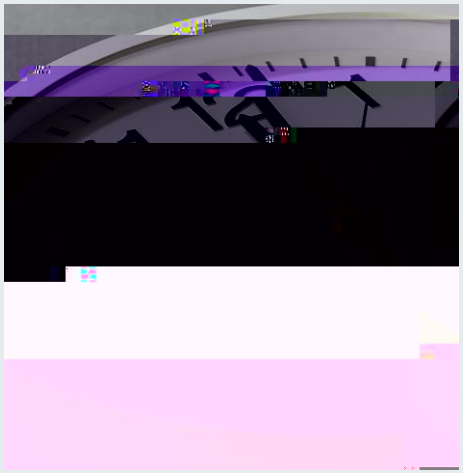
Ruth Harris, *Chief Investigator*
Sarah Sims, *Project Coordinator and Co-investigator*
Mary Leamy, *Researcher*
Nigel Davies, *Specialist in Healthcare Leadership*
Ros Levenson, *Co-investigator*
Stephen Gourlay, *Co-investigator*
Fiona Ross, *Co-investigator*
Sally Brearley, *Collaborator*
Robert Grant, *Collaborator*
Giampiero Favato, *Collaborator*
Felicity Mayer, *formerly Research Assistant*
Katy Schnitzler, *formerly Research Assistant*



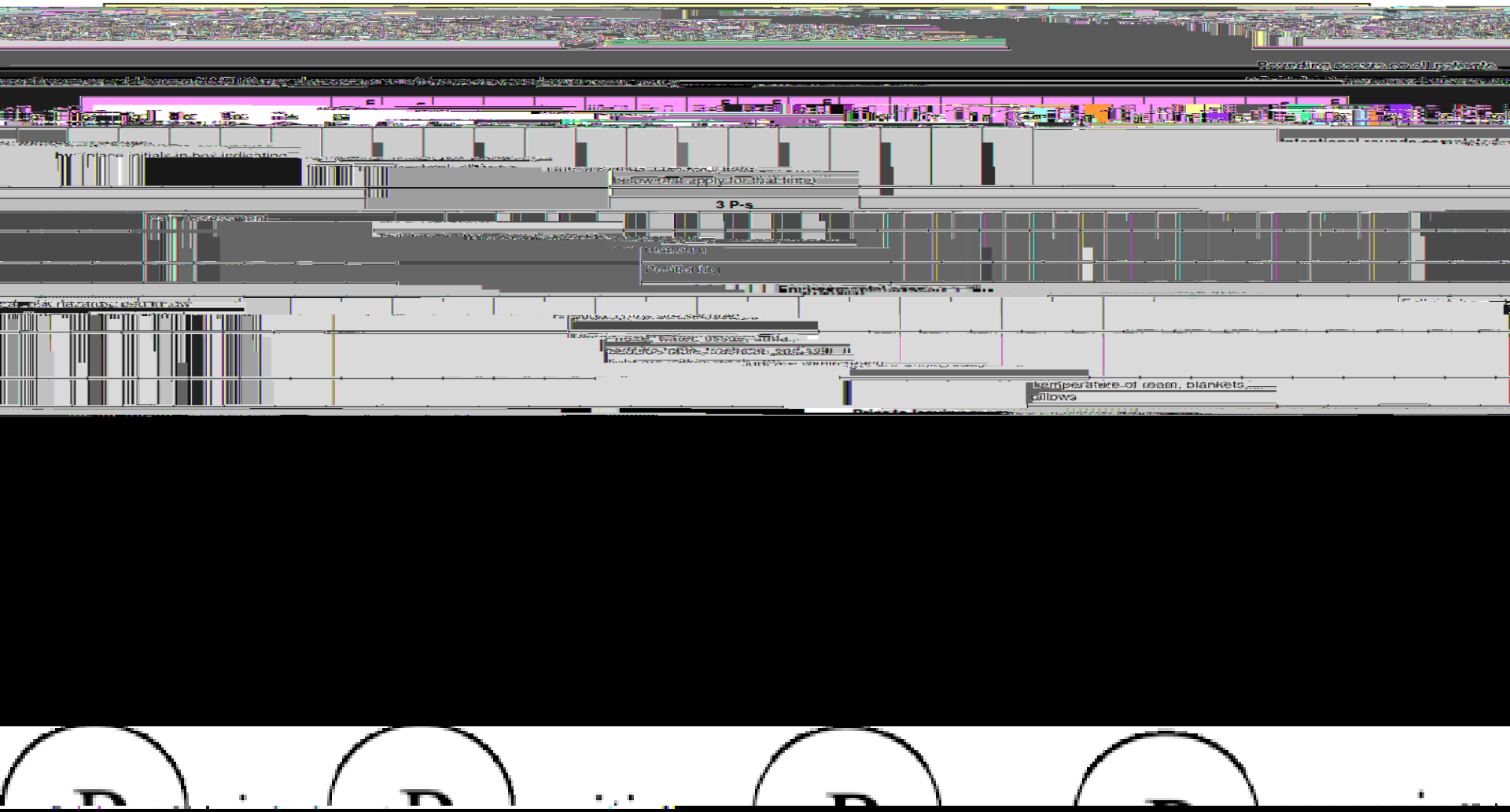
This project was funded by the National Institute for Health Research Health Services & Delivery Research (NIHR HS&DR) Programme as part of their 'After Francis' call (project number 13/07/87). The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the NIHR HS&DR Programme, NHS or the Department of Health.

Nurses to make hourly ro

The Telegraph

on nurs


Sport
Weather
iPlayer
Sounds
CBBC
Food
Bitesize
NEWS

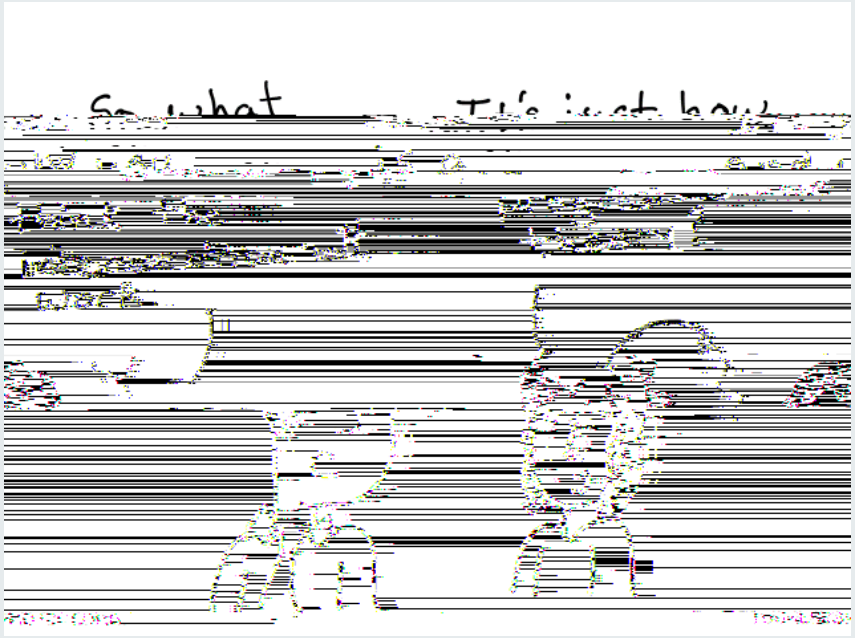

3 P-s

The overall aim of the study was to investigate the impact and effectiveness of IR in hospital wards in England on the organisation, delivery and experience of care from the perspective of patients, their family carers and staff.

Phase 1: Realist synthesis
Phase 2: National survey of all NHS acute trusts in England
Phase 3: Case studies
Phase 4: Accumulative data analysis

Stage 1: Identify *theories* or *assumptions* about why/how intentional rounding works or is expected to work. 89 documents included. 8 programme theories identified.

Stage 2: Identify *empirical research* to support/refute theories identified in stage 1 or identify any new ones. 44 documents included.



Sims et al. BMJ Quality & Safety Sep 2018, 27 (9) 743-757

When workload and nursing staffing levels permit, more frequent nurse-patient contact improves relationships, communication and increases awareness of patient comfort and safety needs

Documenting IR checks increases accountability and raises standards of fundamental care

97% of NHS acute trusts in England had implemented IR in some way, (although considerable variation in implementation).

89% of Trusts had a mixture of registered and unregistered nursing staff conducting IR.

81% of Trusts had a structured protocol, script or procedure in place for IR.

Documentation of IR took place in 96% of Trusts.

64% of Trusts had implemented IR on all wards

80% of Trusts reported that, on the wards where IR had been implemented, it occurred for all patients.

One-to-one interviews were conducted with 17 senior nurse managers, 33 frontline nursing staff, 26 non-nursing healthcare professionals, 34 patients and 28 family carers.

188 hours of direct care delivery was observed by four research staff over day and night shifts. 39 nursing staff also ‘shadowed’.

Safety thermometer data

Cost analysis

Interview data

Whilst some nursing professionals believed IR increased the *frequency* of nurse-patient communication, very few believed it improved the *quality.*

"... the contact becomes transactional rather than enriching, so you're not having a conversation with that patient" (Senior Nurse)

Patients and family carers valued the *relational* elements of their interactions with nursing staff. They wanted care *when they needed it* and were less concerned about the precise regularity or structure of rounding.

Some patients disagreed with a structured, scripted approach to communication and preferred nursing staff to use their *"initiative and sensitivity".*

"I don't think that's very people friendly really." (Carer)

Interviews

Frontline nursing staff and managers worried the main focus of IR was in completing the documentation rather than in the conversation with the patient.

Observation data

Frontline nursing staff were very busy and carried out a wide range of tasks. IR was usually combined with other activities and staff were frequently interrupted when undertaking IR. Staff were therefore often observed to document IR *retrospectively*.

On occasion, staff delivered what looked like IR but *did not complete* IR documentation.

IR was also observed to be completed *prospectively*.

Fidelity to the original IR intervention

240 IRs were observed within 188 hours of care delivery observation. Whilst 86% of all IR interactions were observed to be documented, fidelity to the original intervention (i.e. Studer Group protocol) was generally low. For example:

Positioning', 'personal needs', 'pain' and 'placement of items' questions were observed to be asked in 27%, 26%, 26% and 23% of rounds, respectively.

Some evidence that when documented ‘authentically’, IR provided nurses, ward and senior nursing managers with reassurance and evidence that basic, fundamental patient care had been delivered. When the accountability mechanism was activated, this contributed to the following outcome:

- Nurses said they could use IR documentation to provide evidence that they had delivered basic, fundamental patient care to a minimum standard.

No evidence that IR increased personal accountability, as nurses said they already felt a professional accountability for the care they delivered.

No evidence

IR reduces the scope of nursing practice, privileging a transactional and prescriptive approach over relational nursing care.

Intentional rounding is used by nursing staff as a defence/safety net

IR protocol as defined by the Studer Group in United States is not sufficient in England

IR adds to the tension inherent in the delivery of systematised care vs. individual patient care

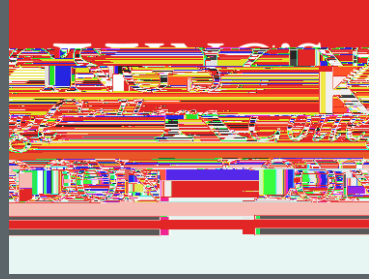
IR is not visible to patients and carers

IR does not contribute to multidisciplinary care

This study shows the effectiveness of IR, as implemented and adapted in England, is weak.

“Well, if I were you, I wouldn’t stAI were you, I0 v

"... we don't have these professional conversations... we don't have those types of forums because we're so caught up just trying to keep it safe at the moment in most organisations..." (Senior nursing manager)



Contact details/for more information:
Prof Ruth Harris
King's College London
Florence Nightingale Faculty of Nursing and Midwifery

Email: ruth.harris@kcl.ac.uk
Tel: 020 7848 3708
Twitter: @Nursing_Rounds