

Purposeful Hourly Rounding

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Purpose/ PICO Question

Purpose:

- To implement hourly rounding to improve overall patient care and compliance amongst the staff
- Decrease falls
- Maintain skin integrity
- Ensure patient safety
- Early detection of changes in the patient's condition
- Improve HCAHP scores

Current Practice:

There is no current tool or guideline implemented for hourly rounding throughout the hospital.

Methods and Materials

PICO Question: Would the implementation of an hourly rounding tool increase patient safety, improve quality and satisfaction of care?

Population: All nursing staff with direct patient care

Intervention: Design of an interactive hourly rounding tool to be used amongst staff to be displayed in each patient's room

Comparison: No tool

Outcome: Increase patient safety, improve quality of and patient satisfaction

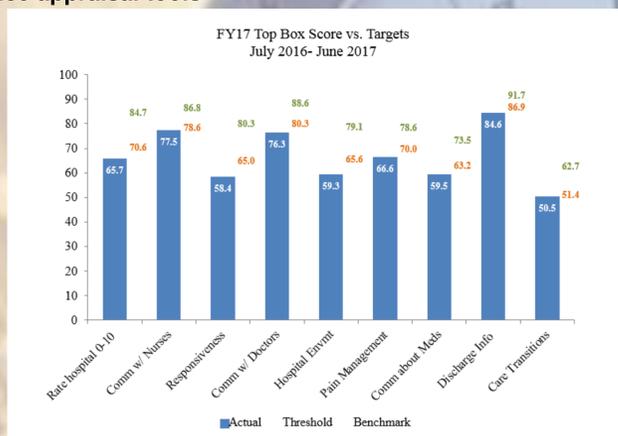
Search terms used:

- "Hospital Policies"
- "Hourly Rounding"
- "HCAHP scores"

Databases searched:

OVID; PubMed

*Articles appraised using Johns Hopkins Nursing Evidence-Based Practice appraisal tools



"CARE" MODEL

The **CARE** model is an hourly rounding tool used to assess the patient's current condition and meet any anticipated needs that the patient may encounter. Currently a hourly rounding tool is being developed that will be placed in the patient's room at the whiteboard. This tool resembles a clock, signifying that a nursing staff member will be rounding each hour to address any patient needs.

Who is responsible?

The expectation of hourly rounding is to be rotated between the Patient Care Technicians and the Nurses.

Frequency of Rounding

While hourly rounding is a standard of care, the frequency of hourly rounding would depend on the patient's level of care.

Quiet Times

Patients would be given the option of quiet times with less frequent rounding throughout the night to allow for rest if their condition is stable. Patients that require more nursing attention would continue to be rounded on each hour.

During Hourly Rounding, the nursing staff would focus on:

Care of Basic Needs/Comfort: Is the patient in a comfortable position? Do they need to be helped back to bed from a chair? Do they need to be repositioned? Patients that require turning could be done at this time. Pain assessment and reassessments can be done at this time.

Ask questions & voice concerns/Assessment: The staff would take a moment to survey the patient's room to assess for a safe environment (Bed alarms, Non-skid socks, Fall kits, Bed in a low and safe position). Are the items that the patient needs within reach? (Call bell, phone, table or belongings, water/snacks if appropriate) The nursing staff would ensure that all other appropriate safety measures are in place.

Respond: Nursing staff would respond in timely manner to call bell and phone calls as well as any questions from the patient and their family.

Educate: Educate patient on the purpose of C.A.R.E rounds. Educate them on their plan of care, diagnosis, medications.

Literature Review/Summary of Evidence

Author, Date & Title	Evidence Type	Sample, Sample Size & Setting	Study findings that help answer the EBP question	Limitations	Evidence Level & Quality
Margo A. Halm RN, PhD, CNS-BC November 2009 HOURLY ROUNDS: WHAT DOES THE EVIDENCE INDICATE?	Quasi-experimental	Evaluations conducted in hospital units namely: Telemetry, Medical surgical Orthopedic Rehab	"In 5 out of 6 studies (83%) that examined use of call lights, the use was reduced." "Meade et al' reported that nurses were summoned 12 to 15 times daily to respond to nonurgent needs such as toileting, positioning, or pain relief." "By nurses' anticipating these needs through making rounds, patient care may be interrupted less with nonurgent calls." "Fall rates were reduced in 7 out of 9 studies (77%) in which falls were evaluated."	Nursing staff believe that scripting is rehearsed. Key language should be standardized so that patients know what to expect with rounds. Unexpected expectation from patients and families when code situation arises or acuity changes which may delay rounding.	Level II
Sherrod, Bradley C. DNP, RN; Brown, Rosemary DNP, RN, NEA-BC; Vroom, James DHA, FACHE(R), CPA; Sullivan, Dori Taylor PhD, RN, NE-BC, CNL, CPHQ, FAAN January 2012 Round with purpose	Quasi-experimental (pre and post test)	36 bed medical surgical unit with high patient fall and pressure ulcer rates coupled with low patient satisfaction scores.	A reduction in call lights seen due to the nursing staff proactively meeting patient's needs. Fall with injury reduced by 50%. Pressure Ulcer rates reduced from 15.38% to 0 %.	Nursing staff concerned that hourly rounding would increase work load.	Level II
Heather McKinney April 2016 Increasing Patient Satisfaction Scores through Purposeful Rounding	Qualitative	Duke University Hospital, 1-1 unit manager and staff members across 3 step down units. Peer to peer audit and leadership rounding.	Decrease in call light by 710 calls. Increase in staff responsiveness score. Peer to peer and leadership rounding shows increase in purposeful rounding. Auditing shows that on average 5-5 peer audits per month, shows effective purposeful rounding.	No limitations identified.	Level III
Jennifer Goldsack, MChem, MA, MS; Meredith Bergey, MA, MPH, MSc; Susan Mascioli, MS, BSN, RN, CPHQ, NEA-BC; and Janet Cunningham, MHA, RN, NEA-BC, CENP February 2015 Hourly rounding and patient falls: What factors boost success?	Quasi-experimental (pre and post test)	September 23-October 20, 2013 Christiana Hospital in two medical unit, 907 beds Newark, Delaware	Patient centered proactive hourly rounding program was associated with significant reduction in fall rate and call bell usage.	Pilot period was short, just 30 days. Staff non-complaints	Level III

Recommendations / Next Steps

- Develop, distribute, and display educational materials in staff areas and education fairs in collaboration with the UPC
- Individual "CARE" model in-service with staff
- Participate in unit-based and hospital-wide education fairs
- Educate staff on recently updated guidelines (content and location on hospital intranet)
- Collaborate with Nurse Informatics to create an hourly rounding flow sheet in Epic
- Peer to Peer Audits
- UPC will pilot hourly rounding in September 2017 and monitor outcomes

Conclusion

By implementing the "CARE" model for hourly rounding we expect to see a significant improvement in communication between patients and their families with the hospital staff, responsiveness of staff and better pain management. The "CARE" model will help anticipate the patient's need before they arise, reducing patient falls and call bells which will show an increase in patient satisfaction. After implementation of the "CARE" model, we expect an improvement of BWMC's patient satisfaction scores.

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References available upon request

