Improving Care Through EPEEP Nurse Rounding in a Singapore Tertiary Hospital
Greetings from Singapore

Fiona Ooi Kooi Li
Nurse Clinician
National University Hospital
Singapore

- “Lion City”
- Southern tip of Malaysia
- 137 km North of equator
- 8 hour ahead of GMT
- Multicultural
National University Hospital
National University Hospital

- Tertiary hospital with 1160 beds
- Over 6301 staff
- Comprehensive range of services except burns

- 42 Wards comprising
  - 30 General Wards
  - Offsite Ward at Westpoint Hospital
  - Intensive Care/
    High Dependency Units
    - Medical
    - Surgical
    - Coronary Care
    - Cardiac Thoracic
    - Paediatrics
    - Neonatal
- 29 Operating Theatres
- 8 Delivery Rooms

- 42 Specialist Outpatient Clinics
- 13 Specialised Service Centres
- 4 Satellite Outpatient Clinics
  - Child Development Unit @ Jurong Medical Centre
  - Dialysis Centre @ SLF Building
  - Jurong Clinic for Women
  - Scoliosis Specialist Clinic @Health Promotion Board
- 3 specialised support services
- 2 Emergency Departments
  - Adult & Children
### Transforming Care at the Bedside (TCAB)

**Aim:** To increase 'Direct Patient Contact Time' from 31% to 60%

#### Key Design Themes

<table>
<thead>
<tr>
<th>Safe Care</th>
<th>Vitality &amp; Teamwork</th>
<th>Patient Centered Care</th>
<th>Value Added care</th>
</tr>
</thead>
</table>
| Revised Handover Process  
General report & Physical Checks first  
Standardise role of NM/NC/NE during key ward activities  
Structured nursing care supervision round  
Level 2 nurses (NM/NC/NE)  
Improved information flow  
Multidisciplinary communication (documentation)  
Hypocount after 6.30 am  
Pre-break round | Standardised shift handover checklist  
Team-based roster  
Charge Nurse oversee ward key activities  
Staff assigned for meal break  
Briefing between RN & members of team  
Standardised Ward clerk key activities  
Clerk coverage by clusters  
Clerk given email account (communication/TCU)  
Ward meeting | Elimination round before handover  
Participate in Doctors’ round  
Communication with NOK  
Clerk helps to screen call  
Plan of care – evident (APGIE) Documentation  
EPEEP (anticipate patient’s needs at touch points  
- Explain  
- Pain/Positioning/Comfort  
- Environment  
- Elimination  
- Plan |
Recipe Card: Providing Holistic Care for Patients – EPEEP and Rounding

OBJECTIVES:
- Enhance patient care and experience by applying EPEEP at every patient contact point
- Carry out regular roundings (at least 2 hourly) and observations of all patients
- Provide patient-centred care by grouping activities (to ensure minimal interruptions to patients, especially night shift), E.g. Hypocount cum Parameter round

BENEFITS:
- Anticipating Patients’ needs
- Increasing Patients’ satisfaction
- Decrease Patients’ fall
- Decrease interruption (call bells)
- Building Nurse-Patient rapport
- Increase staff’s satisfaction

PROCESS (need not be in sequence):
Apply E P E E P at every patient contact point
  E xplain/Observed
  P ain/Comfort (Position)
  E limination
  E nvironment
  P lan

Intro at the first contact. Good morning/afternoon. Mr X. My name is Y. I am the nurse taking care of you today.


P ain/Comfort: Assess patient’s pain level/comfort level.
Position: Assess the patient’s position and reposition if required.

E limination: Offer elimination assistance if required.

E nvironment:
- Ensure common items within reach, call bell, drinking water and cup, etc, bed environment is clutter free.
- Ensure the bed is at lowest, wheels locked and side rails are secured.
- Ensure there is adequate lighting esp during night time.

P lan of return: Ask if patient needs anything else that the nurse can assist and inform patient of the next planned activity e.g. next medication serving/meal/parameter taking, etc.
Reinforce the use of the call bell when needed.
Are we doing EPEEP every 2 hours?

2013: EPEEP – Improve the Quality & Introduce Measurement
EPEEP Trial - Meeting Agendas

Meeting 2: Confirming Action Items and Implementation Plan (100 min)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Duration</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Team members IC will present the consolidated ideas for the action item for implementing, monitoring and sustaining. They will also recommend what is the best way forward.</td>
<td>30 min</td>
<td></td>
</tr>
<tr>
<td>• The entire team will come to a consensus of the implementation, monitoring and sustenance of each action item.</td>
<td>60 min</td>
<td></td>
</tr>
<tr>
<td>Action Item</td>
<td>How to do</td>
<td>How to monitor</td>
</tr>
<tr>
<td>2-hour rounding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>XYZ</td>
<td>10 min</td>
<td>Find out whether the ward needs additional support from other departments to produce the collateral and materials needed for the trial.</td>
</tr>
<tr>
<td>• Confirm support needed for each action item &lt;br&gt;  - E.g. if ward needs a board to monitor rounding, they will need to get someone to install it for them.</td>
<td>10 min</td>
<td></td>
</tr>
<tr>
<td>Use PICK Chart to select which ideas for rounding the ward will implement and choose to do</td>
<td>20 min</td>
<td>Determining which ideas to undertake for the trial</td>
</tr>
<tr>
<td>Create a chart for all ward staff to contribute ideas on what can be done for the selected action items, how to monitor and sustain it. &lt;br&gt; Team members will volunteer to be in-charge of gathering ideas for each action item</td>
<td>10 min</td>
<td>Getting the whole ward to be involved in EPEEP planning and implementation</td>
</tr>
</tbody>
</table>

W5A - Started in Jun <br>(data collection in Jul)
### Rounding & EPEEP Implementation Plan

<table>
<thead>
<tr>
<th>#</th>
<th>ACTION ITEM</th>
<th>HOW TO IMPLEMENT</th>
<th>HOW TO MEASURE/MONITOR</th>
<th>WHO?</th>
<th>BY WHEN?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>USING GLASS BOARD UPDATE PLAN OF CAPE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>PUT EVERYTHING IN REACH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>BY LEAVING A MEETING</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Target:** 

- Call back by 10/1.
Wd 5A
W6A - Started in Jul
(data collection in Jul)
Wd 6A
Results

EPEEP Compliance Rates (Wd5A)
8 Jul'13 - 3 Feb'14

% EPEEP Compliance

Date

UCL=108.06
U = 91.90
LCL=75.75
Results

EPEEP Compliance Rates (Wd 6A)
27 Jul'13 - 3 Feb'14

UCL = 108.42
U = 93.26
LCL = 78.09
Wd 5A: Callbells Per Patient
1 Jan'13 - 19 Feb'14

Pre
2hrly EPEEP

Calls Per Patient

Date

1 Jan 2013
11 Feb 2013
24 Mar 2013
4 May 2013
14 Jun 2013
25 Jul 2013
4 Sep 2013
15 Oct 2013
25 Nov 2013
5 Jan 2014
15 Feb 2014

UCL=6.18
U=4.06
LCL=1.94
• If you have 20 patients every day, it takes you 5 mins to attend to one call bell
• Average call bell saved per patient per day=0.32
✓ You have saved 32mins everyday (20x5x0.32)
✓ 1 month? -16hours!!!
• If you have 34 patients every day, it takes you 5 mins to attend to one call bell
• Average call bell saved per patient per day = 0.33
✓ You have saved 56.1 mins everyday (34x5x0.33)
✓ 1 month? -28 hours!!!
Moving on…..

• We have implemented in 18 wards
  – Wd 5A & Wd 6A
  – Add trials wards: 2 inpatients (6 beds per room)
  – 7 Medical wards
  – 4 Surgical & 3 Orthopaedic wards

• Mar’14: Other disciplines
  – Cardiovascular(2)
  – Oncology(4)
  – Psychiatric(1)
Methods

• 3 - 4 meetings with Nurse Leaders
• 1\textsuperscript{st} meeting (the most crucial meeting):
  Buy in, how to communicate, give materials
to guide them, give what to do list
• 2 - 4 meetings: Sharing and learning
  from each other.
<table>
<thead>
<tr>
<th>What went well?</th>
<th>What could be better?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Shared during role call, able to capture most of the words spoken.</td>
<td>• Sharing done by Nursing Quality Team.</td>
</tr>
<tr>
<td>• Parent Well Support Team (PWST) was present, shared a positive experience.</td>
<td>• Add this in internet for easy access for nurses.</td>
</tr>
<tr>
<td>• Staff have more awareness with the timing for EPEEP with the clock.</td>
<td>• Sharing sessions by EPEEP pioneers words.</td>
</tr>
<tr>
<td>• Monthly stock-taking lesson on corridor</td>
<td>• • Sharing sessions by EPEEP pioneers words.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What has helped?</th>
<th>What has hindered?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The clock &amp; EPEEP</td>
<td>• Poor charting (e.g. legible, turning chart)</td>
</tr>
<tr>
<td>• The logistics</td>
<td>• Need constant re-enforcement to change mindset</td>
</tr>
<tr>
<td>• Questions to ask</td>
<td></td>
</tr>
</tbody>
</table>

To achieve ≥ 90% adherence to Intentional 2 EPEEP within 3 months.

(At this rate thereafter)

**Requirement:** EPEEP log, call data & SNM’s TCAB audits

**Issues:** EPEEP log, Visual Daily roll-call sharing of
Challenges for nurses

- **Staff**
  - Forget to log EPEEP practice/ turn the visual clock
  - Need constant reminder
  - Resistant to change
- **Additional documentation**
- **Patient**
- **Time factors**
- **Commit to 2 hourly EPEEP Nurse Rounding**
Challenges for Facilitator

• Initiate the change
• Sustain the change
• Get the leaders’ support
• Guide the leaders
• Measurement
  – Collection forms
  – Callbell data
• Communication
• Manpower
Moving on….

Sustaining the change

- New staff orientation
- Senior Nurse Manager audit
- Remain as one of the Key Nursing priorities
- Improving the quality of EPEEP

<table>
<thead>
<tr>
<th>S/N</th>
<th>Key Activities</th>
<th>Criteria</th>
</tr>
</thead>
</table>
| 1   | Interview 2 patients:  
   a) Do you know the Nurse in-charge of this ward (NM/NC/ANM/ANC/Charge Nurse)?  
   Recipe: Role of NM/NC/NE  
   b) Were you introduced to the nurse who take care of you today?  
   Recipe card: EPEEP and rounding  
   c) Are nurses attentive to your needs; Do you know what is this procedure/treatment about?; Do you know what is the plan for today?  
   Recipe card: EPEEP and rounding  
   d) Are you / your family updated on your / your family member’s condition on a regular basis?  
   Recipe card: Communication to patient/NOK  
   e) Have anyone taught you or explained to you about your care (eg wound care, medication, pain management, fall prevention etc)? | When interviewing patient, refer to new admissions of > 3 days (refer to Casenote/Clinical Chart): Patient must at least be able to point out/describe the NM/NC/NE if unable to address by name.  
Patient must at least be able to point out the EN/SN/HCA if unable to address by name.  
a) Patient verbalised EPEEP behaviours (2 hourly). (Yes 3/3)  
b) Patient able to verbalise the procedure (if any).  
c) Patient aware of the plan of care eg they are currently awaiting for blood results / x-ray results / operation etc.  
Refer to casenotes: Every patient has at least one communication record entry either in the MDP notes or Communication List within 3 days.  
Patient able to verbalise knowledge about condition / care needs. If patient is unable to verbalise, refer to the casenote on patient education. |
Thank you