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

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Lynn Deitrick RN, Ph.D, Kathy Baker RN, MPH, Hannah Paxton RN, MPH, MichelleFlores 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 initiative.

Methods:
A team of four nurse researchers planned and carried out this work. Two similar medical surgical units were selected for this study. Forty-eight staff interviews with 29 nurses and 19 aides from the two units were conducted 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 a four week period. 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.

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.

| 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. RNs and TPs want to understand the logic behind rounding and identify expected staff and patient outcomes. |
| Rounding process / workflow | Rounding is seen as an added task, not incorporated into workflow. RNs and TPs are too busy with competing priorities of other tasks. Become more proactive versus reactive. |
| Accountability | Rounding is not an optional task. 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. RNs feel that job is being diminished by having to sign a log. RNs are too busy with competing priorities of other tasks. Become more proactive versus reactive. |
| Patient safety | Disconnect between rounding and safety. Staff identifies safety measures and takes safety seriously. |

Table 1. Major Themes

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.

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

Table 2. Recommendations

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