

Utilizing Hourly Rounding Checklist to Increase Patient Satisfaction

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Background

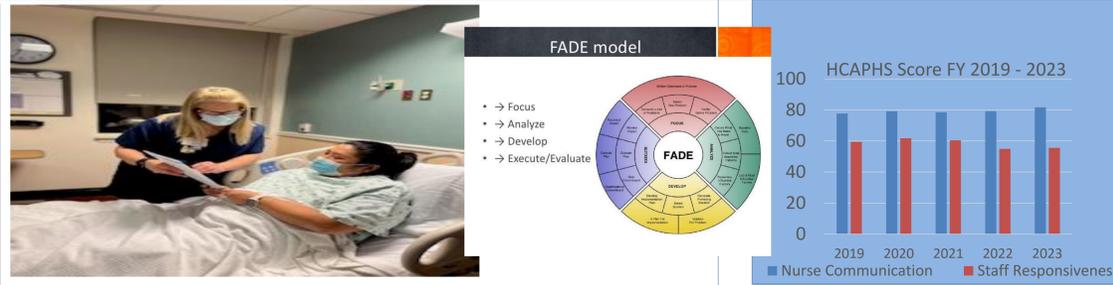
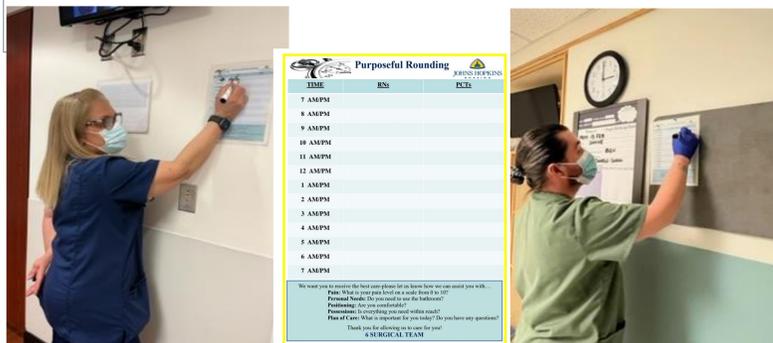
Purposeful hourly rounding is a proactive nurse-driven initiative implemented by many hospitals to address patient care needs at a regular interval time. Its process includes a staff member (RN (Registered Nurse) and/or PCT (Patient Care Technician)) entering a patient's room to assess the patient's needs focusing on the 4 elements namely; pain, potty, position and placement of possessions. It is a strategy that is spreading quickly throughout the healthcare industry because of its known benefits for both staff and patients (Patterson, 2014). According to Press Ganey chief executive Chrissy Daniels, "rounding is a best practice that has a powerful impact on the patient experience when it is performed well and consistently". She also added that there is a definitive correlation between the patient experience, rounding and HCAPHS performance across all healthcare systems regardless of bed size, type and region.

Many studies have shown the correlation between hourly rounding and patient safety and satisfaction. In 2010, Ford proved that hourly rounding decreases call light and increases patient satisfaction. Nurses call light was reduced between 23% and 70% when nurses conducted hourly rounding (Gliner et al, 2022). Another study by Allatzas in 2018 also showed the effects of hourly rounding on patient safety and satisfaction. It correlated the hourly rounding initiative with patient satisfaction scores based on the HCAPHS (Hospital Consumer of Healthcare Providers and Systems) results. It also showed that there is a positive relationship between hourly rounding and patient satisfaction scores.

Historically, despite its efforts to increase its HCAPHS scores through earlier initiatives, 6 Surgery continued to receive below benchmark scores in the two domains of the HCAPHS namely; the Nurse Communication and the Staff Responsiveness. In 2018, it received an all-time low score of 77.7% for Nurse Communication and 57.5% for Staff Responsiveness. Driven by this goal, the 6 Surgery RN Unit council developed and implemented the Hourly Rounding protocol using a tool called the Hourly Rounding Checklist.

Aim of the Project

This quality improvement project aimed to increase patient satisfaction by implementing Purposeful Hourly Rounding and using the tool Hourly Rounding Checklist. The specific nurse-influenced components of patient satisfaction focused on were nurse communication and staff responsiveness as proven in the unit HCAPHS scores.



Description of the Intervention

Using the **FADE** (Focus, Analyze, Develop, and Execute) QI (Quality Improvement) model, the 6 Surgery RN unit council focused on the problem and current issues, analyzed and gather information of the problem, developed a plan and solution, and lastly executed and implemented plan on a pilot basis.

FOCUS – all time low **HCAPHS** scores on nurse communication and staff responsiveness. Data were collected reflecting the scores from fiscal year 2019 prior to the Hourly Rounding implementation and fiscal years 2020-2023 after its implementation.

ANALYZE – a Survey Monkey was used to gather data information on staff perception of the problem and some barriers to implementing hourly rounding. From this survey, we learned that most of the staff believed that they are doing hourly rounding, however 16.6% admitted to not doing hourly rounding. And also, the most common reason for noncompliance includes bedside care issues (30%), handling patients' requests (26.6%) and phone calls (20%) were identified from this data.

DEVELOP – RN unit council developed a systematic approach to hourly rounding protocol using a tool called the **Hourly Rounding Checklist**. The checklist consisted of a laminated card where the staff will be using to check off or sign their initials while inside the patient's room at certain scheduled interval time. It is next to the information board where patients can visualize the checklist signed by the staff after the 4 P's (Pain, Potty, Position and Placement of possession) has been addressed.

Staff education was also included in this stage where resources were gathered to disseminate, train and engage the unit staff in hourly rounding before its implementation. Staff meetings and daily huddles were used to educate the unit staff and simulate the process. Unit champions were also named for day and night shifts to consistently engage the staff in hourly rounding. During admission and on a daily basis, patients were also educated about the hourly rounding and their usage of the checklist found inside their rooms.

EXECUTE – in July 2020, a unit protocol on purposeful hourly rounding using the Hourly Rounding Checklist was implemented. This protocol involves the staff nurses and patient care technicians alternately rounding on patients on even and odd hours consecutively. As staff enters the room, they focus their assessment on the 4 elements of the hourly rounding namely **Pain, Potty, Position, and Placement** as shown in the checklist. After addressing patient care needs, the staff will then sign their initials on the checklist and will continue to communicate with patients until their needs are met.

During the night shift, routine rounding takes place every 2 hours. If patients are asleep, the staff are still responsible for signing their initials so that the patients will know when they wake up that one of the staff was there to check on them during the night. This strategy enhancing nursing visibility and availability has been shown to help improve nursing responsiveness (Mitchell et al, 2014).

POST-IMPLEMENTATION AUDIT – a follow up audit post implementation of hourly rounding was conducted by the charge nurse. Every shift, charge nurses are responsible to do a random check on the hourly rounding checklist combined with direct observation of staff to determine compliance. A "real time" education were given to staff lacking compliance and the results of the audits were shared to the staff during mid-shift huddles. Feedback from staff was also solicited during its implementation and is discussed during the RN unit council meetings.

Implications for Practice

- Nurses can improve patient satisfaction through nurse-driven projects such as hourly rounding.
- Quality improvement projects will attain sustainability only with the support of all staff at all levels including the leaders of the hospital.
- Staff engagement and consistent education is vital in making hourly rounding a hard-wired practice.
- Strong nursing leadership focused on re-educating and emphasizing the importance of an intentional hourly rounding protocol may help in reaching organizational goals of increasing patient satisfaction.

Outcomes Measures or Results

Based on HCAPHS scores, there was a slight increase in the domain of staff responsiveness from 2019 (59.4%) to 2020 (61.75%). However, there has been a sustained decrease in scores from the fiscal years 2021 until 2023. On the other hand, scores on the domain of nurse communication showed a slight 1.42 % jump from 77.7% (2019) to 79.12 (2020) and continue to do small increments for the following year until early months of 2023 (81.65). However, though there were increases in this domain, the desired goal to reach the benchmark of 87.53 did not materialize.

This project has established quality improvement benchmarks amid at inquiring patients' satisfaction given the two domains of HCAPHS namely nurse communication and staff responsiveness. Although there was no apparent increase in scores in staff responsiveness, the consistent increments of HCAPHS scores in nurse communication showed significant value in pursuing the hourly rounding project. The timeliness of its implementation is one possible factor which may have affected the results. Historically, it was during the outbreak of COVID in 2020 when the hourly rounding was implemented. During this time, staffing was a great challenge nationwide. Inadequate staffing can be the most challenging barrier in this project. Other known barriers which were shown across several literature consisted of workload issues, burdensome rounding logs, missing staff buy-ins, patient acuity levels, lack of adequate staff education and lack of sustainability (Toole et al 2016).

This study has some limitations that can be areas of future research and study. The barriers mentioned for this unit may not be generalized in other units with different workflow and patient populations. Usage of scripted communication was not included in the implementation of this project. Other factors that may have affected patients' responses to the questions in the survey can also be areas of research and future investigation.

Lessons Learned

Evaluation of which one of the two parts stage of the FADE QI will play an important part in enhancing the hourly rounding protocol. It is important to reevaluate and revisit the protocol to attain sustainability and success of the project. The hourly rounding tool is just one of the many tools that can be used for hourly rounding. Other tools such as scripted patient/nurse communication can also be used during its implementation to improve its clinical outcomes.

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Description of Data Collection and Analysis

In order to find any effective change after the hourly rounding implementation, HCAPHS scores were collected before and after the implementation of the hourly rounding protocol using the checklist. Two domains of the survey, namely nurse communication and staff responsiveness, were identified. The implementation of the Hourly rounding project started in July 2020. HCAPHS scores dated for fiscal year 2019-2023 were gathered. Available metrics from HCAPHS were used to make descriptive analysis of the results.