care Medicine, 32*, 2014–2020.

https://doi.org/10.1097/01.ccm.0000142399.70913.2f

Burdick, K., Kara, A., Ebright, P., & Meek, J., (2017). Bedside interprofessional rounding: The view from the patient's side of the bed. *Journal of Patient Experience, 4*, 22–27. https://doi.org/10.1177/2374373517692910

Burnes, B. (2019). The origin of Lewin's three step model of change. *The Journal of Applied Behavioral Science, 56*, 32–59. https://doi.org/10.1177%2F0021886319892685

Cornell, P., Townsend-Gervis, M., Vardama, J. M., & Yates, L. (2014). Improving situation awareness and patient outcomes through interdisciplinary rounding and structured communication. *Journal of Nursing Administration, 44*, 164–169. https://doi.org/10.1097/nna.0000000000000045

Counihan, T., Gary, M., Lopez, E., Tutela, S., Ellrodt, G., & Glasener, R. (2016). Surgical multidisciplinary rounds: An effective tool for comprehensive surgical quality improvement. *American Journal of Medical Quality, 31*, 31–37. https://doi.org/10.1177%2F1062860614549761

Havens, D., & Boroughs, L. (2000). "To err is human": A report from the institute of medicine. *Journal of Pediatric Health Care, 14*, 77. https://doi.org/10.1067/mph.2000.105383.

Hussain, S., Lei, S., Akram, T., Haider, M., Hussain, S., & Ali, M. (2018). Kurt Lewin's change model: A critical review of the role of leadership and employee involvement in organizational change. *Journal of Innovation & Knowledge, 3*, 123–127. https://doi.org/10.1016/j.jik.2016.07.002

Institute of Medicine Committee on Quality of Health Care in America, Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. (Eds.). (2000). *To err is human: Building a safer health system*. National Academies Press.

Li, H., Shao, Y., Xing, Z., Li, Y., Wang, S., Zhang, M., Ying, J., Shi, Y., & Sun, J. (2019). Napping on night-shifts among nursing staff: A mixed-methods systematic review. *Journal of Advanced Nursing, 75*(2), 291–312. https://doi.org/10.1111/jan.13859

Manchester, J., Gray-Miceli, D., Metcalf, J. A., Paolini, C. A., Napier, A. H., Coogle, C. L., & Owensn, M. G. (2014). Facilitating change model with collaborative evaluation in promoting evidence-based practices of health professionals. *Evaluation and Program Planning, 47*, 82–90. https://doi.org/10.1016/j.evalprogplan.2014.08.007

Marshall, C., Fay, M.E., Phillips, B., Faurote, R., Kustudia, J., Ransom, R. C., Henley, C., DiConstanzo, L., Jopling, J. K., Sang, A. X., Spain, D. A., Tisnado, J. A., & Weiser, T. G. (2018). Implementing a standardized nurse-driven rounding protocol in a trauma-surgical intensive care unit: A single institution experience. *Cureus, 10*, 1–13. https://doi.org/10.7759/cureus.3422

Marshall, J. C., Bosco, L., Adhikari, N. K., Connolly, B., Diaz, J. V., Dorman, T., Fowler, R. A., Meyfroidt, G., Nakagawa, S., Pelosi, P., Vincent, J.-L., Vollman, K., & Zimmerman, J. (2017). What is an intensive care unit? A report of the task force of the World Federation of Societies of Intensive and Critical Care Medicine. *Journal of Critical Care, 37*, 270–276.

https://doi.org/10.1016/j.jcrc.2016.07.01

Mayo, A. M., Ray, M. M., Chamblee, T. B., Urden, L. D., & Moody R. (2017). The advanced practice clinical nurse specialist. *Nursing Administration Quarterly, 41*(1), 70–76. https://doi.org/10.1097/NAQ.0000000000000201

Mercedes, A., Fairman, P., Hogan, L., Thomas, R., & Slyer, J. T. (2016). Effectiveness of structured multidisciplinary rounding in acute care units on length of stay and satisfaction of patients and staff: a quantitative systematic review. *JBI Database of Systematic Reviews and Implementation Reports*, *14*(7), 131–168. https://doi.org/10.11124/JBISRIR-2016-003014

Scully, N. J. (2015). Leadership in nursing: The importance of recognising values and attributes to secure a positive future for the profession. *Collegian*, *22*(4), 439–444. https://doi.org/10.1016/j.colegn.2014.09.004

Sharma, U., & Klocke, D. (2014). Attitudes of nursing staff toward interprofessional in-patient-centered rounding. *Journal of Interprofessional Care*, *28*, 475–477. https://doi.org/10.3109/13561820.2014.907558

Shirey, M. R. (2013). Lewin's theory of planned change as a strategic resource. *Journal of Nursing Administration*, *43*, 2, 69–72. https://doi.org/10.1097/nna.0b013e31827f20a9

Sigma Theta Tau International 2005-2007 Research and Scholarship Advisory Committee. (2008). Sigma Theta Tau International position statement on evidence-based practice February 2007 summary. *Worldviews on Evidence-Based Nursing*, *5*(2), 57–59. https://doi.org/10.1111/j.1741-6787.2008.00118.x

Terra, S. (2015). Interdisciplinary rounds: The key to communication, collaboration, and agreement on plan of care. *Professional Case Management, 20*(6), 299–307. https://doi.org/10.1097/NCM.0000000000000116

Urisman, T., Garcia, A., & Harris, H. W. (2018). Impact of surgical intensive care unit interdisciplinary rounds on interprofessional collaboration and quality of care: Mixed qualitative-quantitative study. *Intensive Critical Care Nurse*, *44*, 18–23. https://doi.org/10.1016/j.iccn.2017.07.001

Appendix A: Learning Objectives

After the education, the staff will be able to:

- Identify the top annual cause of death in hospitals as reported in *To Err is Human* published in 2000
- Describe the historical context that influenced the adoption of rounding in hospitals
- State the significance of rounding
- State the time period when rounding began
- List a good way to implement night shift rounding
- List the three stages of Lewin's Theory of Planned Change and its application to implementing night shift rounding
- List risks for patient harm that may be decreased with rounding
- List the potential benefits of rounding for the patients and the staff using the rounding process
- Describe the impact of communication on the occurrence of sentinel events that may be prevented with rounding
- Identify Lewin's stage of change that helps to solidify behavior at a new equilibrium to ensure that is it safe from regression

Appendix B: Pre- and Post-Test

1. A study called to *Err is Human*, the leading cause of mortality in the United States was cited as:

    a. AIDS
    b. Medication errors
    c. Breast cancer
    d. Motor vehicle accidents

2. What is a newer term for rounding?

    a. Interprofessional collaboration
    b. Interprofessional clinical rounding
    c. Team Meet Up
    d. a & b

3. The significance of rounding includes:

    a. Increases length of stay and increases mortality
    b. Shortens length of stay and increased staff satisfaction
    c. Letting patient participate in their care
    d. Fulfilling JCAHO requirements

4. In what time period did interdisciplinary rounds begin:

    a. Since 2000
    b. Since1945
    c. During the 1800s
    d. During the last 25 years

5. What is a good way to implement night shift rounding
    a. Just Do IT!
    b. Educate, plan and implement
    c. Not to implement, who needs rounding?
    d. Trial and error

6. What are the stages of Lewin's Theory of Planned Change

a. Plan, Do, See, Act
b. Unfreezing, Moving, Refreezing
c. Slide, Switch, Move, Stick
d. Bounce, Roll, Shake

7. What can be a reason for patient harm?
   a. Communication breakdown
   b. Upset patient
   c. An open door
   d. Funny jokes

8. The benefits of rounding for the hospital
   a. Improved safety
   b. Better reimbursements
   c. Increased revenue
   d. Better publicity

9. What percent of sentinel events are due to breakdown in communication?
   a. 55%
   b. 65%
   c. 45%
   d. 70%

10. The stage that helps to solidify behavior at a new equilibrium to ensure that is it safe from regression is:
    a. Freezing
    b. Moving
    c. Unfreezing
    d. Thawing

Answers

1. B

Institute of Medicine Committee on Quality of Health Care in America, Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. (Eds.). (2000). *To err is human: Building a safer health system*. National Academies Press.

2. D

Burdick, K., Kara, A., Ebright, P., & Meek, J., (2017). Bedside interprofessional rounding: The view from the patient's side of the bed. *Journal of Patient Experience, 4*, 22–27. https://doi.org/10.1177/2374373517692910

3. B

Terra, S. (2015). Interdisciplinary rounds: The key to communication, collaboration, and agreement on plan of care. *Professional Case Management, 20*(6), 299–307. https://doi.org/10.1097/NCM.0000000000000116

4. C

Beaird, G. (2019). A historical review of nurse-physician bedside rounding. *American Journal of Nursing*, *119*, 430–438.

5. B

Burdick, K., Kara, A., Ebright, P., & Meek, J., (2017). Bedside interprofessional rounding: The view from the patient's side of the bed. *Journal of Patient Experience, 4*, 22–27. https://doi.org/10.1177/2374373517692910

6. B

Shirey, M. R. (2013). Lewin's theory of planned change as a strategic resource. *Journal of Nursing Administration, 43*, 2, 69–72. https://doi.org/10.1097/nna.0b013e31827f20a9

7. A

Ashcraft, S., Bordelon, C., Fells, S., George, V., Thombley, K., & Shirey, M. R. (2017). Interprofessional clinical rounding: Effects on processes and outcomes of care. *Journal of Healthcare Quality*, *39*, 85–94. https://doi.org/10.1097/jhq.0000000000000039

8. A

Urisman, T., Garcia, A., & Harris, H. W. (2018). Impact of surgical intensive care unit interdisciplinary rounds on interprofessional collaboration and quality of care: Mixed qualitative-quantitative study. *Intensive Critical Care Nurse, 44*, 18–23. https://doi.org/10.1016/j.iccn.2017.07.001

9. B

Cornell, P., Townsend-Gervis, M., Vardama, J. M., & Yates, L. (2014). Improving

situation awareness and patient outcomes through interdisciplinary rounding and structured communication. *Journal of Nursing Administration, 44*, 164–169. https://doi.org/10.1097/nna.0000000000000045

10. A

Burnes, B. (2019). The origin of Lewin's three step model of change. *The Journal of Applied Behavioral Science, 56*, 32–59. https://doi.org/10.1177%2F0021886319892685

Learning Objective	Content Outlined	Source of Evidence	Method of Presentation	Method of Evaluation
List the leading cause of mortality described in the *To Err is Human* report.	Medication errors	Institute of Medicine Committee on Quality of Health Care in America, Kohn, L. T., Corrigan, J. M., & Donaldson, M. S. (Eds.). (2000). *To Err is Human: Building a Safer Health System*. National Academies Press	Power Point	Pretest/Posttest Item #1
Name the newer term for rounding	Interprofessional collaboration Interprofessional clinical rounding	Burdick, K., Kara, A., Ebright, P., Meek, J., (2017). Bedside interprofessional rounding: The view from the patient's side of the bed. *Journal of Patient Experience*, 4, 22-27. doi.org/10.1177/2374373517692910	Power Point	Pretest/Posttest Item #2
State the significance of rounding	Shortens length of stay and, increased staff satisfaction	Terra, S. (2015). Interdisciplinary rounds: The key to communication, collaboration, and agreement on plan of care. *Professional Case Management, 20,6*, 299-307. https://doi.org/10.1097/NCM.0000000000000116	Power Point	Pretest/Posttest Item #3
State in what time period rounding began	During the 1800s (1873)	Beaird, G. (2019). A historical review of nurse-physician bedside rounding. *American Journal of Nursing*, 119, 430-433.	Power Point	Pretest/Posttest Item #4
List a good way to implement night shift rounding	Educate, plan and implement	Burdick, K., Kara, A., Ebright, P., Meek, J., (2017). Bedside interprofessional rounding: The view from the patient's side of the bed. *Journal of Patient Experience*, 4, 22-27. doi.org/10.1177/2374373517692910	Power Point	Pretest/Posttest Item #5
List the three stages of Lewin's Theory of Planned Change and the application to implementing night shift rounding	Unfreezing – describe current practice and participate in education about rounding and its benefits Moving – discuss the plan, steps, and best ways to implement night shift rounding Refreezing – discuss ways to maintain the sustainability of rounding the after education program	Shirey, M.R, (2013). Lewin's theory of planned change as a strategic resource. *Journal of Nursing Administration*, 43, 2, 69-72. doi.org/10.1097/nna.0b013e31827f20a9	Power Point	Pretest/Posttest Item #6
List a reason for patient harm	Communication breakdown	Ashcraft, S., Bordelon, C., Fells, S., George, V., Thombley, K., Shirey, M.R. (2017). Interprofessional clinical rounding: Effects on processes and outcomes of care. *Journal of Healthcare Quality, 39*, 85-94. doi.org/10.1097/jhq.0000000000000039	Power Point	Pretest/Posttest Item #7
List the benefits of rounding for the patients and the staff	Improved staff satisfaction and morale Improved patient safety outcomes	Urisman T, Garcia A, Harris HW (2018). Impact of surgical intensive care unit interdisciplinary rounds on interprofessional collaboration and quality of care: Mixed qualitative-quantitative study. *Intensive Critical Care Nurse*, 44, 18-23. doi.org/10.1016/j.iccn.2017.07.00	PowerPoint	Pretest/Posttest Item #8
List the percent of sentinel events that are due to breakdown in communication	65%	Cornell, P., Townsend-Gervis, M., Vardama, J. M., & Yates, L. (2014). Improving situation awareness and patient outcomes through interdisciplinary rounding and structured communication. *Journal of Nursing Administration*, 44, 164-169. doi.org/10.1097/nna.0000000000000045	Power Point	Pretest/Posttest Item #9
Identify the stage that helps to solidify	Freezing	Burnes, B. (2019). The origin of Lewin's three step model of change. *The Journal of Applied*	Power Point	Pretest/Posttest Item #10

behavior at a new equilibrium to ensure that is it safe from regression	*Behavioral Science*, 56, 32-59. doi.org/10.1177%2F0021886319892685

Appendix C: Figures for Pre- and Post-Project Implementation Ventilator Day Data

Figure C1

Preimplementation Ventilator Day Data – July August 2022

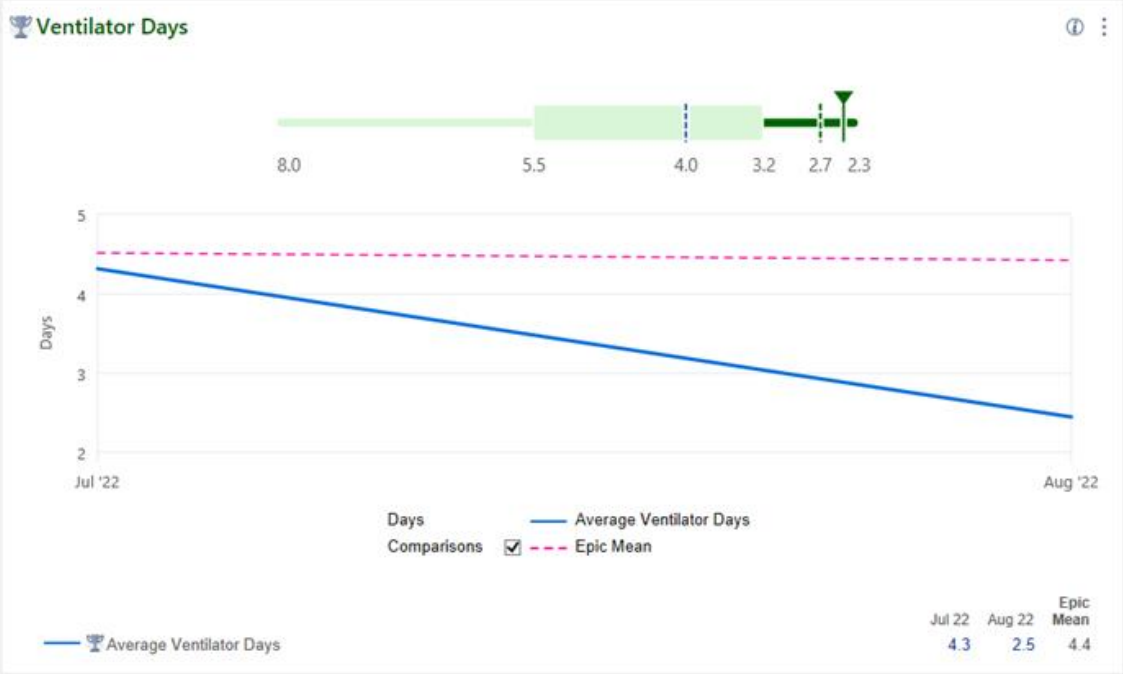

Figure C2

Postimplementation Ventilator Day Data – October November 2022

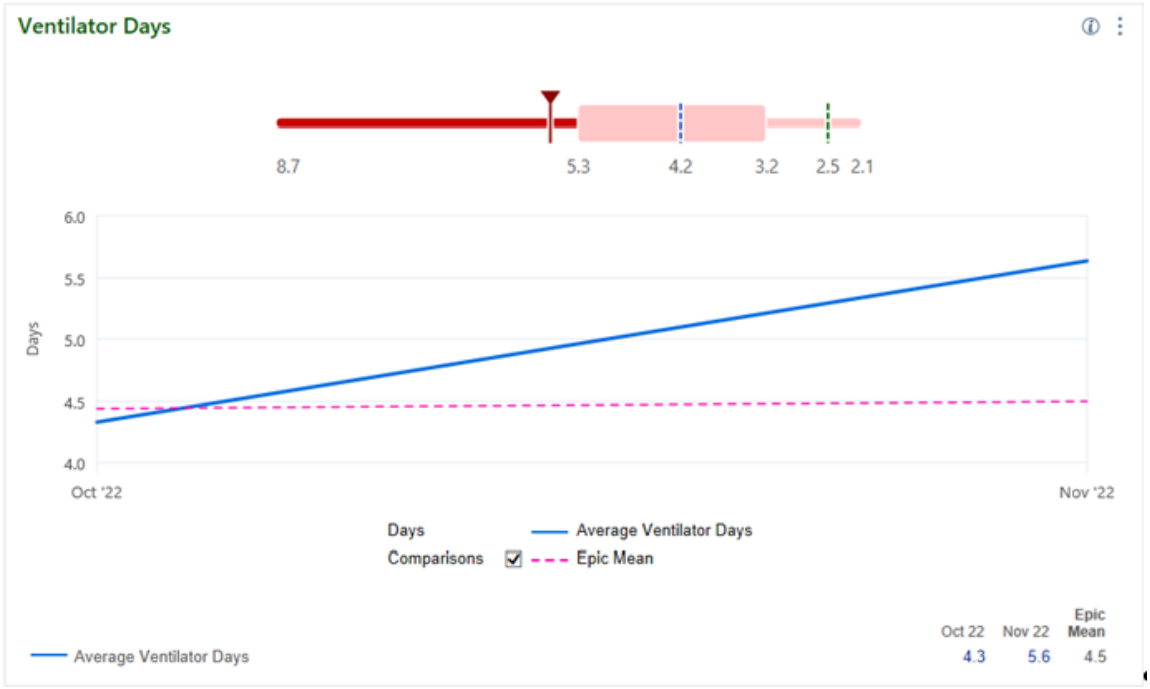

Figure C3

Postimplementation Ventilator Day Data – December 2022