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 HCAHPS 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”
- “HCAHPS scores”

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

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 for staff
- Participate in unit-based and hospital-wide education fairs
- Educate staff on recently updated guidelines (content and location on unit)
- 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

“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 to 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.

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

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 lights which will show an increase in patient satisfaction. After implementation of the “CARE” model, we expect an improvement of BWMC’s patient satisfaction scores.

References available upon request