SAFETY Rounding

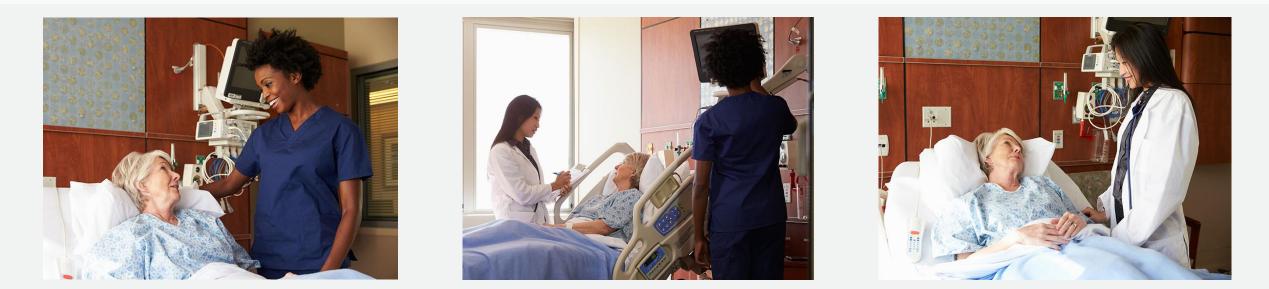
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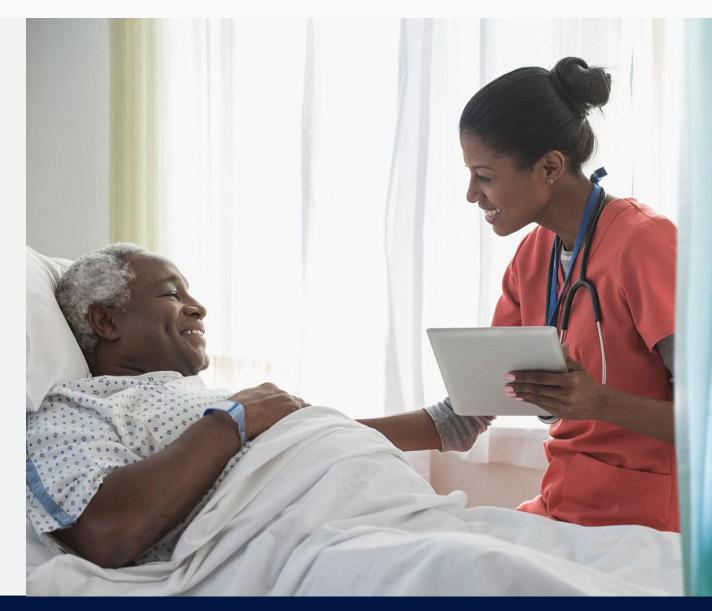
Defined:

A reliable nursing care delivery system that reduces variance, increases efficiency and establishes safety, quality and experience as the fundamentals of nursing practice.



SAFETY Rounding Benefits

What do **YOU** think some of the benefits are?







Who is responsible for SAFETY rounding?



- Primary responsibility for SAFETY rounding falls on the nursing care team.
- Tasks involved should be integral part of the work of each member of the care team

Completed by nursing staff that are capable of doing a **full** round, not just part of the task

- Most sustainable when assigned and responsibility is shared
 - Make adjustments based on daily activities
 - Scheduling may vary from unit to unit, or even shift to shift

When should you round?

SAFETY rounds are to be done on a consistent basis, typically every hour during the day and every two hours overnight.



How will SAFETY rounds be communicated to the patient?

Initial rounds:

- When your patient is admitted, you or another employee will orient them to the floor and the room
- Show the call light to the patient
- Begin discussing how you will partner together to proactively meet the patient's needs



How will SAFETY rounds be communicated to the patient?



Subsequent rounds:

• Use key words to ensure the patient knows you're there for a SAFETY round

Bedside Shift Report (BSSR):

• Reinforce and customize SAFETY rounding for the upcoming shift

"Mrs. Jones, I am back to do my SAFETY round and change your dressing."

"We are going to be performing a bedside shift report. During this time we will also be doing the SAFETY Rounding."



Nurse leader rounds

• Reintroduce and reinforce expectations and validate the practice's accuracy

"When the nurse and other staff come into your room to do their SAFETY Rounding, they are making sure that you are safe while you're in the hospital."

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SAFETY Rounding Framework

S	SET-UP and SCHEDULED TASKS	Set-up round using AIDET and perform scheduled tasks.
Α	ANTICIPATE	Anticipate needs by providing (a) comfort and (b) environmental measures.
F	FOCUS on the P's	Focus on the P's (Pain, potty, position, plan of care, pumps, etc.)
E	EXPLAIN	Explain by narrating care (E – AIDET) and using teach back methods.
т	THANK and TIME	THANK the patient and state the time you will return.
Y	YOU	YOU – Focus on the patient and make a personal connection.



S Set-Up & Scheduled Task

"Mr. Jones, I am back to do my SAFETY round."

Set-up:

- Prepares the patient and staff for the round
- Makes sure the patient is aware that your presence in the room is to accomplish a SAFETY round
- Allows the patient to know what to expect
- Reduces patient anxiety
- Uses the "A" and "I" of AIDET

Scheduled Tasks:

- Ensures that staff are organized and prepared to perform anything scheduled for this patient over the next hour (medicines, treatments, procedures, education, etc.)
- Organizes the work within the rounds
- Gains efficiency



A Anticipate

"Mr. Jones, I want to be sure you're comfortable and that your room is clean and safe. Let me move your TV remote closer to you."

"Is there anything else I can get for you?"

Comfort & Environmental Assessment Checklist						
Comfort Measures	Environmental Assessment of the Room					
Is the water fresh and ice pitcher full?	Is the call light within reach of the patient?					
Do they need something to drink?	Is the beside table within reach of the patient?					
Are the sheets and bed covers straight and comfortable for the patient?	Is the phone within reach of the patient?					
Are the pillows in a comfortable position?	Is the TV control and light switch accessible and within reach?					
Is there anything else the patient needs?	Is the trashcan placed next to the bed?					
	Does the trashcan need to be emptied?					
	Is the room tidy?					
	Is the bathroom clean and neat?					





"During my SAFETY round with you, I will be focusing on managing your pain..."

Focus on the P's:

(As appropriate for your department)

- Pain
- Potty
- Position
- Pumps
- Personal items





"What questions do you have...?"

"Let me explain what is happening now..."

"This is what you can expect..."

Explanations woven throughout the conversation:

- Help listeners understand the concepts or processes you describe
- Invite patients into the conversation
- Verifies understanding
- Let patients know and expect when you will return
- Allow patients to "cluster" requests to create efficiency of the round

"Is there anything you don't understand?"



Thanks & Time

"We'll be back to round on you in about an hour..."

"Thank you for choosing us to care for you during your stay..."

Thanks:

- Show appreciation
- Say "thank you"
- Communicate the privilege of caring for them or their loved one
- Build trust

Time:

- Tell the patient approximately what time we or someone else will return
- Create a "promise" that you will be there to care for them
- Reduce patient and family anxiety





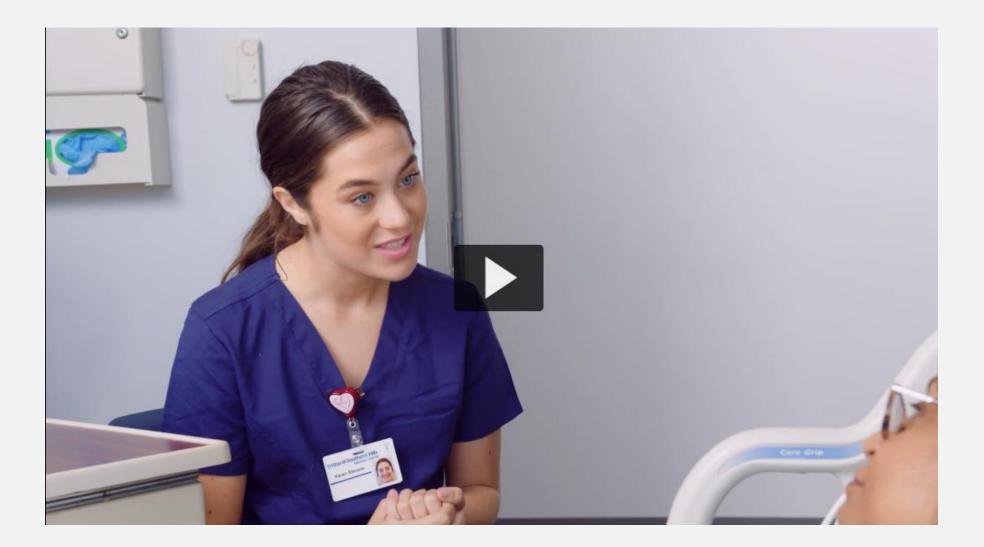
"Is there anything more I can do for you right now? I have the time."

"I'm so glad to see you're doing better today." "Did you have a good visit with your daughter last night?"

- Focus on the patient
- Make personal connections
- Convey "YOU" (the patient) are the most important thing and we are here for YOU!

You are important!







Thank you



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SAFETY Rounding – Competency Checklist



Name: ______ Unit/Area: _____

Date: _____ Evaluator: _____

Instructions: Colleague must verbalize or demonstrate the following as indicated.

Scale: S—Strength in Skill; O—Opportunity

S – Set-Up & Scheduled Tasks To work efficiently while completing other scheduled tasks		Notes
Introduce self by name, title / Use Key Words "Safety Rounding"		
A – Anticipate Needs Pro-active assessment of basic needs	(S/O)	Notes
Attend to comfort measures (ice/pitcher, blankets/sheets/pillows) Conduct environmental assessment of room & bathroom (call light, remote, trash can, cleanliness and tidy)		
F – Focus on the P's	(S/O)	Notes
Assessed for Pain (Assess level) and update Communication Board Assessed for Potty (Pro-actively encourage use) Assessed for Position Assessed for Pumps (if present) Assessed for Personal Items (within reach)		(If any items are missed, this is an opportunity)
Verify Fall Precautions in place (Bed/Chair Alarm is activated, etc.)		
E – Explain & Educate Use opening key words, narrate care and use teach-back methods CARE OUT LOUD – Narrate care SAFETY Rounds using effective key words	(S/O)	Notes
Confirm next steps <u>(teach-back opportunity)</u>		
T - Thank You & Time Shows appreciation and builds loyalty	(S/O)	Notes
Close the conversation with gratitude State time you (or someone else) will return		
Y – You are Important Focus on the patient and make a personal connection	(S/O)	Notes
Expound on Personal Connection (include family in conversation)		
Asked "what else" he/she could do before leaving		
Compassionate Connected Care	(S/O)	Notes
 Displays the following: Eye contact, smile Uses intentional gestures Energy, voice tone, and speaking speed (match needs) Responds with appropriate action to convey empathy 		
TOTAL NUMBER OF OPPORTUNITIES (Os)	/10	



Total # of Opportunities Assessed: _____ Final Competency Level Assigned: _____ (E/C/D)

- 0 1 opportunity = Expert (E) Revalidated every 6 months
- 2 opportunities = Competent (C) Revalidated every 60 days
- 3 or more opportunities = Developing (D) Revalidated every other week

Note: Validation can be performed more frequently based on NLR observation or performance.

Preceptor guidelines:

- Orientee must complete as indicated to meet requirements. Enter date of completion and initial once complete.
- Orientee understands appropriate documentation, patient education and nursing plan of care will be followed for the skills listed below.
- Orientee is able to demonstrate specific orders in the electronic medical record in relation to the skills listed below if indicated.

1. WHAT ARE THE IDENTIFIED SAFETY ROUNDING BEHAVIORS?

S:	
A:	
F:	
E:	
T:	
Y:	

2. NAME AT LEAST THREE OUTCOMES THAT CAN BE ACHIEVED FROM IMPLEMENTING SAFETY ROUNDING:

- 1.
- 2.
- 3.

3. NAME SOME OF THE Ps THAT CAN BE PART OF SAFETY ROUNDING:

- 1.
- 2.
- 3.
- 4.
- 5.

4. TRUE OR FALSE?

- T / F A. ONLY NURSING STAFF CAN CONDUCT ALL STEPS OF THE SAFETY ROUND.
- T / F B. ONLY NURSING STAFF CAN DO THE ENVIRONMENTAL ASSESSMENT OF THE ROOM.

- T / F C. THE SAFETY ROUNDING STEPS CANNOT BE CUSTOMIZED AND CHANGED, EVEN IF YOU ARE PART OF A SPECIALTY UNIT.
- T / F D. SAYING, "I WILL BE BACK IN ABOUT AN HOUR" WILL HELP REDUCE PATIENT ANXIETY AND BUILD TRUST. THAT TRUST SPILLS OVER TO OTHER ASPECTS OF PATIENT CARE WHEN YOU KEEP YOUR PROMISE TO RETURN.
- T / F E.THE SAFETY ROUNDING BEHAVIORS HAVE TO BE PERFORMED IN EXACTLY THE ORDER PRESENTED.

5. NAME AT LEAST THREE THINGS THAT YOU DO DURING AN ENVIRONMENTAL ASSESSMENT OF THE ROOM:

1.

- 2.
- 3.

6. WHICH NURSING PRACTICES LISTED BELOW DOES SAFETY ROUNDING SUPPORT?

- Bedside Shift Report
- Use of Communication Boards
- Communication Fundamentals
- Teach-back
- Narration of care
- All of the above

7. WHAT IS AN OPENING KEY WORD OR PHRASE YOU MIGHT USE TO "SET-UP" THE ROUND FOR SUCCESS?

8. WHAT IS A CLOSING KEY WORD OR PHRASE YOU CAN USE TO CLOSE THE ROUND AND FOCUS ON "YOU" (THE PATIENT)?