

How intentional rounding and red pegs are the key to an excellent patient experience at Mediclinic Panorama

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Abstract

This article outlines the implementation and illustrates the positive impact of intentional or structured nursing rounds at Mediclinic Panorama, as well as initiatives aimed at safeguarding patients' privacy and dignity such as the "Red Peg" initiative; describes how they have improved the quality of the patient experience; and serves as a guide for nursing managers as to how these initiatives can be implemented in a private hospital setting.

In today's consumer-driven economy patients have a choice of hospitals and can "vote with their feet" so it is essential to view patients not merely as cases with particular conditions, but as customers whose experience of care will dictate whether they choose to be treated at the hospital again or recommend it to their friends. Improving the patient experience will not only impact on the bottom line, but also help to improve the overall standard of patient care, safety and level of staff morale.

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Intentional rounding (IR)

Although regular, task-based nursing rounds have been practised in hospitals around the world for many years, the concept of evidence-based, structured, "intentional" rounding was only recently developed in the United States by the Studer Group.¹ IR can be defined as bedside nursing rounds which are proactively planned, timed and executed to ensure that the fundamental care needs of patients are identified and met.

The key elements which are the focus of intentional rounding are generally summarised using the "Four Ps"²:

- **Positioning:** Making sure the patient is comfortable and assessing the risk of pressure ulcers
- **Personal needs:** Scheduling patient trips to the bathroom to avoid risk of falls
- **Pain:** Asking patients to describe their pain level on a scale of 0–10
- **Placement:** Making sure the items a patient needs are within easy reach

The bedside rounds also give an opportunity for the nurse to assess the care environment, introduce themselves to the patient and/or find out if the patient has any questions or

requirements, the procedure for which can be incorporated on a prompt card. Each round should be documented.

The Studer Group reported the improvements a few months after the implementation of IR to be the following¹:

- 40–50% reduction in call lights
- 33% reduction in patient falls
- 56% reduction in pressure ulcers
- 71 percentile point increase in patient satisfaction

Implementation of IR – The PDSA Cycle

Intentional rounding was implemented at Mediclinic Panorama in October 2013 adhering to the "PDSA Cycle"³:

- **Plan** the change
- **Do** it/try it out on a small scale
- **Study**/observe the results
- **Act** on learning/refine change

In accordance nursing management set up an IR Committee comprising a member of staff from Training and Development, the Deputy Nursing Managers, Risk Manager and Unit Manager to plan the implementation, produce nurse prompt cards, call bell and rounding logs to document the

results, and the initiative was piloted over a 30 day period on a four-bed room in three of the units in the hospital. Nursing staff introduced themselves to their allocated patients at the beginning of their shift following the script on the prompt cards and recorded call bell rings and tasks performed for patients in response to the call bells on the call bell and rounding logs. Patient satisfaction surveys were distributed to patients discharged during the 30 day period. Following the pilot study the information collected on the call bell and rounding logs and feedback from patients was analysed by the Deputy Nursing Manager acting as the Project Lead, who found a significant reduction in the number of call bells and increase in patient satisfaction in the four-bed rooms during the 30 day pilot period.

Prior to implementing IR in the other wards and units in the hospital, the IR Committee undertook informal drop-in sessions and adapted how IR was to be implemented for smaller groups of two to three wards/units, and conducted weekly training for each ward/unit followed by 30 days of auditing and feedback. The focus during this period of dissemination throughout the hospital was to ensure the reliability and meaning of implementing IR, identify what was most important, review the process of implementation and begin to implement "community" rounding, broadening the scope of IR beyond the confines of the individual wards/units.

IR – The Results

The concerns and challenges raised by staff who were either on the IR Committee or who took part in the pilot were that intentional rounding could be seen as a "tick-box" exercise, focusing too much on process and reducing the autonomy of nurses, as well as being time-consuming. However, the benefits were seen to be that intentional rounding helped staff organise their workload and provide more systematic, reliable care, and it made patients feel less isolated and more secure as they knew that they would be checked on regularly.

In the period immediately after the introduction of IR at Mediclinic Panorama there was an increase in the percentage of patients who were delighted with the hospital service from 73% on average in the six months from April to September 2013 to 80% on average from July to December 2013.⁴ There was also a marked increase in the percentage of patients who rated the standard of nursing care in the top two tiers and would recommend the hospital to friends and family, and the percentage of patients who had cause for complaint during their stay decreased from 17% in the six months to September to 11% in the period to December 2013. In addition the number of patient falls reported fell from 12(?) in September, to 9(?) in October, 5(?) in November and 2 in December 2013.

The "Red Peg" Initiative – Dignity in Care

It is imperative that the privacy and dignity of patients is safeguarded if healthcare professionals wish to ensure that the patient experience is the best that it can possibly be. If patients are treated with respect at all times, not only will they be more satisfied with the quality of care that they receive, but nursing staff will also benefit from the reciprocal respect of patients and increase in morale of the nursing team as a whole. Patients feel more valued and staff more motivated to provide the highest standard of care creating a win-win situation.

In the United Kingdom the Department of Health launched the "Dignity in Care" campaign in November 2006 aiming to put dignity and respect at the heart of UK care services.⁵ The campaign has over 40 000 registered "Dignity Champions" who are part of a nationwide movement led by the National Dignity Council, working individually and collectively to ensure people have a good experience of care when they need it. The campaign's core values are about changing the culture of care services and placing a greater emphasis on improving the quality of care and the experience of citizens using services such as hospitals. It includes action to:

- Raise awareness of Dignity in Care
- Inspire local people to take action
- Share good practice and give impetus to positive innovation
- Transform services by supporting people and organisations in providing dignified services
- Reward and recognise those people who make a difference and go that extra mile

Two of the key values and actions that the campaign states pertain to high quality services that respect people's dignity in supporting them with the same respect you would want for yourself or a member of your family, and respecting their right to privacy.⁶

A simple, but effective means of maintaining patient's privacy and dignity is for nursing staff to secure bed curtains with a red peg to alert other staff that a patient's personal care is being attended to and prevent the patient from being disturbed, as was found at the Royal Marsden NHS Foundation Trust in London, United Kingdom when they sought to champion the best care for older people.⁷ "It is always the small things that make a difference, such as ensuring patients are called by their preferred name, and making sure their privacy and dignity are preserved," according to Ann Duncan, Ward Sister at the Royal Marsden and member of the Older Person's Champion Action Team (OPCAT), "The use of red pegs on ward curtains, and the provision of new gowns, have enabled nurses to achieve this."

Implementing the “Red Peg” Initiative

This is a quick and easy initiative to implement, and it was introduced in July 2013 by the Emergency Centre, two Surgical Wards and Cardio-Thoracic Intensive Care Unit at Mediclinic Panorama. Nursing staff were provided with red pegs to use when appropriate and the Unit Managers put up framed posters emphasising the importance of patient privacy and dignity.⁸ The Unit Managers are responsible for “championing” or ensuring the privacy and dignity of their patients by cultivating a culture of respect amongst their staff.

“Red Peg” Initiative – The Results

Comparing the six months prior to the introduction of the initiative with the period immediately following, there was an increase in the percentage of patients who responded that the nursing staff treated them with courtesy and respect in the top three tiers from 83% in the period leading up to July to 89% in the period up until December 2013.⁴ In addition, there was also an increase in the percentage of patients who responded positively that the nurses both listened carefully to them and explained things in a way that they could understand between the six months leading up to July and the period ending in December 2013.

Conclusion

The implementation of intentional rounding and the “Red Peg” initiative at Mediclinic Panorama has resulted in an increase in patient satisfaction and reduction in complaints by patients in regard to their care as, instead of reacting to the needs of patients, nurses are proactively ensuring both that their patients’ needs are identified and met, and that they are treated with respect, thereby preserving their privacy and

dignity. Whilst it is impossible to eliminate the risk of patient falls, bedside rounds can identify situations that may lead to patients falling and thereby prevent falls, increasing patient safety on wards where it is practiced. Also, by anticipating the requirements of patients that would normally lead to them using their call bells through structured rounds, nurses are able to plan their workload more effectively, thereby ensuring that every patient receives a high standard of care that is personalised to reflect their individual needs and sensibilities. This cultural shift, from viewing wards or units as being made up of cases that need to be treated, to recognising that each patient is an individual for whom the journey from admission to discharge must be tailored with regard to their personal requirements, is essential for modern private healthcare providers to succeed in a highly competitive marketplace. Mediclinic Panorama is striving to put the improvement of the patient experience at the heart of its mission to provide the highest quality of care.

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