

Nurse-Led Care Coordination Rounds Help Reduce Length of Stay and Improve Patient Satisfaction

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Description

The bedside nurse has become more accountable for issues such as patient satisfaction and length of stay (LOS) in the changing healthcare environment. Structural empowerment through the use of a bedside nurse-led Care Coordination Round (CCR) is able to facilitate positive outcomes in patient satisfaction and length of stay.

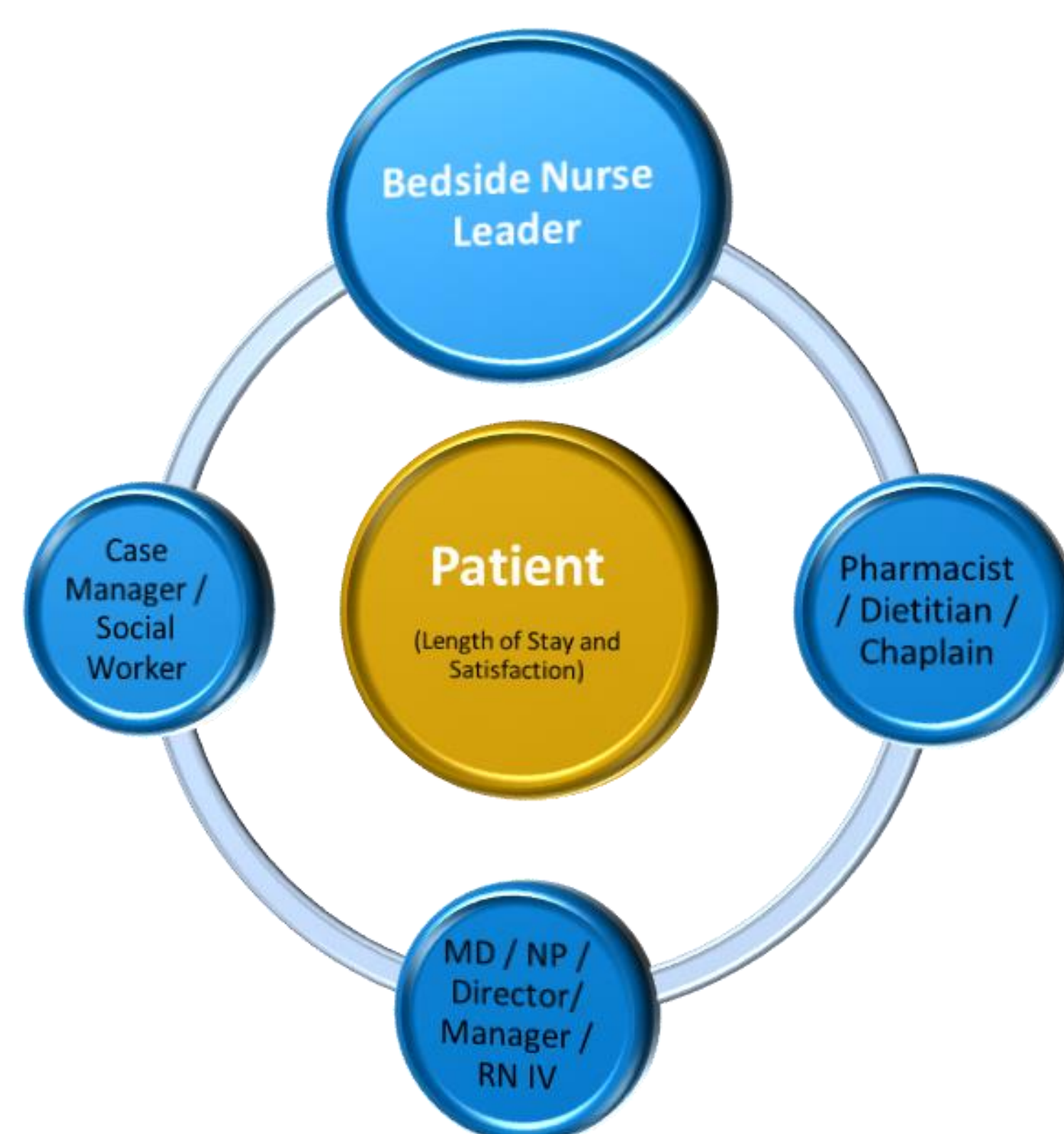
Purpose

Demonstrate how the use of the bedside nurse as a leader in interdisciplinary care coordination rounds can increase nursing empowerment and engagement to increase patient satisfaction and reduce LOS.

Background

The new era in healthcare is challenging healthcare facilities to be more judicious in spending, improve quality of care to reduce length of stay (LOS) and to maintain patient satisfaction. The bedside nurse does not only facilitate the achievement of these goals but is also held accountable to their attainment. According to The Institute of Medicine (IOM) 2010, nurses need to take a leadership role in addressing the changing landscape of the healthcare system. The structural empowerment of the bedside nurse through the implementation of a nurse-led CCR is an example of how the bedside nurse, as a leader, can impact length of stay and enhance patient satisfaction.

Nurse-Led Care Coordination Round



Method

CCR was restructured to be led by the bedside nurse as opposed to unit leaders and case managers. The round includes other disciplines such as social worker, dietitian, pharmacist, physical therapist, chaplain, nurse practitioner, unit leaders, case manager and physicians, depending on patient needs. The bedside nurse steers the rounds by utilizing structured tools to discuss identified patient needs, barriers to discharge, and discharge disposition based on nursing assessment and interactions with patient/family. These barriers are addressed and through interdisciplinary collaboration, patients needs are appropriately met.



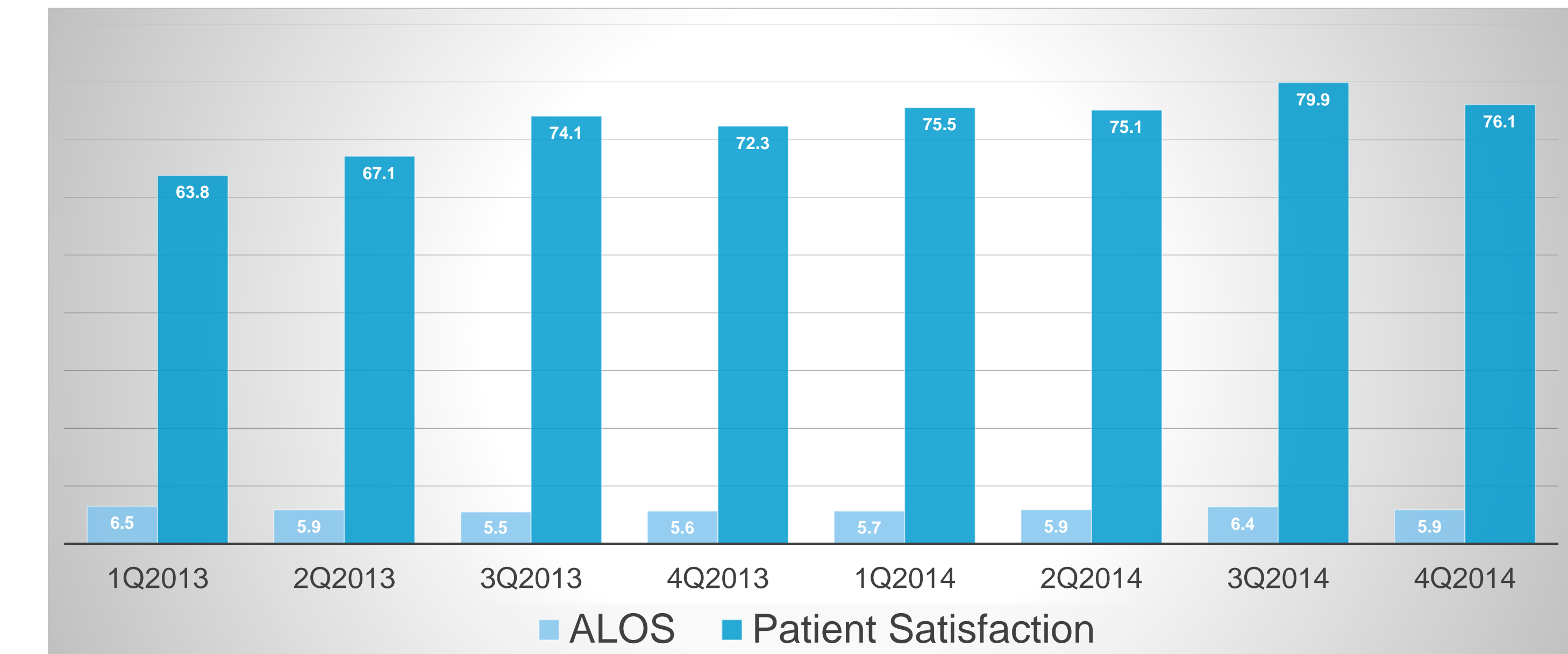
Results/Analysis

The nurse-led CCR was implemented at the beginning of the second quarter of 2013. Patient satisfaction survey and LOS data were analyzed following implementation. RN satisfaction survey was also analyzed as a measure of nurses' perception of empowerment.

Length Of Stay:

A significant decrease was noted at the end of the 2nd and 3rd quarter of 2013 but a gradual increase was noted towards the end of the fourth quarter, with significant increase in the 3rd quarter of 2014 (refer to graph).

The patient population also changed in the last quarter of 2013 from general gastroenterology to hepatology. The unit officially became part of the Center for Liver Disease and Transplantation with a name change in 2014. According to a study completed at a large academic tertiary care center, the median LOS for patient hospitalized with HE was eight days (Martel-Laferriere, Homberger, Bichoupan, & Dieterich, 2014) and according to the American Liver Foundation (2013), the LOS is six days for patient hospitalized with HE. The unit achieved an Actual LOS (ALOS) between 5.5 and 6.4 days with the implementation of the nurse-led CCR.



Patient Satisfaction:

Patient satisfaction score was measured using Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS). The score showed gradual improvement (refer to graph) and met the hospital targeted score in 2014 with an overall year end score of 77.4. Patients were more satisfied with their overall hospital experience including the discharge component.

RN Satisfaction:

The unit scored above average for magnet hospitals in the 2014 NDNQI RN satisfaction survey on the item "Treated with Dignity and Respect" with a score of 4.5 while the average for magnet hospitals was 4.2. The use of the nurse-led CCR increases the visibility and recognition of the bedside nurse as a leader within the interdisciplinary team.

Conclusion

The nurse-led CCR not only provides empowerment to the nurse but also allows the interdisciplinary team to recognize and appreciate the unique leadership role of the bedside nurse.

The bedside nurses are the drivers for positive patient care experience that begins from admission and continues to discharge. They are in a position to build trusting relationships with patients and are adept at the proactive identification of patients' needs including potential discharge barriers. They are able to steer the interdisciplinary team as a leader to target interventions that reduce length of stay and improve patient satisfaction.

The establishment of the nurse as a leader in CCR fosters structural empowerment for the bedside nurse within the organization, improves the discharge processes, and increases patient satisfaction.

Works Cited

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