Effects of Hourly Rounding

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Abstract
Hospitals and health care settings strive to provide the best care possible for their patients. The reputation of a health care facility is directly affected by patient satisfaction scores, patient safety scores, as well as the satisfaction ratings of the employees. These scores are responsible for determining whether or not the facility will receive magnet recognition for nursing, which gives hospitals an advantage on their local completion. With the new Healthcare Reform, it is also going to be required that hospitals maintain a satisfactory score in these areas in order to be reimbursed by insurance companies. With its reputation and financial well-being on the line hospitals are taking extra measures to ensure that they meet these required standards. Studies have been done worldwide that show hourly rounding will have a positive outcome in all three of these crucial areas. Hourly rounding eases patient anxiety and increases their overall satisfaction with their hospital stay. In return for the safety and satisfaction experienced by the patient; they return their surveys with satisfactory scores and recommend the facility to family and friends.
Introduction

Hourly rounding is the action of ensuring that either a patient care technician (PCT) or a registered nurse (RN) is physically entering the patient’s room every hour and addressing certain key points related to patient care, patient safety, and patient concerns. Issues addressed will include whether the patient needs to use the restroom or needs to be cleaned up, whether the patient is in pain, and whether the patient needs to be helped to change positions (Ford, 2008). Being a registered nurse, I see firsthand the effects that hourly rounding has on patient satisfaction and patient safety. When properly performed, hourly rounding will decrease patient anxiety, increase patient satisfaction scores, decrease patient falls, decrease call light use, and ultimately create a more peaceful milieu for patients as well as health care providers. Hospitals nationwide are striving to improve satisfaction ratings and to be considered among the best facilities in the country. Studies have shown that by implementing hourly rounds, hospitals have seen significant positive results in several patient tested areas. As hospitals see the positive outcomes that hourly rounding has brought to their competitors, the practice of hourly nursing rounds is quickly spreading. Hospitals strive for high marks in patient satisfaction, patient safety, and nursing satisfaction. Studies have been consistent in proving that the way to get these desired scores is with the implementation of hourly rounding.

Need for Hourly Rounds

Nationwide nursing shortages are causing decreased satisfaction for patients as well as nurses working in the facilities that are short staffed (Orr, 2006). Nurse Managers are trying to find the most effective ways to utilize the nursing staff available in order to increase patient safety and satisfaction (Orr, 2006). Studies have shown remarkable results in patient satisfaction and patient safety by implementing hourly nurse rounds; this has led to some curiosity on whether the results are fact or fiction (Orr, 2006). According to a study sponsored by the Studer Group, nurses answer call lights for
each patient 12 to 15 times daily for non-emergent requests, each response takes around 4 minutes of the nurses time (Patient Care, 2006). Completing hourly rounds could potentially save nurses around 166 hours per month by reducing the amount of call lights used (Patient Care, 2006). This saved time can allow for nurses and PCT’s to work at an even pace and eliminate health care worker burn out caused by stress. It can also assist the health care facility in maintaining appropriate staffing levels based on patient acuity. There is pressure in all contemporary health service facilities to use innovative measures to improve the efficiency, safety, and quality of patient care (Gardner et al., 2009). With expectations rising hospitals will need to take every measure possible to keep an edge on the competition.

**Hillcrest Case Study**

Hillcrest Medical Center in Tulsa with the backing of the Studer Consulting Group decided to do a trial investigating whether they would see a positive change by implementing hourly rounds (Orr, 2006). For the experiment one hospital unit was divided into two sections; the first section would run as it had been and the second would initiate hourly rounds. Some barriers to this trial were educating all staff on the proposed plan, keeping up with documenting results, acuity levels of the hospital and varying number of admits and discharges for each team. The outcomes of the trial at Hillcrest Medical Center had shown the side that had implemented hourly rounds saw a decrease in call lights, an increase in patient satisfaction scores, higher satisfaction reported during managerial rounds, and an increase in staff satisfaction (Orr, 2006). When the trial was over the question arose whether the program would continue without the constant push from management. Staff nurse Ruby Thomas states, “It was definitely beneficial. At first I had to get used to the structure. After I became more comfortable with the intervention, I realized how much better I knew my patients and saw how the number of calls I
received decreased” (qtd. In Orr, 2006, p. 11). The trial was a success for management, staff, and patients.

**Sts. Mary and Elizabeth Hospital Case study**

With Magnetism status for hospitals becoming more and more strived after, nurses are encouraged and pushed to participate in processes that will improve the quality of care within organizations (Lights out, 2008). In a step to achieve magnet status, Sts. Mary and Elizabeth Hospital in Louisville, KY, decided to begin a strategy to ensure that their patients were receiving the best care possible (Lights out, 2008). The 25 bed unit began the process of hourly rounding in March of 2007; initially the staff were hesitant for fear of an increased workload. (Lights out, 2008) Amy Robinson the nurse manager stated that “One of the things that we really tried to get across to nurses is that this isn’t something extra—you’re already doing this” (Lights out, 2008, p. 5). The nurses are being held accountable for asking specific key indicators during each round; they address pain, restroom needs, repositioning, and ensuring patients can reach all necessary items (Lights out, 2008). In order to follow through the nurse manager rounds and asks the patient if the nurse has been completing these required tasks. Success has been documented by statements from patients expressing the security felt from knowing a nurse will be in to check on them every hour of the day (Lights out, 2008).

After six months of completing hourly rounds at Sts. Mary and Elizabeth Hospital several positive outcomes have been noted; call lights decreased by 3,000 per month, patients reported a higher level of satisfaction, and the number of patient falls had decreased. Management has reported that during their manager rounds, patients that were in the hospital several years ago are reporting a vast improvement in the care received (Rounding, 2008). The overall success of this trial prompted a hospital wide policy for hourly rounding where nurses round on even numbered hours and patient care
Bupa Cromwell Case Study

European hospital Bupa Cromwell has seen the positive outcomes that the U.S. have received since initiating hourly rounds and decided to try the method out for themselves (Healthcare, 2010). This new strategy will guarantee that a nurse will check in with a patient every hour between 8 am and 10 pm and every two hours from midnight to 6 am. Bupa Cromwell is the first privately owned hospital in the United Kingdom to initiate this new approach to patient care (Healthcare, 2010). There have been many research findings in the U.S. that show improvements in patient satisfaction and safety, these studies have inspired Bupa Cromwell to introduce this new approach. The director of operations for Bupa Cromwell states: “We’re always looking at how we can further improve our patients’ experience, Ensuring our nurses are proactively supporting their patients in addition to their reactive duties is a simple but effective way of reassuring our patients that their needs are central to everything we do” (Healthcare, p. 1, 2010). Bupa Cromwell boasts exceptional care provided due to their high nurse to patient ratios as well as their newly implemented hourly rounding plan.

NY Presbyterian Psychiatry Unit

As hourly rounds have become more and more common throughout medical facilities, there has been very little research done to evaluate effects on a psychiatry unit (Moran, 2011). In 2009, the New York-Presbyterian Hospital introduced hourly rounding at a 260-bed psychiatric unit. (Moran) The preparation for this new strategy was extensive, nurses at all levels in the hospital held weekly phone meetings in order to design the best laid plan possible (Moran, 2011). During this period of planning nurses discussed and evaluated previous literature that had been published on hourly rounds and discussed ways to make the method work for a psychiatry unit. A consumer advocacy committee was
made up of previous patients, hospital representatives, and patient family members; they established some set guidelines for ensuring a smooth progression into the new system. Some changes that were made included brief patient explanations on hourly rounding, asking only two questions at a time, and allow for every two hour rounds for patients who are resistant (Moran, 2011). After two months of implementing these slightly modified hourly rounds the results were in. The study showed that the weekly patient requests at the nurse’s station had gone from 500 down to 250; a 50 percent drop. The study also showed that patient satisfaction of promptness of the nurses went from 77 percent up to 82 percent, and patient satisfaction based on communication regarding medications went from 86 percent to 87 percent. Staff members were pleased with the results; they felt that the hourly rounds allowed them to identify with their patients on an individual level. Most patients liked the hourly rounds but some found it overwhelming. In order to accommodate the individual patient preferences every two hour rounding was done on the overwhelmed patients. One month after the trial, hourly rounds were implemented on all psychiatry units in New York-Presbyterian as a result of the positive outcomes of this trial (Moran, 2011).

**Royal Brisbane & Women’s Hospital Case Study**

A pilot study was initiated and conducted over a two month period, in acute surgical units in both an experimental as well as a control site, in Brisbane, Australia. The study involved 61 patients and 23 nurses in the experimental unit and 68 patients and 16 nurses in the control unit. A survey was specifically designed in order to evaluate the effects of hourly comfort rounds; several surveys participated in making of the final draft, which contained nine statements which could be rated on a one to five scale (Gardner et al., 2009).

At the end of the two month trial period surveys were sent out and collected. The results of the control group and the results of the experimental group showed no significant difference in satisfaction
ratings (Gardner et al., 2009). Both groups in the trial were closely matched in age range, sex, nurse education, nursing experience, or any other demographic data. One limitation to this study was that the original intended sample size was to be twice as many people as it ended with. With limited sources and limited funding the trial was subject to restrictions that could have skewed the final outcomes. The results were inconclusive and led examiners to acknowledge that a more fully funded study would be necessary in order to ensure accurate testing results (Gardner et al., 2009).

Scott & White Memorial Hospital

In addition to reducing patient falls and increasing patient satisfaction, hourly rounds have been shown to have a preventative effect on reducing patient skin breakdown. A hospital in Temple, Texas began efforts to reduce the amount of hospital acquired pressure ulcers (Take steps, 2009). Triage nurses do an initial examination on the patient when they are first admitted to the hospital; if they score as a high risk they are to be rounded on every hour. Each hour the nurse will ask the patient if they need repositioned, have any personal needs, are in pain, or need assistance with the placement of their personal belongings. By assessing these key needs it helps to ensure that patients are being properly assisted with turning and that they are not lying on any items that could be causing breakdown to their bodies. Addressing bathroom needs helps to ensure that patients are not sitting in soiled undergarments, which could easily cause skin breakdown. Patients that are in severe pain sometimes do not move their body’s as they would naturally; by assessing pain nurses can prevent this from becoming a skin breakdown issue (Take steps, 2009).

Patients in the emergency department are at an increased risk for skin breakdown due to extended wait times. Hospital administrators have become increasingly aware of the numbers of pressure ulcers as they no longer get reimbursed by insurance companies if the patient develops a hospital acquired pressure ulcer. With financial their well-being as well as their reputation on the line,
hospitals are taking the extra steps to ensure the highest quality of care is provided. Implementing hourly nursing rounds is one way to stay on top of their game (Take steps, 2009).

**Summary and Conclusion**

Much debate has occurred over the past several years among floor nurses and management as to whether hourly rounding, if done properly, would decrease nurse workload and increase patient satisfaction. By evaluating specific cases of hospital scores that have used hourly rounding, it has given a better idea of which areas have seen positive results and which areas have gone unchanged. The majority of trial evaluated showed a major change in satisfaction scores, call light usage, and falls. Based on the current research available, many hospital administrators are beginning to take notice of all of the possibilities that hourly rounding could bring to their business. It takes an entire cooperating team to make the program work in the way that it is supposed to. Implementing hourly rounding will be a team effort that everyone will need to be held accountable for. Floor managers will need to hold employees accountable and discuss solutions for problems they may encounter.

I work at sparrow Hospital in Lansing; they have been requiring their nursing staff to complete hourly rounds for the past several years. Educational meetings are held regularly to update employees on changes or better practice approaches. Management has been rounding with floor nurses to ensure that the key indicators are being effectively addressed. Currently, hourly rounding sheets are being used to hold associates accountable for signing the paper each hour. One problem with the accountability system is that staff members will sign all of the time slots at one time. This defeats the purpose of having the hourly rounding log. Each health care team member will need to participate in order to expect to see accurate results. Education and information regarding these issues is brought up monthly at unit based council meetings as well as the monthly staff meetings. Employees are continuously updated on the progress and success of the effects of hourly rounding outcomes.
Implementing effective hourly rounding takes leadership, team work, education, and managerial support. Each caregiver must fully understand what is expected from them in their role in hourly patient rounding. Every person that is involved in patient care plays an equal role in the success or failure of the program. The goal is for the patient to be able to depend on the system and the security that it brings to them. When there is a break in the system, there is a break in the trust that has been built between the patient and the healthcare team. If hourly rounding is carried out in the manner that it was intended we can expect to see a major shift in patient satisfaction scores, nursing satisfaction scores, patient safety, call light usage, and job satisfaction.
References


Take steps now to prevent pressure ulcers in your ED. (2009) *ED Nursing*. 