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PERMANENTE®**

Optimized Interdisciplinary Stroke Rounds Improve Patient Care and Nurse Satisfaction: It Takes a Mentor or Two!

What our Nurses say about Daily Stroke Rounds:

What do you feel is the strongest part of the rounding process now?

“It pulls together the entire team to customize/individualize the plan of how to best treat each patient. It allows us to give them the best chance to decrease the likelihood of coming back with another stroke in the future.”

What have you learned most about stroke?

“I have learned so much about the etymology of stroke and what to expect during the disease process, allowing me to better take care of my patients.”

What is the biggest benefit to patients and families?

“After Daily Stroke Rounds, everyone is on the same page. It’s much easier to care for the patient and communicate with family.”

What is the most satisfying feature about this process for the Primary RN?

“I think the most beneficial part, as the Primary RN, is that my skills and my assessment is truly validated or trusted, as a crucial part of the team. I think also just having a safe, relaxed time and place to ask clarifying questions with our Neuro Team has been great to better understand the population. It’s also been interesting to see the more rare, less commonly seen neuro issues and be able to learn more about them during Daily Stroke Rounds.”



Purpose: The purpose of our project was to create an effective, consistent, standardized, staff satisfying process, with clearly defined multidisciplinary roles, proactively addressing any patient care gaps, and aligned with stroke care best practices, CSC requirements and the American Association guidelines.

Methods: Our Neurology Acute Care Nurse Practitioner and Unit Manager mentored our team through the quality improvement process. We identified needs, including improved communication, and care pathways. Staff nurses were encouraged and mentored to lead the Daily Stroke Rounds every morning, and to take an active role establishing daily goals and in care planning. Our process includes the Primary RN, Neurology team, Stroke Coordinator, Hospitalist, Care Coordinator, Unit Charge Nurse and Unit Manager.

Results: We have standardized, satisfying, effective, multidisciplinary stroke rounds. Nurses are now empowered and engaged in the rounding process each morning, for any patient that has been admitted to the floor on the stroke service, within the prior 24-hours. Barriers to discharge and patient plan of care are addressed, with action items assigned to team members.

Conclusion: A daily, nurse-led patient rounding process, in a designated Stroke Unit, is an effective way to improve interdisciplinary communication, assist in identifying care needs and meet CSC requirements. Mentorship, and a standardized process, improves care and nurse satisfaction.

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