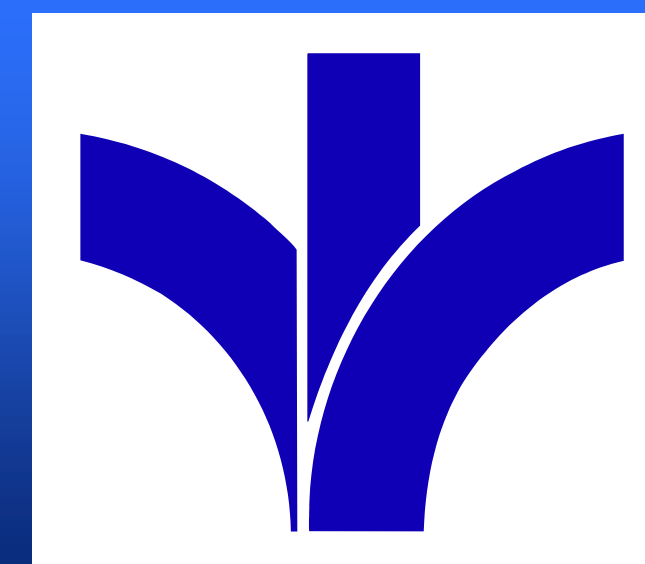


# Hourly rounding: Implementation and sustainability

Janet Buser, MSN/Ed, RN, CMSRN; Veronica Perez, BSN, RN; Jessica Polanco, BSN RN, CMSRN; Eli Urbano RN



Bon Secours Hampton Roads



Mary Immaculate Hospital



## Background

- Pilot study was conducted under direct observation in a 28 bed medical surgical unit after implementing hourly rounding
- In hourly rounding, needs are assessed and met proactively rather than reactively (Halm, 2009)
- Consistent rounding is key for improving safety and quality of care (Ford, 2010)
- Researchers find sustainability is a concern (Rondinell et al., 2012)
- Post studies continued to determine methods to sustainability
- Replication study initiated to validate if hourly rounding increases HCAHPS percentages on a different unit of similar size

## Objectives

- To determine if current compliance with hourly rounding on the medical surgical unit continues to improve patient satisfaction and safety
- To identify if telemetry unit shows equal or more improvements in patient satisfaction and safety after replicating the study
- To identify methods of maintaining sustainability of hourly rounding after implementing it as best practice

## References

Ford, B. (2010). Hourly rounding: A strategy to improve patient satisfaction scores, *MedSurg Nursing*, 19(3), 188-191.

Halm, M.A. (2009) Hourly rounds: what does the evidence indicate? *American Journal of Critical Care*, 18(6), 581-584.

Meade, C.M., Bursell, A.L., & Ketelsen, L. (2006). Effects of nursing rounds: on patients' call light use, satisfaction, and safety. *American Journal of Nursing*, 106(9),58-70.

Rondinell, J., Ecker, M., Crawford, C., Seelinger, C., & Omery, A. (2012). Hourly rounding implementation. A multisite description of structures, processes and outcomes, *Journal of Nursing Administration*, 42(6), 326-332.

## Methods

- Staff educated about hourly rounding benefits, behaviors and communicating to patients about the 4 P's: potty, pain, positioning and possessions
- Hourly rounding champions chosen and educated to help with direct observation audits.
- Audit tool adapted to ensure compliance and consistent practice after implementation
- Audits performed each shift by champions without staff knowledge to avoid producing Hawthorne effect
- Audit data used to assess possible barriers and continuous education needs for improved practice in technique.
- Hourly rounding discussed in daily unit huddles and during staff meetings to ensure compliance and consistency of practice
- 40 audits conducted monthly to assess compliance with practice
- Post study conducted and continued using direct observation on medical surgical unit to help find method to sustainability
- Study replicated and implemented on telemetry in same manner as on medical surgical using direct observation audits

## Results

- Results were measured on both units based on the domains of Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) indicators:
  - Communication with nurses
  - Responsiveness of hospital staff
  - Pain management

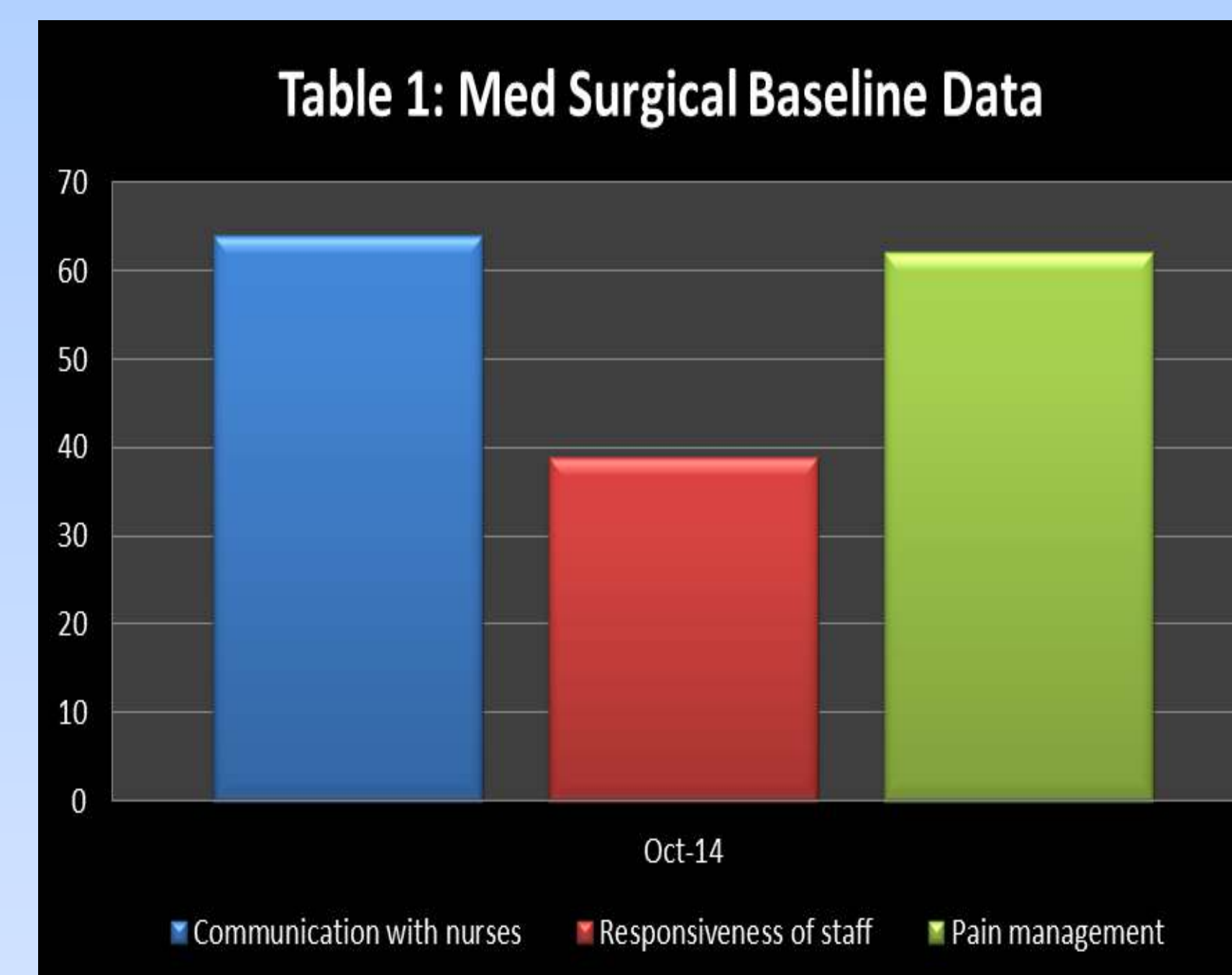


Table 1: Pilot study baseline HCAHPS percentages

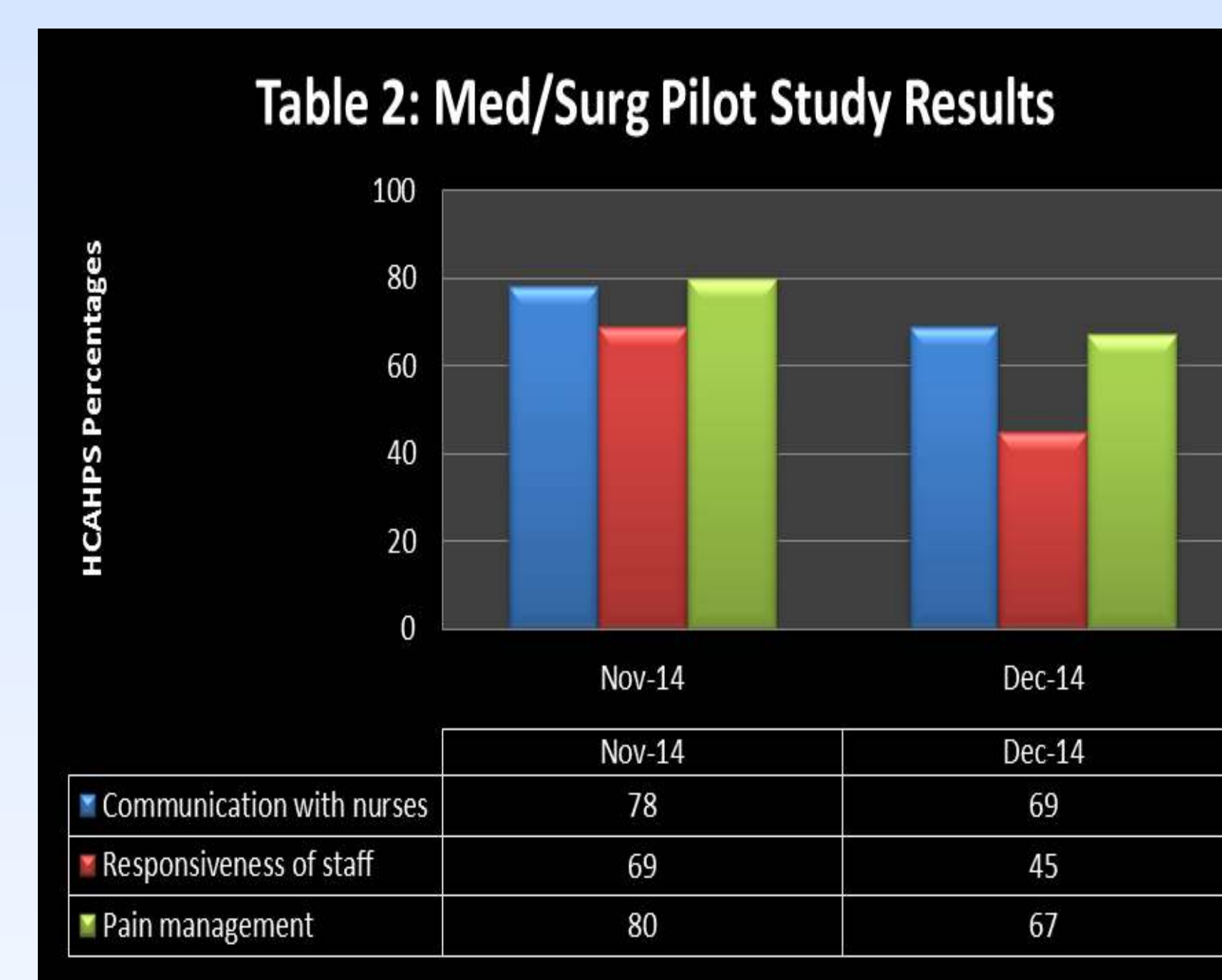


Table 2: Results show gradual increases in HCAHPS percentages

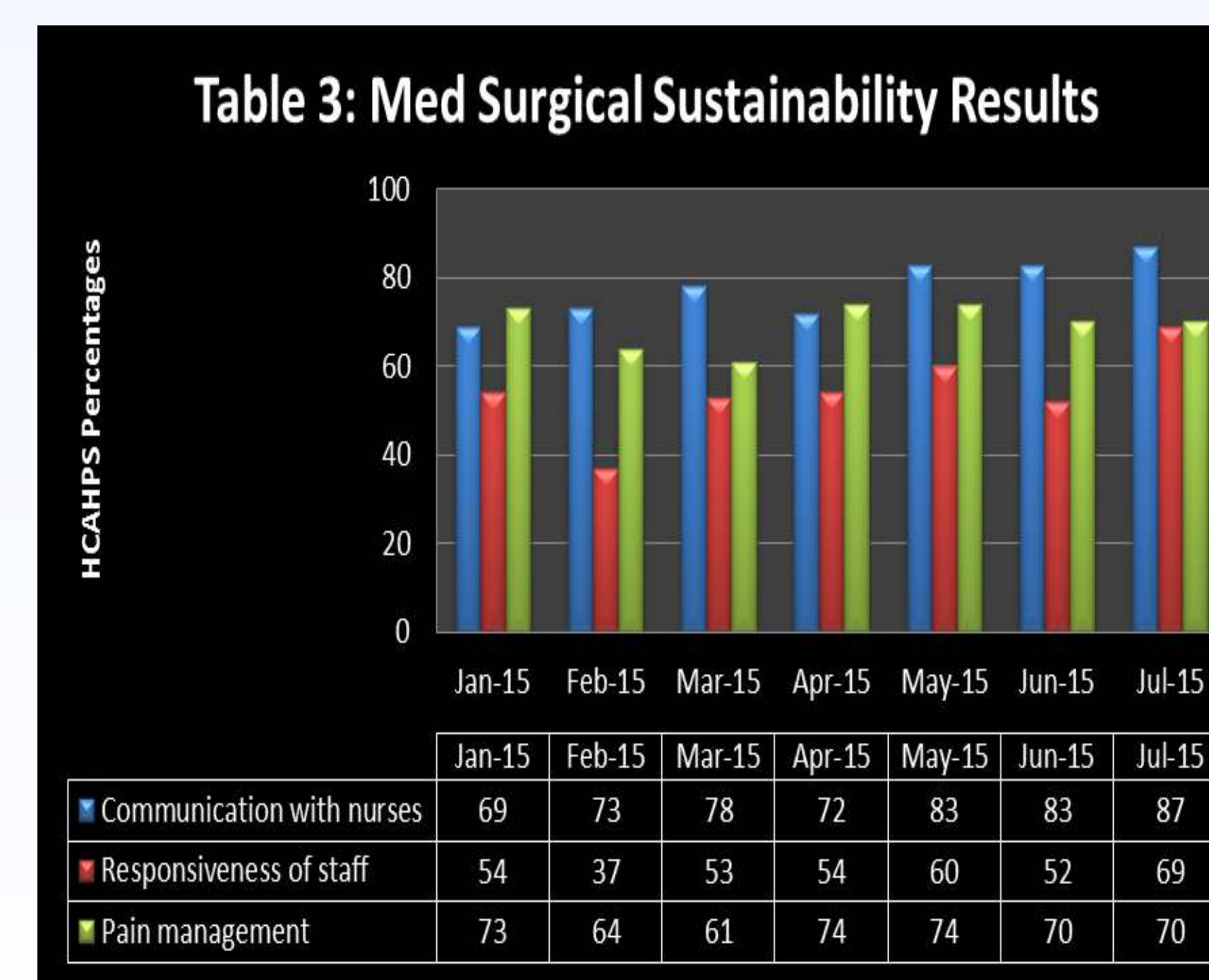


Table 3: Improvements noted monthly

## Results

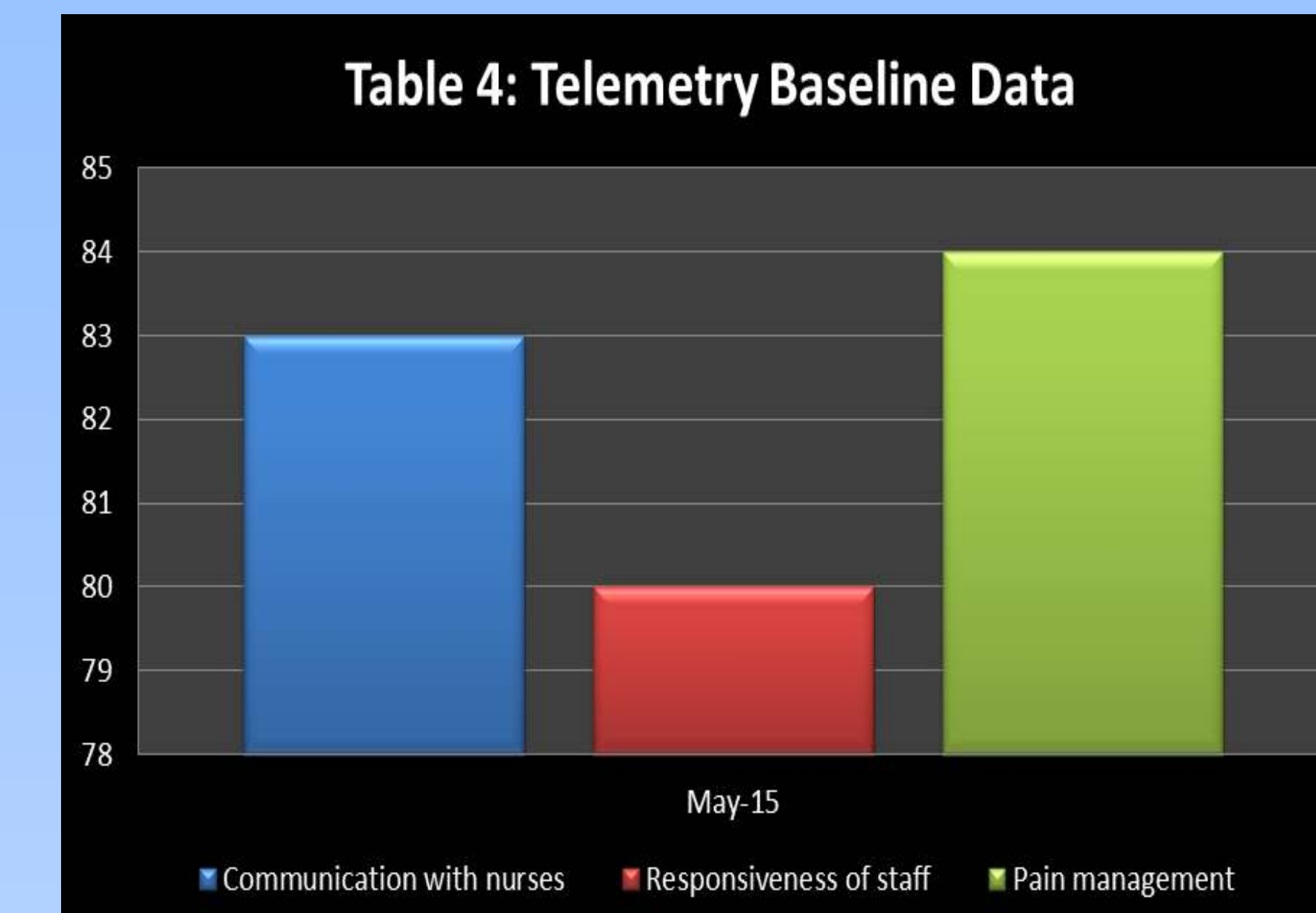


Table 4: Replication baseline HCAHPS percentage

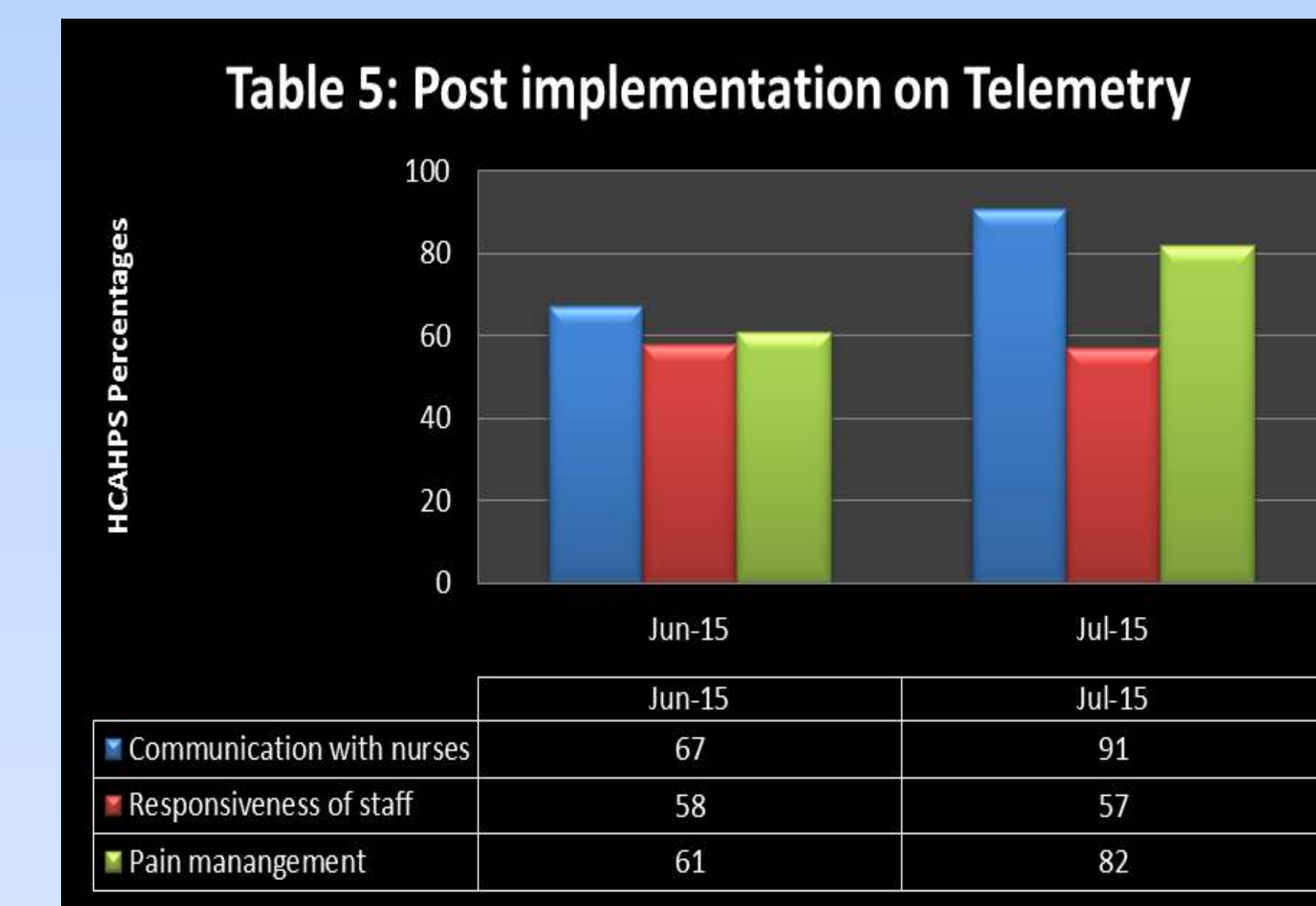


Table 5: Post implementation HCAHPS percentages

## Conclusion

- Hourly rounding's structured format helps decrease patient anxiety and minimizes help uncertainty (Meade, Bursell, & Ketelsen, 2006)
- Compliance and consistency of hourly rounding correlated with increased HCAHPS percentages.
- Replication is possible but there must be consistent monitoring to ensure positive outcomes
- This study showed the keys to sustainability are as follows:
  - Staff buy in and accountability
  - Consistent and ongoing education
  - Leadership support
  - Consistent audits to aid with performance improvement of learned practice