

An Ethnographic Examination of the Hourly Rounding Process

Lynn M. Deitrick RN, PhD
Lehigh Valley Health Network, Lynn.Deitrick@lvhn.org

Kathy Baker RN, MPH
Lehigh Valley Health Network, Kathy.Baker@lvhn.org

Hannah D. Paxton RN, MPH
Lehigh Valley Health Network, Hannah_D.Paxton@lvhn.org

Michelle D. Flores RN, BSN
Lehigh Valley Health Network, Michelle_D.Flores@lvhn.org

Deborah Swavely RN, MSN
Lehigh Valley Health Network, Deborah.Swavely@lvhn.org

Follow this and additional works at: <https://scholarlyworks.lvhn.org/administration-leadership>



Part of the [Business Administration, Management, and Operations Commons](#), [Health and Medical Administration Commons](#), [Management Sciences and Quantitative Methods Commons](#), and the [Nursing Commons](#)

Let us know how access to this document benefits you

Published In/Presented At

Deitrick, L., Baker, K., Paxton, H., Flores, M., & Swavely, D. (2011). *An Ethnographic Examination of the Hourly Rounding Process*.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

An Ethnographic Examination of the Hourly Rounding Process

Lynn Deitrick RN, Ph.D, Kathy Baker RN, MPH, Hannah Paxton RN, MPH, Michelle Flores RN, BSN, Deborah Swavely RN, MSN
 Department of Community Health and Health Studies, Lehigh Valley Health Network, Allentown, Pennsylvania

Purpose:

The study objective was to understand the hourly rounding process at our hospital as it was introduced, implemented and performed on two inpatient units with the goal of identifying areas for improvement.

Background:

Hourly rounding is a proactive process whereby clinical staff enter patients' rooms every hour to assess and address patients' needs, comfort and safety. Hourly rounding was implemented several years ago across inpatient units at multiple campuses of the health network as a means of improving patient safety, decreasing the number of patient falls, improving staff and patient satisfaction and reducing the need for call bell use by increasing staff presence in the rooms. However, the hourly rounding process was not impacting these variables in some of the units at our main campus. As a result, quality and nursing senior management requested a research team explore the hourly rounding process to identify barriers to achieving desired outcomes. This study was reviewed and judged to be a quality improvement study by our hospital's Institutional Review Board.

Methods:

A team of four nurse researchers planned and carried out this work. Two similar medical surgical units were selected for this study.

- Forty hours of ethnographic observations were conducted on both study units during a four week period in the Spring of 2010.
- Forty-eight staff interviews with 29 nurses and 19 aides from the two units were conducted during the same four week period. Thirteen nurse leaders involved in the development and implementation of the hourly rounding protocol were also interviewed.
- Interview topics included discussion of the hourly rounding process, thoughts about hourly rounding practice on the units, documentation, measurement, and possible changes to the process.
- Additional data including unit photographs, rounding logs, fall data and documents related to the hourly rounding process were examined to provide additional information about the development, implementation and communication of the initiative.

Results:

Staff from the two study units were pleased to be asked for their insights about hourly rounding and suggestions for process re-design. They were forthcoming and frank with their responses to questions. Results also indicate that staff attitudes, workflow, and accountability are factors affecting the successful implementation of hourly rounding. Themes were consistent across the two units, adding to the validity of the information. The ethnographic methodology provided the unit staff an opportunity to verbalize their attitudes and perception of hourly rounding which supplied a robust dataset. Major themes are identified in Table 1.

Table 1. Major Themes

Theme	Description
Purpose of hourly rounding	Both Registered Nurses (RN) and Technical Partners (TP) found it difficult to articulate purpose of rounding and could not identify expected effect on staff or patient outcomes. Management articulated purpose of rounding and identified expected staff and patient outcomes.
Rounding process / workflow	Rounding is seen as an added task, not incorporated into workflow. RNs/TPs are too busy with competing priorities of other tasks. Become more proactive versus reactive.
Accountability	Rounding is not an option but an expectation. Leadership should set the tone- should not be punitive.
Staff attitudes	RNs and TPs want to understand the logic behind rounding and proof that it is effective. Perceived as a good idea but hard to accomplish. Feel that job is being diminished by having to sign a log.
Patient safety	Disconnect between rounding and safety. Staff verbalizes safety measures and takes safety seriously.

Table 2. Recommendations

Recommendation	Implementation
Involve staff in hourly rounding re-design process.	All Registered Nurses (RN) and Technical Partners (TP) to be included in and take ownership of the hourly rounding re-design and documentation process.
Make a clear connection between hourly rounding, patient safety, patient assessment, and nursing judgment.	Help communicate to staff the connection between hourly rounding and patient safety and an opportunity for patient assessment. Encourage nursing judgment. Reinforce rounding as part of workflow.
Re-design hourly rounding documentation process.	Re-design hourly rounding documentation process with staff input. Share data with staff to demonstrate the value of hourly rounding and patient safety. Data should be collected and analyzed and used for quality improvement.

Conclusions/Implications:

Recommendations for process re-design are indicated in Table 2. Findings suggest that the lack of an identified 'rounding champion' for the hospital and on the patient care units hindered staff buy-in of the process. Staff from the study units were eager to take ownership of the rounding process re-design. This work also provided insights about how to use ethnographic methods to understand workflow process such as hourly rounding. Nurses at other institutions should be able to follow this study design and replicate this work. Results of this study are being used as foundational information for hourly rounding re-design.