

Intentional Rounding

Monica A. Fallon BSN, RN

Lehigh Valley Health Network, monica_a.fallon@lvhn.org

Kortney A. Graff BSN, RN

Lehigh Valley Health Network, kortney_a.graff@lvhn.org

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Intentional Rounding

Monica Fallon BSN, RN & Kortney Graff BSN, RN
Lehigh Valley Health Network, Allentown, Pennsylvania

Background/Significance

- On the medical surgical unit 6T, staff noticed an increase in call bell usage, patient falls, and poor HCHAP scores in regards to response of staff.
- Studies on hourly nurse rounding reveal that patients report higher patient satisfaction and fewer patient falls (Brosey & March, 2015).
- Intentional rounding involves carrying out regular checks on individual patients to anticipate and deliver fundamental care rather than responding to a patient call bell (Forde-Johnston, 2014).
- The Institute for Healthcare Improvement (IHI) endorsed hourly rounding as the best way to reduce call lights and fall injuries, and increase both quality of care and patient satisfaction (Daniels, 2016).

Evidence

- There is substantial evidence that hourly rounding has beneficial effects, particularly on the outcomes of patient satisfaction, call light use, and patient falls (Mitchell et al, 2014).
- Evidence suggested that structured nurse rounding demonstrated favorable trends in improving patient satisfaction and reducing patient falls (Brosey & March, 2015).

PICO Question

On the medical-surgical unit 6T, will the implementation of an intentional rounds program decrease falls and increase staff responsiveness to patient care?

- P: Staff on medical surgical unit 6T
I: Intentional rounding program
C: Compared to other methods of rounding
O: Decrease in patient falls and increase staff responsiveness

Implementation: Process/Outcome

- The process included the implementation of the intentional rounds program:
 - The program consisted of staff education and peer validation.
 - Rounding logs placed inside of each patient's room.
 - Rounding logs included pain, toileting, position, and proximity of assisted devices and call bells.
 - Poster developed by practice council and was placed at the main nursing station on the unit.
- Outcome Indicators:
 - Monitoring amount of patient falls through unit quality board.
 - Monitoring HCHAP scores in staff responsiveness before and after the implementation of the intentional rounding program.

Results

HCAHPS Data for Reponse of Staff
■ HCAHPS Score %



- The implementation of the intentional rounding program was started in January 2016.
- The data showed that HCAHPS scores related to staff responsiveness improved during the months of February and March 2016 after the implementation of intentional rounding.
- From the months of October to January, there was a total of 12 falls on the unit 6T. Whereas, from the months of February to April there was a total of 4 falls on unit.

Dissemination

- In conclusion, the implementation of an intentional rounding program can be effective in increasing patient satisfaction and reducing incidence of falls when properly carried out.
- Barriers to consider regarding intentional rounding include:
 - Non compliance of staff intentionally rounding, or failure to properly document on the rounding logs in the patient rooms.
 - Staff resistance to change
 - Patient acuity

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