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Rounding With A Purpose

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Rounding With A Purpose

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Background

- Purposeful hourly rounding (PHR) is a systematic, nurse-driven, evidenced-based process designed to anticipate and address the needs of hospital patients.
- Nurses on a 30-bed medical-surgical unit noted a gap in the HCAHPS score question which asked “Did the staff/nurses visit you hourly during the day?”
- A disconnect in practice was evident as reported clinical variations in PHR and shared patient perceptions suggested an unawareness of the process implementation at the unit-level.
- Motivated by the pursuit of clinical excellence and patient safety, a nurse-led interprofessional collaborative group assembled to promote a standardized approach to PHR.

Purpose

This presentation details an initiative to optimize and reinvigorate purposeful hourly rounding with a goal of translating exemplar strategies into practice.

Evidence

- Purposeful patient rounding leads to better patient outcomes and satisfaction (Ford, 2010).
- Implementing a successful purposeful patient rounding program requires that the process and initiative expectations are defined, staff are educated and receptive, and a time management plan is developed (Shepard, 2013).
- The use of tools increase patient awareness and perception of hourly rounding is beneficial (Studer Group, 2007).
- Program success is hardwired through discussions in team meetings, monitoring of rounding, and continued education of staff (Brosey and March, 2015).

REFERENCES

- ¹ Brosey, L. A., & March, K. S. (2015). Effectiveness of Structured Hourly Nurse Rounding on Patient Satisfaction and Clinical Outcomes. *Journal of Nursing Care Quality*, 30(2), 153–159. <https://doi.org/10.1097/hcq.000000000000086>
- ² Ford, B. M. (2010). Hourly Rounding: A Strategy to Improve Patient Satisfaction Scores. *MedSurg Nursing*, 19(3), 188.
- ³ Shepard, L. H. (2013). Stop going in circles! Break the barriers to hourly rounding. *Nursing Management (Springhouse)*, 44(2), 13–15. <https://doi.org/10.1097/01.numa.0000426147.98903.ae>
- ⁴ Studer Group (2007). Hourly Rounding Supplement: Best Practice: Sacred Heart Hospital Pensacola Florida.

Methods

- A pre-implementation survey and root cause analysis identified barriers to PHR:
 - Inconsistent plan and communication between unlicensed staff and clinical nurses
 - Increased patient acuity
 - Unexpected care interruptions
- Innovative strategies taken by the presenting organization included:
 - Creating an interprofessional 8-hour shadowing experience (unlicensed staff and RNs) to enhance role understanding
 - Standardizing shift report content to improve staff communication
 - ▶ Bedside report included a statement concerning hourly rounding
 - ▶ Developed improved communication processes to assure licensed/unlicensed staff performed hourly-rounding; default plan of a phone call if either staff member unable to round as anticipated
 - Crafting an ‘hourly-rounding education bundle’ inclusive of scripting
 - ▶ Shared at staff meetings and safety huddles
 - ▶ Created video education
 - ▶ Modeled processes at scheduled education meetings
 - ▶ Developed an education program and verified competency of PHR through a checklist and an electronic education bundle
 - Implementing a dry-erase rounding clock for patient rooms
 - Establishing a process for patient medication questions
 - ▶ Laminated card placed on RN computer workstation indicating patient had a medication question – improved communication
 - ▶ Signed an hourly-rounding agreement amongst all clinical staff
 - ◆ Encouraged staff accountability

Results

- Associated metrics were established and outcome data measured process compliance.
- Since project inception in February 2019, project outcomes demonstrate a:
 - 57% reduction in the unit’s total fall rate
 - 15% increase in the HCAHPS score related to the question “Did your nurse round on you hourly?”
- Information gained during this presentation can be incorporated within a wide variety of settings to:
 - Increase patient satisfaction with the hospital experience
 - Improve patient and interprofessional communication
 - Impact nurse-sensitive clinical indicator outcomes



Future Direction

- Ongoing unit education on PHR to staff new to unit and float staff
- Monitor PHR processes and HCAHPS metrics relative to PHR through the unit-based Practice Council

Admission Rounding Education

Hello _____. Here at LVHN, we round because we care. While you are in the hospital, a nurse or technical partner will be rounding on you every hour between 6 a.m. and midnight, and every other hour between midnight and 6 a.m. If you are sleeping, we will not wake you up unless you request that we do so. During this time, we will address your personal needs, including if you need to go to the bathroom or need something to eat or drink. We'll assist with your positioning in bed for prevention of any skin breakdown, address your pain level, and see if you have any questions about your care or any medications that you're taking. We will be using this rounding tool so you know when the last time someone was in to check on you, and approximately when you should be expecting them next. If you need anything in between this time, please use your call bell and ring for assistance.

Initial round morning after admission:

Hello _____. I'm here for your “8 o'clock” hourly rounding. Did your admitting nurse explain to you our process of hourly rounding here at LVHN? (*If no, refer to admission script. If yes, continue*) Is there anything that I can get for you? Are you having any pain? Do you need to utilize the restroom? It's important to redistribute your weight every two hours, so we will also be changing your wedge support from the left to the right for prevention of skin breakdown. (*If patient can turn independently: Remember to redistribute your weight every two hours for prevention of skin breakdown*). Do you have any questions about any of the medications that you are taking in the hospital? We will continue to round on you hourly during the day, but if you need anything in between these times, please utilize your call bell and ring for assistance.

After initial hourly round: Exclude “Did the nurse explain to you our process of hourly rounding here at LVHN? (*If no, refer to admission script. If yes, continue*)”

*Staff expectations during hourly rounding that are not verbally communicated to the patient: Check that bed alarm is on and audible, path is clear and free of wires/cords, call bell is within reach of patient, urinal is empty, white board is up to date.