



Service Priorities and Programmes
Electronic Presentations

Convention ID: 614

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Innovation of patient care in acute hospital environment: Nursing clinical rounds

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Keywords:

Nursing clinical rounds

Introduction

In the 1990s, team nursing, patient allocation, primary nursing were introduced generally to our surgical department. As a result much of the traditional ward in charge's role became redundant. Teams or primary nurses an overview of the whole ward. Accountability was firmly rooted in the individual nurse. This reduced the recognition of the need for a coordinated team approach to care across the ward. Over the past decade, people have complaints that nobody knows who is in charge of the ward and the patients' care. This often leads to lack of confidence in care and may lead to a lack in coordination of or omissions in treatment and care. Introducing nursing clinical rounds can help improve the situation.

Objectives

(1) Strategic improvement of nursing care (2) Ensure patient safety (3) Promote training and education

Methodology

The concept of nursing clinical rounds was first suggested in November 2010 by the Ward Manager of the Colorectal & Hepatobiliary Pancreatic Units. The nursing clinical rounds would be hold daily rounds at 09:00a.m. in ward, as this is a time when doctors grand rounds have been finished, patient activity was building but still enabled ward manager, nursing staff, supporting staff and nursing students to actively participate in the round. The duration of the rounds were about 45 mins. The rounds were undertaken by the nurse in charge. Team nurses were asked to highlight to the shift in-charge and ward manager about the team cases, in their care for consideration and were taken through the systematic process of problem identification and care planning. Patients were directly involved in the round if required to support the learning taking place, for example in physical examination or symptom identification. The structure of the round was based on fundamental aspects of nursing care, it included: patient care plans, infection control, pressure area care, fall issue, ensuring patient's surrounding environment was "safe" through identification labels, correct patient monitoring being in place. A self-report questionnaire was designed for evaluation of the outcomes on such new practice.

Result

The survey questionnaires were distributed to thirty nursing staff and eight supporting staff in ward and 100% returned rate. The majority of respondents reported they had adequate opportunity to discuss their patients (96%) and felt supported during the nursing round (92%). 70% responded that they had had a change in practice by stating "Decision making and prioritization skills", "Knowing more about condition helps with planning care". Besides, the past three years key performance indicators in the units were also measured. The ward hand hygiene compliance rate, fall incident and pressure ulcer data were shown better results when comparing among other general surgical wards.