Background:
- Hourly Rounding and Bedside Report in hospitals are evidence-based practices that have been linked to improvements in patient satisfaction and quality of nursing care, (Mead, Kennedy & Kaplan, 2010, and Atwill, Fields & Waggoner, 2009).
- The Clinical Nurse Leader (CNL) role has been developed specifically to bring evidence-based practices to the point of care. Yet literature demonstrating its effectiveness is sparse (Wilson et al, 2012, Hix, McKeon & Walters, 2009).
- Cost of healthcare in the United States is unsustainable (Commonwealth Fund, 2011).
- Nursing interventions and new roles must be critically evaluated to ensure that they add value to patient care and are sustainable.

Abstract/Purpose of Project:
The achievement of safety and quality outcomes for patients often depends on reliable implementation of Evidence Based Practice. Hourly rounding and bedside report are associated with high patient satisfaction and quality of nursing care but compliance with them on the unit study unit was inconsistent. The purpose of this project was to determine whether a CNL led improvement strategy would increase nursing staff compliance. This observational study, approved by the IRB’s of CHS and UA, compared compliance of nursing staff with hourly rounding and bedside report before and after CNL coaching. Completion of elements were observed for 24 hours by a team of trained auditors before and 7 days after CNL intervention. A pearson chi-square analysis was used to compare pre and post intervention data with significance level set at p<0.05. The study demonstrated that coaching of nursing staff by CNLs improves nursing staff compliance.

Project Design:
- Revised existing evidence based bedside report and bedside rounding protocols
- Incorporated interventions to reduce the risk of blood clots and infections associated with central line management and microsystem performance, may be ideally suited to improve the reliability of evidence based patient care processes.
- Successful implementation of these rounding and bedside report protocols may indicate that CNLs can serve as catalysts for improving other processes which impact patient outcomes.
- Further evaluation is necessary to determine whether the behavior changes achieved on the study unit have been sustained

Project Methods:
- Observational study evaluating effect of CNL coaching of nurses and nursing assistants
- Nursing staff in the study received didactic information on the evidence behind purposeful hourly rounding and bedside report and were coached individually by CNLs after reviewing the results of their baseline rounding and bedside report performance.
- The 3 CNLs in the project are recent graduates of Queens University in Charlotte and represented the unit’s rounding and bedside protocols with the PI using evidence from the literature.
- Post evaluation was done 7 days after the initial coaching and will be done periodically thereafter to ensure that behavior change is maintained.

Content of Educational Sessions:
- What the literature says about rounding and bedside report
- Reduces falls
- Improves satisfaction
- Patients feel better prepared for discharge
- What our baseline audits show
- Why this is important to do correctly
- Cost of a fall
- Cost of a readmission
- Cost of patient dissatisfaction
- How to round
- Demonstration do’s and don’ts
- How to give bedside versus halfway report
- Patient/Family inclusion
- What about HIPPA
- What if the patient is asleep?

Project Results:
Baseline and Post Education compliance data was analyzed by Tara Robinson, MA, Carolinas HealthCare System. Data analysis of the proportion of bedside to quantitative variables is done with Chi-square. A Pearson chi-square analysis was used to determine whether a CNL led improvement in bedside report. A Pearson chi-square analysis was used to determine whether a CNL led improvement in bedside report.

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