The Impact of GI Inpatient Nursing Rounds on Patient Procedure Cancellations
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ABSTRACT
Research on rounding among hospital providers demonstrated the fundamental value in the practice. If rounding is of value in surgical, medical, and other areas, it is logical to hypothesize that structured rounds would be useful for other nursing units, such as those performing special procedures. Structured rounding between GI nurses and colleagues on inpatient units could enhance preparation and efficient care of patients, decrease same day cancellations, and increase RN satisfaction with communication. Analysis using a Z-test demonstrated some support for a reduction in canceled procedures. Nurses also reported satisfaction with the new rounding procedure.

BACKGROUND & HYPOTHESIS
Research on rounding practices demonstrated rounds:
• Improved communication and coordination of care and time
• Improved knowledge about patient care plans
• Decreased length of stay
• Increased patient safety and reduced codes
• Reduced problems for patients at discharge
• Led to improvements in nurse sensitive indicators
• Increased patient satisfaction

METHODS
During a one month period (March 2011), all inpatients pre-scheduled for GI procedures received structured rounding by one of the researchers. Rounds consisted of bedside visits to patients and nurses for reports, procedural information sheets, placement in charts, pre-procedure education, and directly addressing patient concerns. Patients’ staff nurses were surveyed to assess the perceived effectiveness of this rounding process.

RESULTS
Z tests were calculated in order to assess differences in the percentage of canceled procedures from month to month. These results are presented below.

<table>
<thead>
<tr>
<th>Difference Tested</th>
<th>Z test</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Δ January-February</td>
<td>-1.688</td>
<td>( p &lt; 0.05 ), One Tailed</td>
</tr>
<tr>
<td>Δ February-March</td>
<td>2.076</td>
<td>( p &lt; 0.05 ), One Tailed</td>
</tr>
<tr>
<td>Δ January-March</td>
<td>0.506</td>
<td>( p &gt; 0.10 ), One Tailed</td>
</tr>
</tbody>
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CONCLUSIONS
Results demonstrated:
• A significant increase in the percentage of canceled procedures for January to February
• A significant decrease in the percentage of canceled procedures for February to March
• No significant decrease in canceled procedures for January to March

Overall, findings indicated there might be some significant impact, however additional research is needed.

Survey results from the patients’ nurses indicate general satisfaction with the “rounding on” procedure.

DISCUSSION & FUTURE RESEARCH
• Inconsistent communication related to delays/cancellations
• Factors impacting patient cancellations included
  – Efficiency/availability of patient escort services
  – Shift-to-shift reporting by nurses
  – Confusion about prep and order sets
  – Differing requirements of attending anesthesiologists
  – Availability of attending physicians/fellows

Findings demonstrate the potential value of additional work to improve communication, education, and processes contributing to delays.

Future research efforts could include studying the effects of RN education of GI fellows, inter-professional rounding, use of this rounding process in other procedural areas, and in-unit process improvement.

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