

**Hourly Rounding Initiative to Increase Patient Safety and Satisfaction in
Long-Term Acute Care**

An Evidence-Based Practice Capstone Project submitted to the St. David's School of Nursing at
Texas State University in partial fulfillment of the requirements for the degree of
Master of Science in Nursing

Danielle Schultz, BSN, RN

St. David's School of Nursing, Texas State University

NURS 5368 The Leader Within: Professional Accountability, Succession Planning and

Reflective Practice II (Capstone)

Capstone Faculty: Theresa J. Garcia, PhD, RN

April 5, 2023

Executive Summary

Patient satisfaction and safety is something we all strive for as healthcare workers and administrators. Nurses spend a significant amount of time at the bedside of the patient allowing the opportunity to contribute greatly to patient safety and patient satisfaction. Nurse response time to patient needs directly affects patient satisfaction scores and call light usage. Hourly rounding is an organized approach where nursing staff regularly check on patients to ensure their care needs are being met (Christiansen et al., 2018). The purpose of this paper was to describe an acute care facility's change in process implementing an hourly rounding initiative to increase patient satisfaction and potentially increase patient safety.

Project Implementation

A focused review of the literature revealed hourly rounding as the best practice option for increasing patient satisfaction and safety. Other options included unit-based patient experience committees and pod buddy assignments (Nelson & Staffileno, 2017). We chose to implement an hourly rounding protocol because it is cost effective and has been chosen as the best practice option for reducing falls, increasing patient satisfaction, and increasing quality of care (Institute for Healthcare Improvement, 2015)

To implement the project, education on the new rounding tool and expectations of rounding was completed over one week during staff huddles. A call light tracking document was used to determine the frequency of call lights over a 4-day period pre-implementation of the rounding initiative and then, 2 times weekly for 8 weeks post-implementation on varying shifts. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores were gathered using the quality metric spreadsheet for the facility. The scores will be evaluated pre-implementation and post implementation to assess for an increase in patient satisfaction scores.

The fall rate was gathered from the quarterly quality meetings held at the facility pre implementation and will be gathered at the end of Q2 for final rate. Initial nursing staff compliance with hourly rounding was at zero due to there not being a standardized way of measuring compliance.

Results

Process outcomes revealed use of the hourly rounding tool 0% of the time during pre-implementation, increasing to 96.89% of the time 8 weeks post-implementation. Call light use decreased by 12.5% one week following implementation, to 7.81% at the end of 8 weeks. Fall rates decreased from 4 per quarter at baseline to 3 per quarter 8 weeks post-implementation. Patient satisfaction outcomes are pending and will be measured in June 2023 when made available.

Impact

Nurses and Certified Nursing Assistants (CNA) possess the ability to improve patient satisfaction scores and patient safety by using hourly rounding to improve staff responsiveness to patients' needs. Increased patient satisfaction scores can lead to greater government-related reimbursement based on patient safety due to a reduction in the risk for falls, and overall improved quality of care (Centers for Medicare & Medicaid Services, 2021). When it came to pain management, results have indicated that patients consistently felt that nurses effectively managed their pain when consistent rounding was completed (Bragg et al., 2015). Patients were more likely to recommend a facility to someone they know if they feel like the staff was prompt on addressing the patient's needs (Nelson & Staffileno, 2017). Also, nurses who feel they are delivering high quality care are less likely to experience workplace stress which can lead to lower nurse turnover rates.

Hourly Rounding Initiative to Increase Patient Safety and Satisfaction in Long-Term Acute Care

Hospitals all over the country have seen a rise in injuries from falls, potential skin issues, and patient dissatisfaction due to lack of responsiveness from staff (Medina & Merozier, 2020). Inpatient hospital falls are the second leading cause of accidental injury or death in the healthcare setting and in just the United States (US), healthcare-related falls cost approximately \$50 billion per year (Sun et al., 2020). Hospital staff's response time to a patient's call light can affect patient safety, patient outcomes, and even a hospital's profit. Waiting for a staff member to answer a call for help in a hospital setting can be frustrating and anxiety-producing for patients. It can lead to unsafe behaviors by patients leading to unnecessary falls and injuries. The practice of proactive and regular rounds on hospitalized patients to decrease patient anxiety has been included in nursing teaching since the 1970s (Mitchell et al., 2015). Researchers have consistently found that hourly rounds by nurses reduced call light usage and patient wait time for assistance with positioning, toileting, and other needs (Mitchell et al., 2015). The purpose of this quality initiative was to increase compliance with an hourly rounding intervention by nurses and certified nurse aides (CNAs), decrease patient call light usage, increase patient satisfaction scores, and decrease patient fall rates.

Background

Hourly rounding by nurses can be a key factor in promoting the decrease in call light usage and increasing Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores, often leading to increased government funding for the hospital. Hourly rounding means that every hour either a CNA or a nurse must check on the patient to be proactive in addressing any needs before they arise (Medina & Merozier 2020). The HCAHPS

survey contains 19 questions about critical aspects of the hospital experience such as communication with staff, responsiveness of staff, cleanliness of the hospital, quietness level of the hospital, discharge communication, and overall rating of the hospital (Centers for Medicare & Medicaid Services, 2021). Two of the questions on the survey ask about the nurses' responsiveness to the patient's needs during the stay. The questions are used to determine if the patient thought care was delivered efficiently during their stay (Daniels, 2016). These patient satisfaction scores can directly affect the amount of money a hospital receives from government agencies. Value-based purchasing created by CMS is a method that is used to incentivize hospitals based on performance measures and one of those measures is patient satisfaction (Richter & Muhlestein, 2017).

Review of the Literature

Research evidence has shown that an hourly rounding protocol can decrease call light usage and increase patient satisfaction scores. Meade et al., (2006) conducted a nationwide quasi-experimental study that found the addition of an hourly rounding protocol (without tool) resulted in a reduction in call light usage as well as a decrease in patient falls and increased patient satisfaction score. According to Kalman (2008), a patient's perception of satisfaction with their care depends on how well the staff has been able to meet their needs. Alarm fatigue and increased patient loads can often prevent staff from being able to get to the call light in a reasonable amount of time. The Institute for Healthcare Improvement ([IHI], 2015) has endorsed hourly nurse rounding as the best practice to reduce call light usage while simultaneously increasing patient satisfaction, to prevent potential fall injuries and improve the quality of care. In a quality improvement project conducted by Ford (2010), hourly rounding was guided for three weeks and there was a 52% decline in patient call light use after the implementation of

these hourly rounding practices. A systematic review of the literature conducted by Mitchell et al., (2015) found a positive relationship between the implementation of hourly rounding and the decrease in call light usage overall, with the added benefit of increasing patient satisfaction. This is significant because it informs us of a universal process that ensures patient satisfaction and safety, which in this case is the implementation of an hourly rounding initiative.

Description of the Problem

In a 35-bed long term acute care hospital (LTACH) in the Dallas Texas area, treating primarily patients aged between 40-65 years, patients are often unable to complete independent tasks of living, such as going to the bathroom independently, changing positions, or eating. When assessing areas for improvement, unit leaders found that the HCAHPS scores for staff responsiveness were much lower than the targeted benchmark of 90% for this facility. The data collected indicated that only 56% of the patients felt their nurses were responsive when they used their call light. For the last quarter of 2022, the HCAHPS scores indicated a great opportunity for the facility to improve patient experiences.

There was a significant need to have a better understanding of the benefits and reasons for hourly rounding to get true "buy in" from the staff necessary to implement a project of this sort. Hourly rounding can help the staff be proactive in addressing patient requests rather than reactive when the patient needs something urgently and time is limited. The goals of this project were to decrease call light use and in turn increase patient satisfaction scores regarding nurse responsiveness and to decrease fall rates using an hourly rounding protocol. These goals coincide with the organization's goals of providing high quality of care and meeting or exceeding the needs of their patients.

Theoretical Frameworks

A combination of the Lean process and the Plan-Do-Study-Act (PDSA) model were chosen as the framework for this project because they can be used together to improve workflow, efficiency, and nurse-sensitive outcomes. The PDSA process is the Plan, Do, Study, Act approach (Figure 1) is a four-stage approach to process improvement that includes stages of implementing a process change that involve planning an intervention, implementing the intervention, studying the outcomes of the intervention, and acting to sustain or improve the intervention (Newcombe & Fry-Bowers, 2018). This works for this project because in the planning phase we identified the problem at hand and came up with an initiative to address said problem. In the Do phase, we educated the staff on the new rounding initiative and collected the outcome data. During the Study phase, we evaluated if call light usage decreased and will determine if patient satisfaction scores increased with the rounding tool being implemented. During the Act phase, we used the outcomes of our project to make a sustainability plan to continue with the current rounding process and work toward developing a nurse rounding policy.

The Lean Model, according to Shaw and Carter (2019) focuses on eliminating unnecessary waste to increase value. The focus of my intervention, hourly rounding, can be applied to the Lean Model because the focus of this project was to reduce call light usage numbers with hourly rounding. Overuse of patient call lights can be viewed as a waste of valuable time and effort by hospital staff and eliminated through the consistent practice of hourly rounding. We are improving the process by eliminating waste and implementing hourly rounding with clear expectations of documentation during the rounding process.

Purpose Statement and Project Aims

The purpose of this quality improvement initiative is to improve the quality of patient care in this LTACH through the implementation of an hourly rounding protocol. The clinical

question guiding the implementation of this process change was: Does the implementation of an hourly rounding tool in this 35-bed LTAC hospital in Dallas Texas, compared with no hourly rounding, increase HCAHPS patient satisfaction scores, decrease call light usage and decrease fall rates over an 8-week period?

- Aim 1: The first project aim was to decrease call light usage by 10% six weeks following the implementation of an hourly rounding protocol. The 10% was a percentage the facility set as the benchmark for this project.
- Aim 2: The second project aim was to increase HCAHPS patient satisfaction scores by 50% by the next quarterly HCAHPS measurement following the implementation of an hourly rounding protocol. The 50% was a percentage the facility set as the benchmark for this project.
- Aim 3: The third project aim is to reduce fall rates by 20% six weeks following implementation of the hourly rounding protocol compared to the average monthly fall rate six months prior to implementation of the hourly rounding protocol.
- Aim 4: The fourth project aim is to observe 90% nursing staff compliance with the completion of the bedside rounding tool, six weeks following the hourly rounding education and implementation.

Methods

Project Design

This evidence-based quality improvement project used a before and after design to implement an hourly rounding protocol in a LTACH. This was the most effective method to measure quantifiable change in a health care process pre and post implementation. A Strength, Weakness, Opportunity, and Threat (SWOT) analysis was done in the planning stage of the

PDSA and identified the strengths, weaknesses, opportunities and threats associated with implementing an hourly rounding plan in this facility. Strengths and benefits of the hourly rounding tool included, minimal start-up costs, research and QI evidence supporting improved work-flow and quality of patient care, and supportive leadership in this facility for the project. The major weakness of the hourly rounding implementation was that it required all staff to perform consistently, every hour. Additionally, there was an existing lack of clarity of bedside roles, i.e., which staff member was responsible for needed activities, complicated by the high number of temporary staff due to the post-pandemic low staffing numbers. Identified opportunities of implementing hourly rounding were robust. We believed this change in process could provide improved call light response time, patient satisfaction, patient health outcomes, and patient safety. The threats or barriers to implementation included understaffing and temporary/float staff who were not aware of the hourly rounding implementation project. Most concerning was staff opposition to adhering to the hourly rounding implementation expectations because of lack of buy-in and perception of lack of time.

Participants and Recruitment

This project plan was reviewed and approved by facility administration. There was no need for recruitment of participants as this project focused on the quantifiable data of call light usage numbers, compliance with protocol use, patient satisfaction scores, and fall rates. The process change involved all bedside staff, including registered nurses (RNs), licensed vocational nurses (LVNs), and certified nurse assistants (CNAs).

Intervention

The members involved in this initiative include the Chief Executive Officer, the Director of Quality, the Chief Nursing Officer, the Chief Clinical Officer, and the Project Director. The

education phase lasted for seven days to ensure all nurses were educated on both shifts. The education document was initiated and then reviewed during shift huddles by the Charge RNs. Using Brosinski & Riddell's (2020) hourly rounding guide, weekly, 5-minute customer service training sessions were introduced in huddle, and the staff was updated on current goals and measures. This was a simple document explaining the importance of rounding on our patients and the staff signed off on a separate sign in sheet that was returned after they received the education (Appendix C). The charge nurses received training on hourly rounding expectations such as addressing the 4 P's (Pain, Positioning, Potty and Plan of care), a room safety check, and the use of the bedside rounding tracking document. The charge nurses then educated staff during pre- shift huddles. Stanford Health Care (2017) provides guidelines on the behaviors of high quality rounds including tasks (pain, toileting, position, and environment), patient-centered questions, and explanation of rounding process. These guidelines were used in the education huddles with the staff. Refer to Project Timeline, Table 1.

Measurement Tools

Call light data for Aim 1 was collected by the unit clerk using a simple system of tallying call lights as they occurred and totaling them at the end of the shift. The unit clerks were educated on the importance of ensuring the tally was accurate. I personally audited the call light data for the first 2 shifts pre and post implementation and validated the tally from the unit clerk with my own tally to check for internal consistency. The unit clerk was consistently the same person for each shift helping with reliability

For Aim 2, we used two questions from the HCAHPS survey to measure patient satisfaction with nursing response to their needs. There is a question related to patient's receiving help as soon as they pressed their call button and patients indicate whether nursing staff was

never, sometimes, usually, or always responsive to their request for help via their call light. The questions are used to determine if the patient thought care was delivered efficiently during their stay (Daniels, 2016). For aim 3, fall data was collected from the incident reporting system followed by the Director of Quality and presented in quarterly quality meetings.

To measure Aim 4, an hourly rounding tool (Appendix C) was introduced at the bedside for the staff to fill out as the rounding was being done. The objective was to improve nursing staff compliance with the hourly rounding protocol and provide documentation that the rounds were being done at the bedside. The document also served as a tool for patients and patient family members to see that the patient was being checked on consistently even if asleep or confused. In addition, an hourly rounding information document (Appendix B) was included in the admission packet when the patient arrived to educate them on the hourly rounding protocol and what to expect during their stay when it comes to staff responsiveness.

Data Collection

Data collection for Aim 1 included the pre- implementation call light tally completed by the unit clerk. The tally was gathered for four 8-hour shifts, two day and two-night shifts to get baseline call light data before the rounding tool was implemented. The post-implementation data was collected for one day (two shifts) each week for eight weeks post-implementation. The tally was gathered for 16 eight-hour shifts, eight day shifts and eight night shifts.

Data collected for Aim 2 was the pre implementation HCAHPS scores for patient satisfaction in the last quarter of 2022 and the first quarter of 2023. This was collected by the Quality Director and presented in the quarterly quality meetings. HCAHPS scores will be gathered post-implementation at the end of Q2 of 2023 when the data is available, as it is only done quarterly.

Data collected for Aim 3 included gathering fall rates from the last 2 quarters of 2022 and the first quarter of 2023 pre implementation. Final fall rates will be collected at the end of Q2 and presented in quarterly quality meetings by the Director of Quality. Data collected for Aim 4 included the assessment of nursing compliance with consistent rounding pre implementation of the rounding protocol and then data was collected for nursing compliance post implementation using the bedside rounding tool to measure compliance.

Data Analysis

Since this was a before and after quality improvement project, we used an Excel spreadsheet to determine if Aim 1 was met. We calculated average call lights used per week one week before and eight weeks after the implementation of the hourly rounding protocol. We used a bar graph to show the comparison of pre versus post implementation call data and used frequencies to calculate the percentage decrease in call light use.

To determine if Aim 2 was met, we imported the HCAHPS score data for the last quarter of 2022 and the first quarter of 2023 into Excel to track and compare patient responses. Once quarter 2 data from 2023 is obtained, we will use frequencies to compare HCAHPS scores and determine the percentage of improvement and use a bar graph to visually show any changes in scores. For Aim 3, we calculated pre- and post-implementation monthly fall rates as described above. Percentages will be used to calculate any difference in monthly fall rates from pre- to post-implementation. To determine if Aim 4 was met, we used frequencies to calculate the percentage of patients whose nurses consistently documented doing hourly rounds each week.

Results

Implementation

The project was accepted well by the facility. Administration was supportive and helpful

along the way. The facility had contract/agency staff included in the staff mix during the project period. Agency Nurses or traveling nurses were often not explicitly made aware of the rounding implementation project unless they were present for the educational huddles. This lack of information had the potential to affect buy-in from temporary staff. Audits of rounding revealed that some bedside staff did not document hourly rounds on patients but did respond to call lights when they alerted. Some nurses said they believed that the patient would use the call light if they needed help, and that hourly rounding was not necessary.

Outcomes

The patient population for this project was adult patients in a 35 bed LTACH in Dallas, TX. For the duration of this project the census stayed between 25-30 patients. For aim 1, the total number of day shift calls (2 days or 16 hours) prior to implementation of the hourly rounding tool was 128, averaging out to be 64 calls per shift during the day. On night shift the total number of calls was 104, averaging out to be 52 calls during the night shift pre-implementation. The post implementation average call light usage for day shift over eight weeks decreased from 64 to 59 calls on average per shift (a 12.5% decrease) and from 52 to 43 calls on average per night shift (an 11.5% decrease). Across both shifts, calls decreased from 116 to 102, a 12.1% decrease. See Figure 2.

For aim 2, the pre implementation HCAHPS score was rated at 56% for nurse responsiveness in the last quarter of 2022 and at 68% for the first quarter of 2023. The HCAHPS scores are available quarterly. Next data collection for this outcome will be in June 2023. At that point, we will compare the pre and post implementation scores to determine the percentage change in scores.

For aim 3, the pre implementation fall rate was 4 falls for Q1 of 2023. After the

implementation of the rounding initiative the at the end of Q2 we will have the total fall number. See Figure 3. For aim 4, the pre implementation compliance with hourly rounding was 0% because there was no formal documentation of hourly rounding in place. The post implementation compliance with filling out the rounding tool was 96.89% after 16 shifts across day and night.

Discussion

The purpose of this quality improvement initiative was to improve the quality of patient care by decreasing the need for patients to use a call light thereby increasing patient satisfaction with their care, through the implementation of an hourly rounding nursing tool. Our first aim was to decrease call light usage by implementing a bedside rounding tool. After the implementation of the rounding tool the average number of calls over 8 eight-hour day shifts was 59 calls which is 5 calls less than prior to the addition of the rounding tool. On night shift, post implementation, the average number of calls over 8 eight-hour night shifts was 43 calls which is 9 calls less than prior to the rounding tool. This indicates that we met our goal in using an hourly rounding tool to help decrease call light usage by at least 12.5%, meeting our goal of decreasing the usage by at least 10%.

Our second aim of the project was to increase HCAHPS scores by 50% from pre-implementation. Baseline scores indicated that there was a need for improvement with scores at 56% for the last quarter of 2022 and 68% for the first quarter of 2023. When it came to staff responsiveness and patient satisfaction. In June 2023 we will compare the pre implementation scores with the post implementation scores to determine if there was an improvement and if so, the percentage of improvement.

Our third aim was to reduce fall rates by 2 falls per quarter. The number of falls for Q1 of

2023 was 4 falls. After a partial assessment of Q2 the fall number is currently at 3. At the end of Q2 we will have the final fall number to assess for improvement. The fourth project aim was to observe 90% compliance with the completion of the bedside rounding tool. The goal of 90% compliance was met with a percentage of 96.89% compliance rate for the rounding tool being documented hourly.

The key success from this change in clinical process was the decrease in call light usage, which followed the implementation of an hourly rounding protocol by nurses and CNAs. The only difficulty we somewhat ran into, as mentioned above, was the number of agency/contract staff in the facility and the potential for lack of buy in. The care delivery for this facility was changed from not having any nurse rounding standards or guidance to having a staff educated on the need for an hourly rounding protocol and a means to document their rounds resulting in a significant decrease in call light usage by patients, indicating patients' needs were met more frequently. The nursing workflow was changed from rounding periodically to rounding every single hour with the addition of filling out the bedside tool to show rounding was being completed.

Several research studies and quality improvement projects have found results similar to ours. Daniels (2016) implemented an hourly rounding initiative to improve patient safety by decreasing falls in a 28-bed med-surg unit at a tertiary care facility. Before the implementation of the rounding tool in this study, the facility was averaging 3 falls every quarter. After the implementation of the rounding tool the fall number was at 0 after the first three months of the rounding tool being implemented. Meade et al., (2006) conducted a nationwide quasi-experimental study that found the addition of an hourly rounding protocol (without tool) resulted in a statistically significant reduction in call light usage as well as a decrease in patient falls and

increased patient satisfaction score. Patient satisfaction scores went from 79.9 to 88.8 and falls were reduced by 60% one year following the implementation of hourly rounding.

Limitations

The first limitation for this project was that the facility was only 35 beds and all of the patients were significantly debilitated, so comparability to larger facilities or facilities with different patient acuity levels may not be possible. The findings reported here are limited by time constraints for this project. More time could have used to deliver the education to the staff and to obtain their perceptions about the new rounding tool. Another limitation was the lack of a more scientific way of monitoring call light use and an EHR-embedded tool to remind nurses of the need to do the hourly rounding. This project will continue to move forward with continued quarterly outcome monitoring over the next year.

Interpretation

An action plan using the PDSA model was created to then implement. because data collection has been completed and the results of the call light usage were lower, compliance was at 96.89%. This shows the process is working. Next steps will be to gather the HCAHPS scores when they are made available at the end of Q2 and then gather the final fall number at the end of Q2. Fortunately, this project cost very little to implement and will far outweigh the risk of continued high-volume call lights and decreased patient satisfaction scores. An education huddle document (Appendix A) on the importance of hourly rounds and an hourly rounding handout for patients' is quite inexpensive using only paper and ink to create which are low cost. There is no cost for staff huddle education. There could be some potential financial implications if the process does work which would include higher reimbursement from CMS due to higher patient satisfaction scores. If this process does not work, and patient satisfaction scores do not change,

the financial implication could be less funding from CMS and a new plan will be necessary. One contingency plan for this project, if hourly rounding does not prove to be sustainable over time, is the implementation of a “no pass zone” policy that the facility has come up with that ensures every call light is answered by any type of health care provider passing a patient’s room.

Conclusions and Implications

Through this quality improvement project, it was evident that nurses and CNA’s have the ability to improve patient satisfaction scores and decrease call light usage by using hourly nursing rounds, which aim to improve staff responsiveness scores. We learned that with the addition of a simple hourly rounding protocol we were able to decrease call light usage in this facility and improve quality of care and patient safety. This protocol could have the potential to be used in other similar LTACH facilities for the same purpose. New practices related to workflow take time as the staff embraces the change and begins to understand how best practice interventions can significantly improve patient outcomes. (Daniels, 2016).

Long-term care patients often have mobility issues and the inability to provide for themselves. Therefore, they can easily have a sentinel event if nurses cannot address basic needs such as the use of the bathroom, positioning, pain control, the proximity of personal items, and call lights. Hourly rounding is a simple, economical approach that nurses can use to improve patient satisfaction and decrease care costs (Medina & Merozier, 2020). The trust that can be created by simply using consistent rounding should improve the unit culture and result in greater patient satisfaction, and decreased call light usage. The need for this project was great as patient satisfaction scores tracked by CMS were quite low in the unit, putting the hospital at risk of decreased federal funding. Further research will be necessary, in order to, potentially find more innovative and efficient ways of completing rounds as a bedside staff.

References

- Brosinski, C., & Riddell, A. (2020). Incorporating hourly rounding to increase emergency department patient satisfaction: a quality improvement approach. *Journal of Emergency Nursing, 46*(4), 511–517. <https://doi-org.libproxy.txstate.edu/10.1016/j.jen.2019.08.004>
- Brouillet, C. M. (2022). Hourly rounding quality improvement initiative. Sigma Repository. <https://sigma.nursingrepository.org/handle/10755/22547>
- Centers for Medicare and Medicaid. (2021). HCAHPS: Patients' perspectives of care survey. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS>
- Centers for Medicare and Medicaid. (2023). Hospital Quality Initiative Public Reporting. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalCompare>
- Centers for Medicare and Medicaid. (2021). Hospital value-based purchasing. <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/HVBP/Hospital-Value-Based-Purchasing>
- Daniels, J. F. (2016). Purposeful and timely nursing rounds: a best practice implementation project. *JBIR Database of Systematic Reviews and Implementation Reports, 14*(1), 248–267. <https://doi.org/10.11124/jbisrir-2016-2537>
- Ford, B. M. (2010). Hourly rounding: A strategy to improve patient satisfaction scores. *MEDSURG Nursing, 19*(3), 188–191.
- Institute for Healthcare Improvement. (2015). How-to guide: Multidisciplinary rounds. <http://www.ihl.org/resources/Pages/Tools/HowtoGuideMultidisciplinaryRounds.aspx>
- Johnson, B., & Bryant, L. (2020). Call bell usage: tracking the effect of hourly staff rounding.

Clinical Journal of Oncology Nursing, 24(3), 328–330.

<https://doi.org/10.1188/20.cjon.328-330>

Kalman, M. (2014). Effects of nursing rounds on patient fall rates. State University of New York – Upstate Medical University.

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.

Medina, J., & Merozier, J. (2020, October 19). Hourly rounding policy. American Nurse - ANA. <https://www.myamericannurse.com/hourly-rounding-policy>

Mitchell, M.D., Lavenberg, J.G., Trotta, R.L., & Umscheid, C.A. (2014). Hourly rounding to improve nursing responsiveness: A systematic review. *Journal of Nursing Administration*, 44(9), 462-472. doi: 10.1097/NNA.000000000000101

Richter, J., & Muhlestein, R. (2017). Patient experience and hospital profitability: is there a link? Health Care Management Review. <https://pubmed.ncbi.nlm.nih.gov/27050925/>

Stanford Health Care. (2017). Nursing: quality and safety, purposeful rounding. <http://www.stanfordhealthcare.org/health-care-professionals/nursing/quality-safety/purposeful-rounding.html>

Sun, C., Fu, C. J., O'Brien, J., Cato, K. D., Stoerger, L., & Levin, A. (2020). Exploring practices of bedside shift report and hourly rounding. Is there an impact on patient falls? *Journal of Nursing Administration*, 50(6), 355–362.

<https://doi.org/ju.idm.oclc.org/10.1097/NNA.0000000000000897>

Tzeng, HM. Perspectives of staff nurses of the reasons for and the nature of patient-initiated call lights: an exploratory survey study in four USA hospitals. *BMC Health Serv Res*, 10, 52 (2010). <https://doi.org/10.1186/1472-6963-10-52>

Table 1*Project Timeline*

| Date | Action | Team Member |
|--------------------|---|---------------------------------------|
| 1/30/2023-2/7/2023 | Collection of pre-implementation data: 4 days, 8 hours each – (2 day shift, 2 night shift) prior to implementation of rounding tool. | Unit Clerk and Project Director |
| 2/7/2023-2/10/2023 | Education provided to staff through Charge RN huddle document used to educate staff before each shift | Charge RN and Project Director |
| 2/10/2023-4/3/2023 | Collection of post-implementation data: 6 weeks (8 day shift, 8 night shift) post implementation of rounding tool – complete by 4/3 | Unit Clerk and Project Director |
| 4/3/2023-4/5/2023 | Data analysis to evaluate for change in call light frequency, call light numbers, fall numbers and compliance data | Project Director, Director of Quality |
| Month of 06/2023 | Gather final HCAHPS scores and final fall numbers for analysis and present final findings to administration and the staff. Evaluate if new process will be made protocol. | Project Director, Director of Quality |

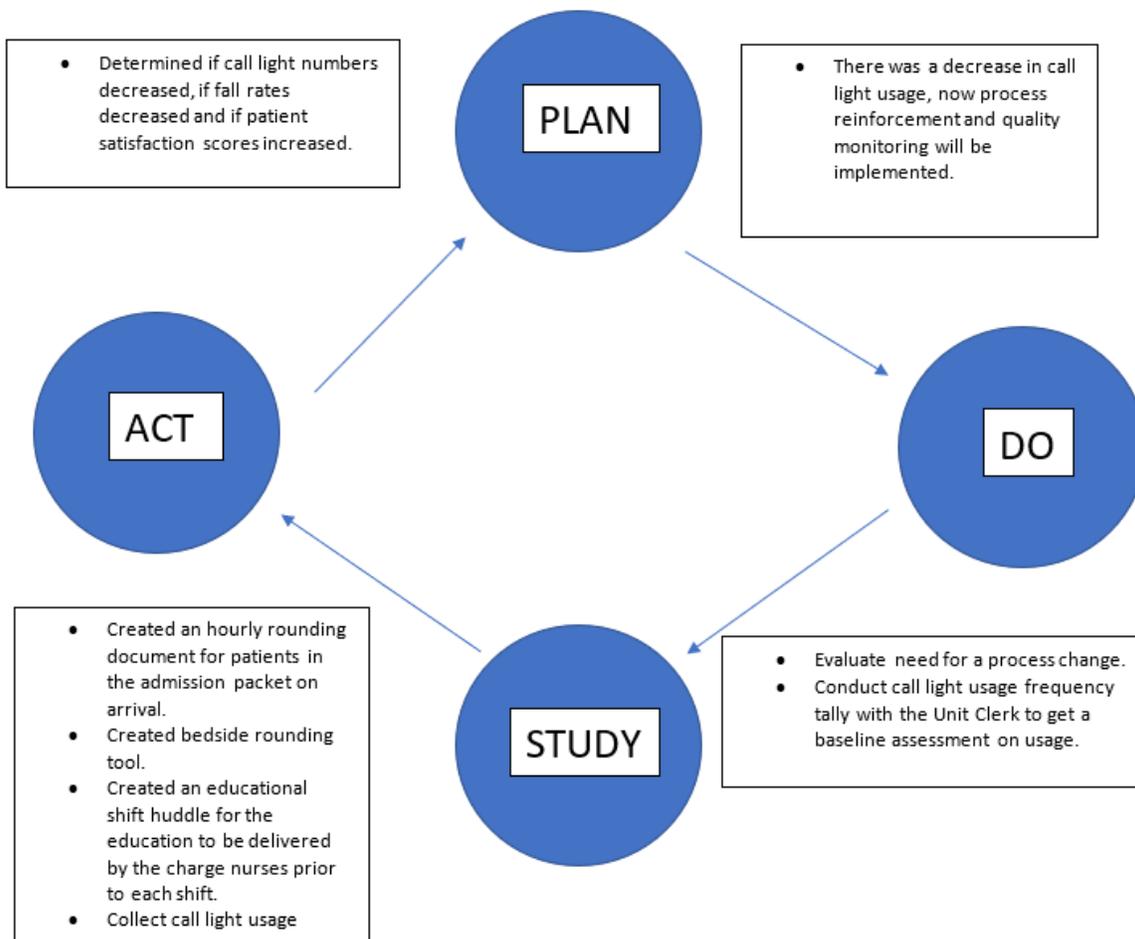
Figure 1*PDSA Cycle*

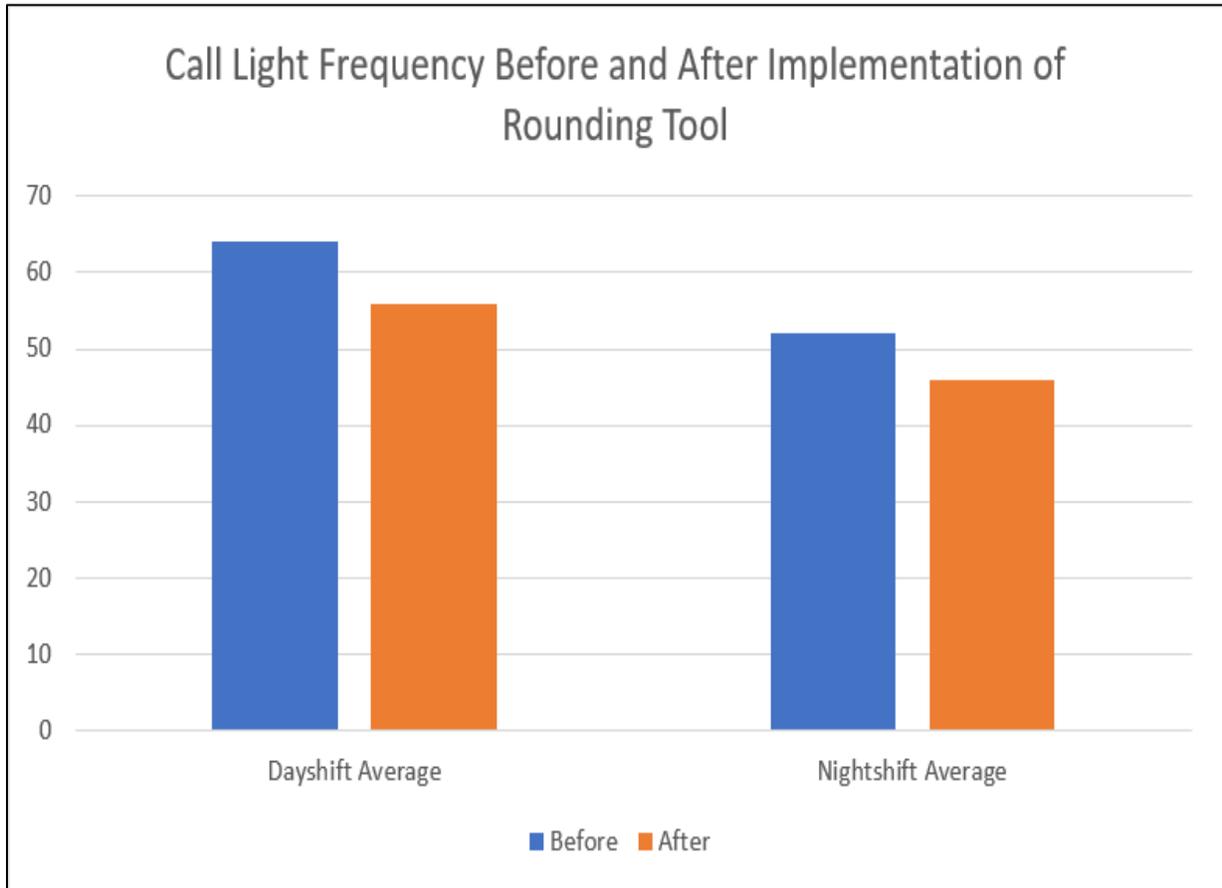
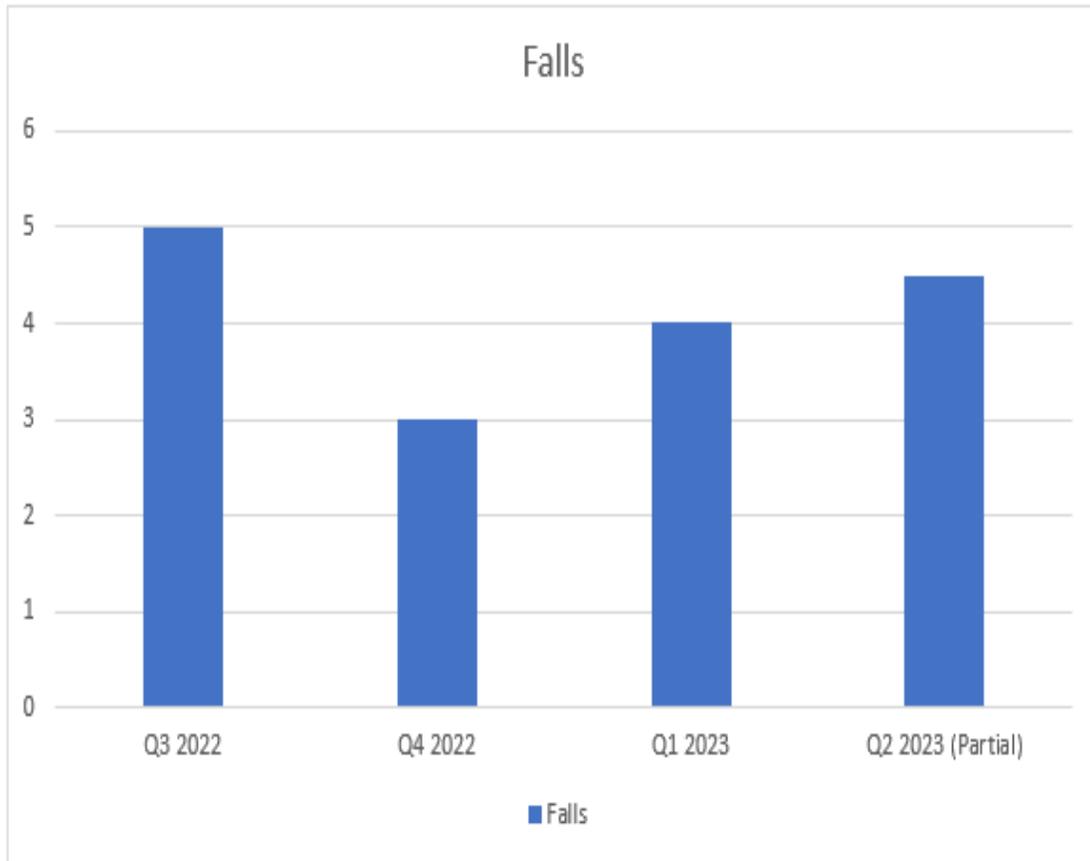
Figure 2*Call Light Frequency Change*

Figure 3

Fall Rate Frequency Change



Appendix A

Charge RN Huddle Education Document

Huddle Document

Charge Nurses:

The aim of this improvement project is to improve hourly rounding by implementing a bedside rounding checklist to document time in the patient's room doing care/safety checks. The patient population of this LTACH has many who are forgetful and confused. This document will provide visual proof of hourly rounding is proven to assure patients and their family members that hourly rounding has been proven to:

- Reduce falls
- Improve patient satisfaction and communication
- Improve pain management, reduce anxiety
- Reduce call-bell usage

The role of the Charge Nurse is to act as a leader and educator on the unit. Huddles will be used to introduce the bedside rounding tool, explain the benefits of quality rounding and share successful outcomes to encourage the staff. Feedback from the staff will be needed to improve the success of the project and discover any changes that may be needed.

Huddle information points:

- At the start of your shift explain that you (or a CNA) will be rounding regularly to check for needs, safety, (4P's: pain, potty, position, proximity of items-call bell, remote etc.)
- Your rounding is not expected to occur "on" the hour but at least 12 times in your shift spread out regularly shared between the RN and CNA.
- Night shift will place a new checklist at the bedside and collect completed ones to add to patient chart.
- Night shift staff should use nursing judgement to determine rounding every hour is appropriate. Night shift must round at least every 2 hours.
- Continue with computerized hourly rounding as before in addition to filling out the bedside checklist
- This project will be evaluated for outcomes such as patient satisfaction and decreased call light usage.

Appendix B

Admission Document for Patients Describing Hourly Rounding Goals

Admission Hand out

Welcome to VIBRA SPECIALTY HOSPITAL!

We at Vibra Healthcare are dedicated to providing patient care with a commitment to clinical service excellence, a culture that inspires teamwork, and a passionate workforce driven by a dedication to patient wellness.

HOURLY ROUNDING

We at Vibra strive to provide **excellent** service through our improved **hourly rounding**.

EVERY HOUR FROM 6AM TO 10PM
AND
EVERY 2 HOURS FROM 10PM TO 6AM

DURING THIS TIME:

- Monitoring comfort level. Do you need repositioning?
- Monitoring your pain level. Do you need pain medicine?
- Assisting with personal needs. Do you need to go to the bathroom or use a bed pan?

WE WILL MAKE SURE YOU HAVE ACCESS TO:

- Your telephone
- Your call light
- Bedside table
- Water or other beverages if applicable
- Glasses or bifocals
- Urinal or bedpan
- Trash can

WHAT DOES THIS MEAN FOR YOU AND YOUR VISITORS?

This ensures that we are meeting your personal needs and monitoring you frequently, on an hourly basis, so that you can focus on your recovery.

You will receive a survey regarding hourly rounding, and it can help to show areas for staff improvement and to ensure hourly rounding is being completed. If you have any questions regarding hourly rounding please do not hesitate to ask.

Thank you for choosing Vibra Specialty Hospital!

