Hourly Rounding: Give “PEAS” a Chance

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Introduction

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) score

- Call button: A Floor 30, B Floor 30.77, Clinical Site 66.7
- Bathroom help: A Floor 80, B Floor 84.21, Clinical Site 71.43
- Pain Control: A Floor 77.8, B Floor 74.19, Clinical Site 28.57
- Patient Satisfaction: A Floor 60, B Floor 82.86, Clinical Site 53.85
Evidence-based Model

ACE Star Model of Knowledge Transformation

1. Discovery Research
2. Evidence Summary
3. Translation to Guidelines
4. Practice Integration
5. Process, Outcome Evaluation

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Increased volume of call bell and decreased patient satisfaction
Lean Methodology

• A3 thinking and PDCA (Plan, Do, Check, Act) was used to identify root cause
• Based on 5 why exercise, the root cause was identified
• Lack of standardized hourly rounding process was identified as the key contributor
• Other factor: Lack of staff accountability and patient education
A3 THINKING

Average Call Light Response Time on 3B is 8.5 minutes

- People walk past the call bell but don’t answer.
  - No Ownership (unit staff & other disciplines)
    - ‘No Pass Zone’ not enforced
    - ‘No Process to Hold Staff Accountable’
  - Other Priorities
  - Patient Care Needs
    - Patient Care Needs
- Staff not always at the nurses’ station (not near the call light)
  - Patient care priorities
- High number of call lights
  - Hourly Rounding Inconsistent
- Staffing Issues
  - No US at nights/short of techs
  - Hourly Rounding Process not communicated to pt during admission
  - Admission Process does not mandate review of hourly rounding upon admission & on-going
Hourly rounding

- Purposeful
- Being proactive
- Anticipate needs
Evidence Summary

A) Round with Purpose

B) Hourly Patient Rounding

C) Hourly Rounds: An Evidence-based practice

D) Transforming Care at the Bedside

E) Stop going in circles! Break the barriers to hourly rounding

F) How is patient education linked to patient satisfaction

Patient Satisfaction
<table>
<thead>
<tr>
<th>Rationale</th>
<th>A) Round with Purpose</th>
<th>B) Hourly Patient Rounding</th>
<th>C) Hourly Rounds: An Evidence-based practice</th>
<th>D) Transforming Care at the Bedside</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>• Use of script</td>
<td>• Study by Studer group (Studer Group, 2011).</td>
<td>• rounding in partnership</td>
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<td></td>
<td></td>
<td>• Universal inquiries</td>
<td>• ↓se call light use</td>
<td>• Laminated card</td>
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<td></td>
<td></td>
<td>• Consistently available staff</td>
<td>• ↓se call volume (Studer Group, 2011).</td>
<td>• 14 days rounding</td>
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<td></td>
<td>• ↓se call volume (Davies, 2010).</td>
<td>• ↓se fall (McCartney, 2009, p. 327).</td>
<td>• 36 days without fall (Stefancyk, 2009, pp. 70-71).</td>
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<td>E) Stop going in circles! Break the barriers to hourly rounding</td>
<td>F) How is patient education linked to patient satisfaction</td>
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<tr>
<td>• Buy in</td>
<td>• education begins from the moment patient steps in the hospital</td>
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<td>• Acuity</td>
<td>• Patients who feel well informed, trust the healthcare system</td>
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<td>• Time management</td>
<td>• Patient whose time is respected and are kept informed have more patience which in turn increase patient satisfaction (Murdock &amp; Griffin, 2013, pp. 43-45).</td>
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<td>• Unexpected Interruptions (Shepard, 2013, pp. 13-15).</td>
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Translation To Guidelines

**HOURLY ROUNDING!!! YES WE CAN DO IT**

We seek every opportunity to meet the unique needs of each person every time.

Privileged to serve.

Are you in pain?

Do you need help to use the bathroom?

Can you reach the call light?

Are you comfortable? (Turn patient as needed)

Ensure that IV pump will not beep before next visit.

Are you quiet enough to rest?

Do you have any questions for me?

Nurse: I do not know what to do, but my left call really hurts and it feels hot.

Quality Service Cost Growth People Community
Practice Integration

CALL LIGHT RESPONSE PROCESS – STANDARD WORK AND EXPECTATIONS

1. All staff members own the responsibility of answering the call lights and responding to the patients’ needs in a timely manner.
2. Any staff member within the earshot distance to the call light system is responsible for answering the call light.
3. No staff member will walk past the call light without answering it and responding to the needs, or finding someone to address the need right away.
4. NO PASS ZONE will be enforced at all times.
5. Goals for call light response process:
   • Total call light response time will be 3 minutes or less.
   • Call lights will be answered within 30 secs (3 rings).
   • Call light info will be relayed to the respective staff member (RN/CT) within 1 minute.
   • Staff will go into patient’s room within 2 minutes to address their needs.

I hereby acknowledge that I have reviewed the standards/expectations related to responding to patient call lights. I understand that each and every call that comes through the call light system is very important, and it means a lot to our patients. I know that I am responsible, just like any other staff member in my team, for answering the call lights in a timely manner, and responding to the needs of our patients without any delays.

“We seek every opportunity to meet the unique needs of each person we are privileged to serve -- every time, every touch.” – The Inova Promise.

______________________________  __________________________  __________________________
Employee Name  Signature  Date
Outcome/Evaluation

UNIT BREAKOUT BY 3B MED
Performance Score card

- Comparison of HCAHPS scores pre and post implementation of hourly rounding
- By June 2014, score for call button response increased to 70% and 83% overall patient satisfaction score.


