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In Collaboration with
PLANETREE INTERNATIONAL

Hourly Rounding for Patient Safety

Satisfaction and Better Experience

16/11/2019

Patient Experience Forum

Creating a Community of
Patient Centered Care

16 - 17 November 2019
Sheraton Grand Hotel, Doha

As part of our extensive program and with CPD hours awarded based on actual time spent learning, credit hours are offered based on attendance per session, requiring delegates to attend **a minimum of 80%** of a session to qualify for the allocated CPD hours.

- **Less than 80%** attendance per session = **0 CPD hours**
- **80% or higher** attendance per session = **full allotted CPD hours**

Total CPD hours for the forum are awarded based on the sum of CPD hours earned from all individual sessions.

Conflict of Interest

The speaker(s) or presenter(s) in this session has/have no conflict of interest or disclosure in relation to this presentation.

INTRODUCTION

Hospital patients often rely on nurses with basic tasks, such as using the restroom, eating, bathing and ambulating. Nurses' responsiveness to their needs is a key factor patient often consider when making judgments about the quality of their care, other factors that can influence opinions about satisfaction can include:

- Response to call Bell
- Appropriateness pain control
- Assistance when needed
- Effective exchange of information with nurses
- Friendliness of the nurses

If patient's need for assistance not met in a timely manner , it can result in patients falls, increased pain as well as complaints from patients and families

Reference: (Lowe & Hodgson, 2012; Rondinelli et. al., 2012; Olrich et al., 2012)

https://www.healthstream.com/resources/blog/blog/2018/10/22/use-task-to-touch-training-to-improve-patient-experience-during-provider-encounters

LEARNING OBJECTIVES

At the end of this session, participants will be able to:

- Discuss the concept and process of hourly rounding
- Explain the 7P's of hourly rounding
- Present the tools used in the implementation of hourly rounding
- List the challenges encountered and measures done to overcome those challenges
- Discuss the impact of hourly rounding on fall, peripheral intravenous complication prevention and call bell usage

BACKGROUND

Pediatric In-Patient, is a 26-bed capacity unit in Al Wakra Hospital, with 35 staff nurses assigned in three shift (eight-hour) schedules, with 1:3 nurse to patient ratio

Four hourly contact with the patients is mandatory and followed by the staffs as per AWH nursing administration instruction

In 2016, first time in Hamad Medical Corporation, hourly rounding project was proposed and piloted in the pediatric inpatient

AIM OF THE PROJECT

By the end of 2018:

- To achieve 90% of patient and family positive feed back and response
- Patient fall incidence will reduce by 50%
- Peripheral intravenous infiltration rate will be below 40 per 1000 device day
- Call bell usage will be decrease by 10%

SIGNIFICANCE OF THE PROJECT

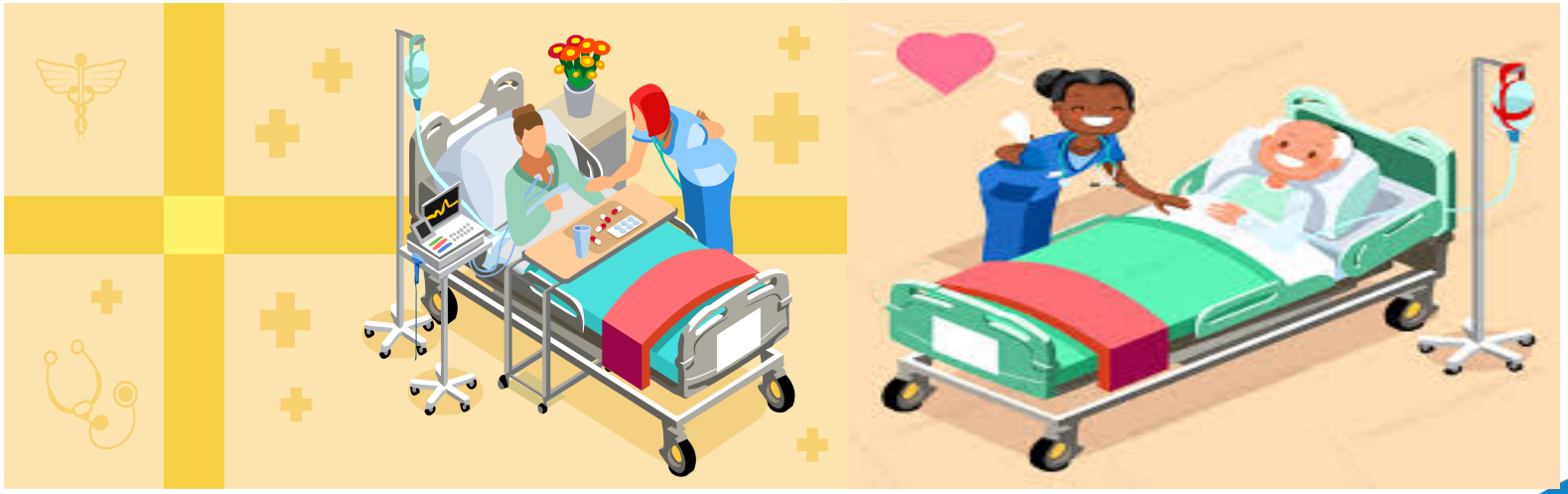
- The expected improvements in quality and patient safety among pediatric patients are different as compared to adults. Pediatric patients have more needs and requiring more attention. Safety is the topmost priority in catering to this patient age group

- The hourly rounding aims to prevent potential safety, comfort and environmental incidents or issues due to untimely reassessment, helps in improving quality care and patient safety thereby improving patient overall experience at Al Wakra Hospital

Hourly Rounding

Hourly “purposeful “rounding is a proactive, structured, nurse-led, evidence-based intervention designed to anticipate and address patient needs. It is introduced to the patient and family members upon admission in order to set expectations for the hospital stay.

(Stanford Healthcare,2015; Berg et. al., 2011;McLeod, J., & Tetzlaff, S. ,2015;Meade, Bursell & Ketelsen, 2006;Mercer & Fagan, 2010;Kelley, 2017 ; Nelson &Staffileno, 2017 ;Woodard, 2009) Olrich, Kalman& Nigolian, 2012; Rondinelli et. al., 2012; Fabry, 2015; Forde-Johnston, 2014; Harrington et al., 2013; Francis, 2016; Saleh et al, 2011,Beverly; Bartley; Cornwell, 2011; Tea; Ellison & Feghali, 2008;Baker, 2012).



Process of Hourly Rounding:

- The hourly round is performed every hour during day shift (0600-1400) and evening shift (1400-2200) with a space on a log sheet for each hour where the nurse can write his or her initials to note that the round was completed

- At night shift (2200-0600), the nurse can set up the overnight expectation for rounding by telling the patient that she will round every two hours, will quietly come into rooms and check that patients are safe, but will not waken them if they are sleeping

- A communication tool used with rounding which is in-room rounding log posted on the wall inside the room

(Agency for Healthcare Research and Quality, 2011; Ford, 2010; Association for Patient Experience2011; Dean, 2012; Meade, Bursell & Ketelsen, 2006)

Benefits of Hourly Rounding

- Reduce patient falls
- Reduce skin breakdown
- Improve patient perceptions of their care and satisfaction during hospitalization.
- Give nurses more time for patient care tasks and to be more organized – you are more in control of your time by being proactive rather than reactive.
- A proven method for reducing call bell and improving patient satisfaction with call bell response

https://www.thechristhospital.com/Documents/Nursing/Rock%20Around%20The%20Clock-Rounding%20Reality%20With%20Patient%20Recall.pdf

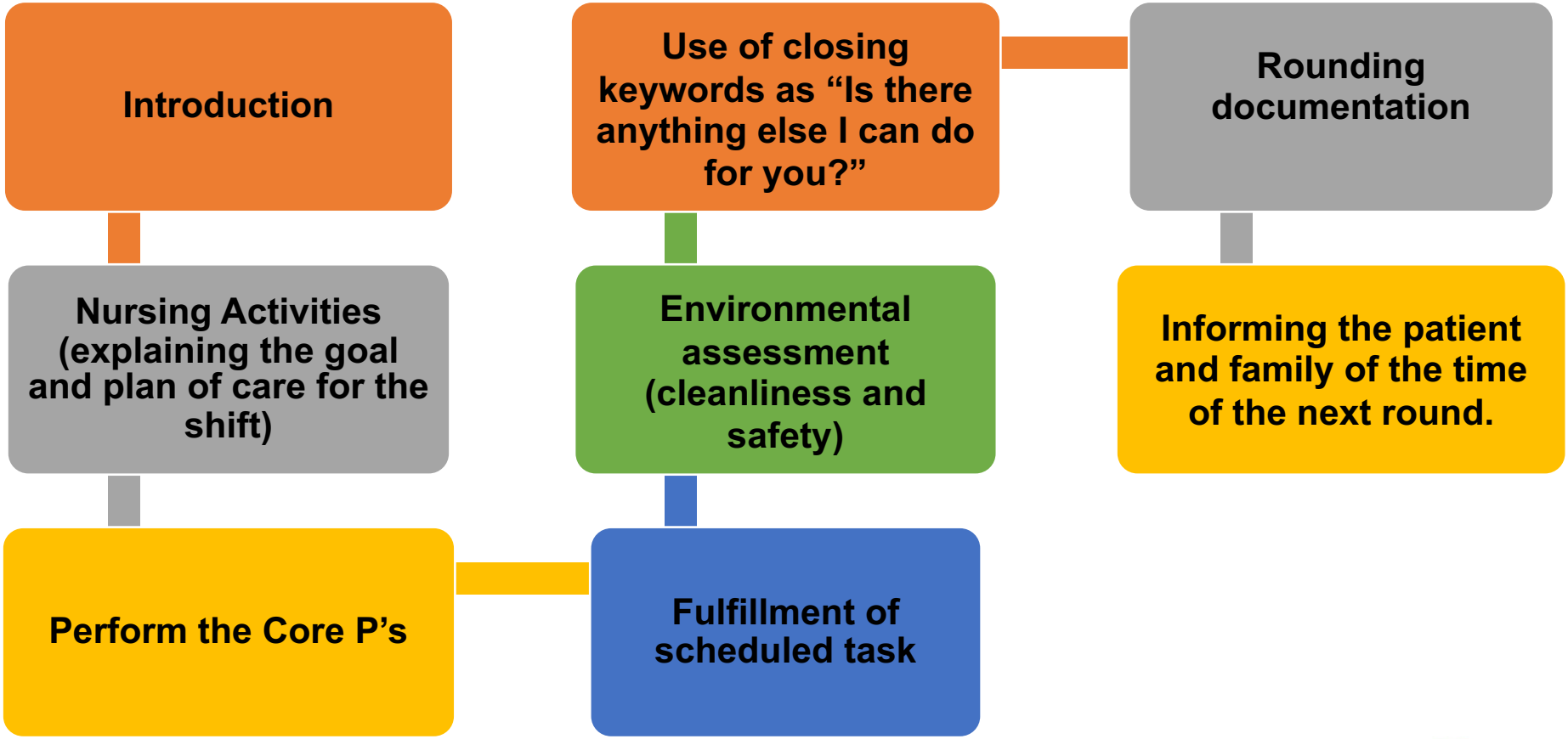
Benefits of Hourly Rounding

- Asking about patients' needs gives patients an opportunity to express their concerns without thinking that they're disrupting the nurse's work
- Promotes teamwork and shared responsibility for call light response
- Nurses satisfaction since they aren’t interrupted so often with call bells
- Reduction in nurse fatigue

(Daniels, 2016; Harrington et al., 2013; Hicks, 2015; McLeod &Telzlaff, 2015; Wright, 2018; Kelley, 2017; Gooch , 2016 ;Leighty,2006 ; Woodward, 2009; Al Danaf et. al., 2018; Gardner et. al 2009; Emerson et. al., 2014 ; Meade, Bursell, & Ketelsen, 2006; Rondinelli et. al. 2012; Graci, 2013; Dean, 2012; Meade, Bursell & Ketelsen, 2006; Flowers, 2016)

8 BEHAVIORAL PRACTICES

The Hourly Rounding Project includes eight behavioral practices:



WHAT ARE THE 7 P's?

7

Seven Core Practices "7P's" are implemented to ensure patient safety:

P- Pain – "Are you experiencing any pain right now? "
Assess and address complaints and nonverbal ques of pain

P- Position - "Are you comfortable?
Assess the child's position.
Assist the patient in changing of position if needed

P- Personal Needs - "What else I can do for you while I'm here?"
"Do you need to go to the bathroom?"

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P- Patient Concern -"Do you have any concerns right now?"
"Do you have any questions?"

P- Peripheral Line - Assess the IV line for any complications

P- Pumps - Check the ongoing IV fluids or IV medication

P- Privacy - Always provide privacy

LOG SHEET

I AM HERE ROUNDING DOCUMENTATION LOG

Date: _____ Room Number:_____

Department: Pediatric Inpatient

Patient Stickers

TIME PERIOD	INITIALS	TIME ROUNDING	PAIN	POSITION	PERSONAL NEEDS	PATIENT CONCERN	PERIPHERAL LINE	PUMPS	PRIVACY	COMMENT (Use Key Below)
Day CN										
Evening CN										
Night CN										
0600										
0700										
0800										
0900										
1000										
1100										
1200										
1300										
1400										
1500										
1600										
1700										
1800										
1900										
2000										
2100										
2200										
2300										
0100										
0300										
0500										

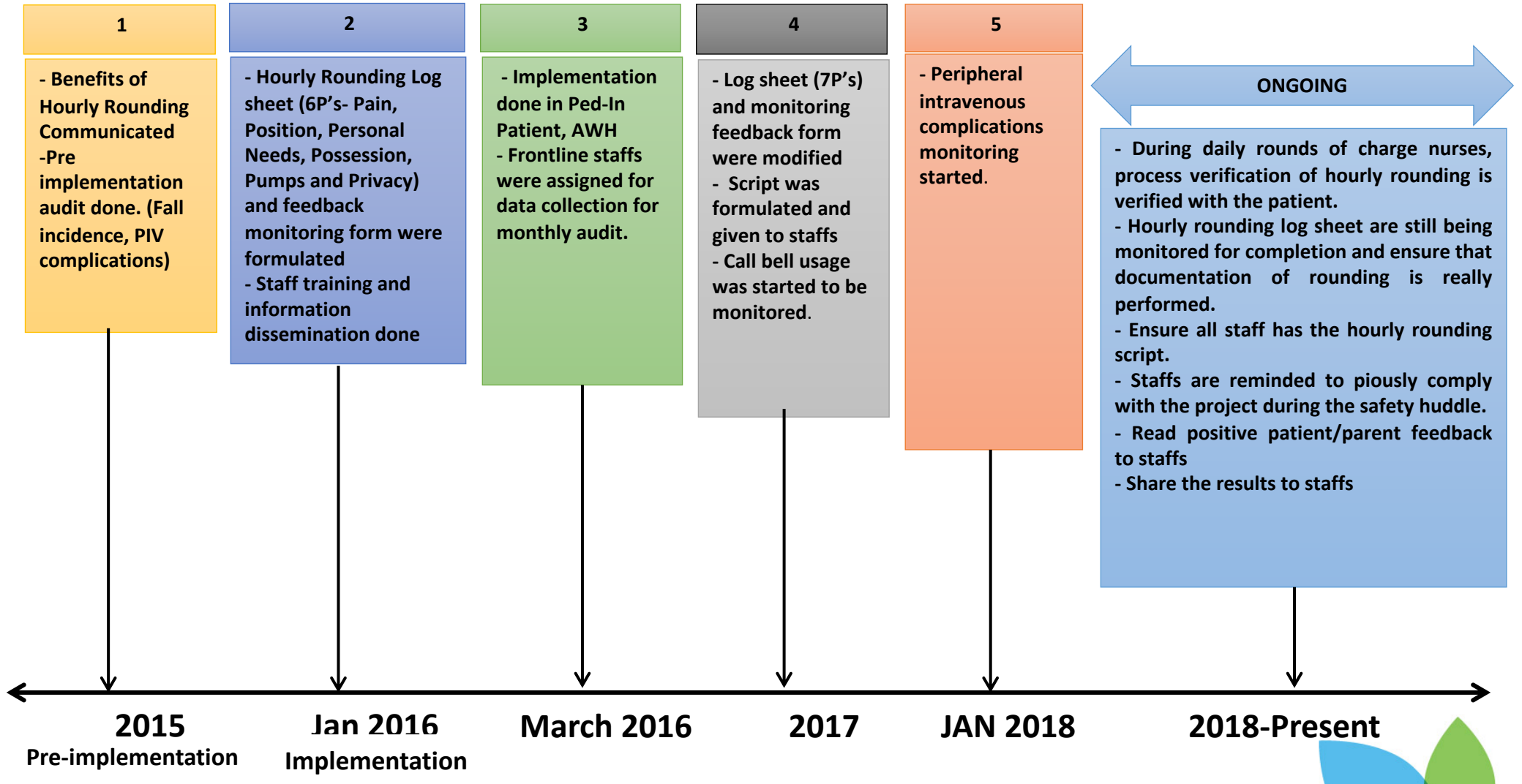
NB: Please place a ✓ after checking 7 "P's" in appropriate boxes. DO NOT put X in boxes regardless of findings. Record under comments any findings eg. Pain. If unable to check 6 "A's", place - in appropriate box.

SN Name:	Staff Initial:	Staff ID:

Comment Section Key
1. Sleeping
2. Out-On-Pass
3. Not in Room/Off Ward
4. Patient Refused Rounds
5. Family Refused Rounds
6. Others_____
7. Cleaning of Equipment

✓ *Log sheets are used to ensure consistency. Staff will have a log sheet for each patient to use as a guide and as a tool for monitoring.*

HOW WAS THE PROJECT IMPLEMENTED?



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Hourly Rounding Script

Hourly Rounding Script

Introduction: "Hi! I'm _____ I will be your nurse for (time frame). I will be making rounds every hour to keep your child safe and to ensure that we meet your needs."

Assessment: Ask and assess for the 7P's

Plan: "I would like to remind you of your plan for today."

Closing: "Is there anything else I can do for you?"

The 7 P's Checklist

P – Pain – "Are you experiencing any pain right now?" Assess and address complaints or nonverbal ques of pain.

P – Position – "Are you comfortable? Assess the child's position. Assist the patient in changing of position if needed

P – Personal Needs – "What else I can do for you while I'm here?"

P – Personal Concerns – "Do you have any concerns right now?" "Do you have any questions?"

P – Peripheral Line – Assess the IV line for any complications

P – PUMPS – Check the ongoing IV fluids or IV medication

P – Privacy - Always provide privacy

- ✓ *The purpose of this is to standardize the intervention, process and promote consistency. It helps patients and patients' significant others understand the process and recognize our interventions.*

Challenges Encountered

- Staffs' attitude and compliance to the new change
- Most of the staffs were very hesitant to start the project as they considered it as another workload
- For other staff, hourly rounding was an innovative idea though difficult to accomplish because of overwhelming priorities and other nursing task/procedures that need to be done.
- Incomplete log sheet documentation.
- Parent weren't informed about the project and the round.

Measures done

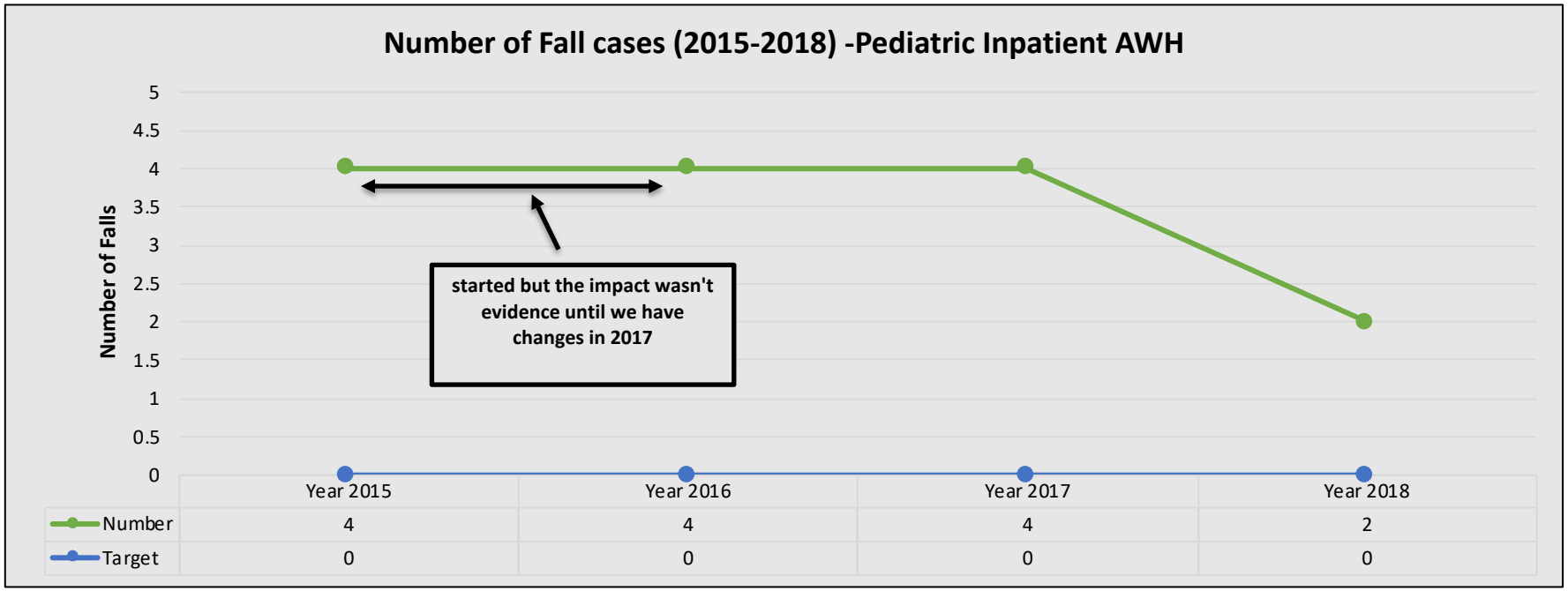
- Allowing the staffs to express their thoughts, feelings and concerns about the project
- Every month during the monthly meeting the purpose, significance and effects of hourly rounding are being discussed
- Asked assistance and support from Unit Based Council
- During safety huddles, staffs are reminded to piously comply with the project
- Staffs' compliance is being monitored on a daily and monthly basis and explore any new change ideas can be implemented to improve staff compliance

OUTCOME

- From the first quarter of 2018, the staff is complying and eventually manifested dedication in doing the project. The whole team contributed in achieving the goal and improving patient safety. They were appreciated by the parents for their commendable efforts.

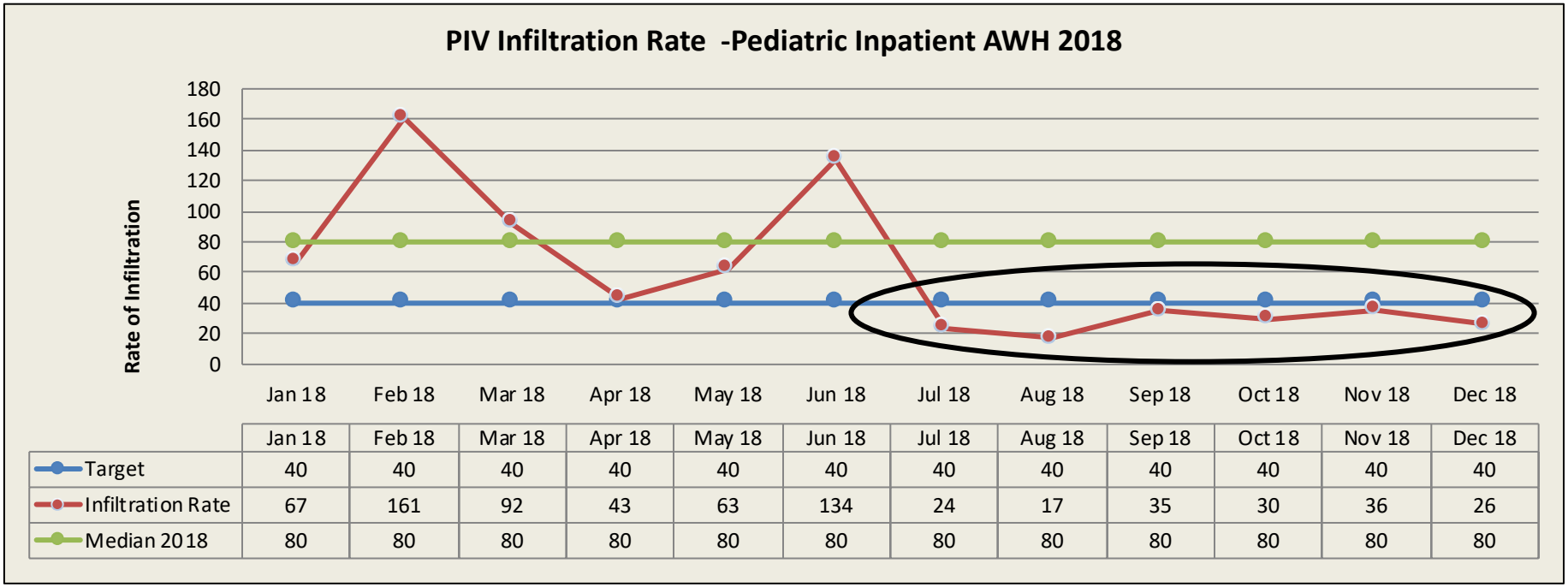
- The project was spread to other units in Al Wakra Hospital and these respected units adopted and implemented the project.

OUTCOME



The reported Fall Incidence in 2015 -2017 was 4 cases, the project started but the impact wasn't evidence until we have done changes in 2017. In 2018, there were **2 incidents**, hence the fall incidence reduced by **50%** and met the targeted aim.

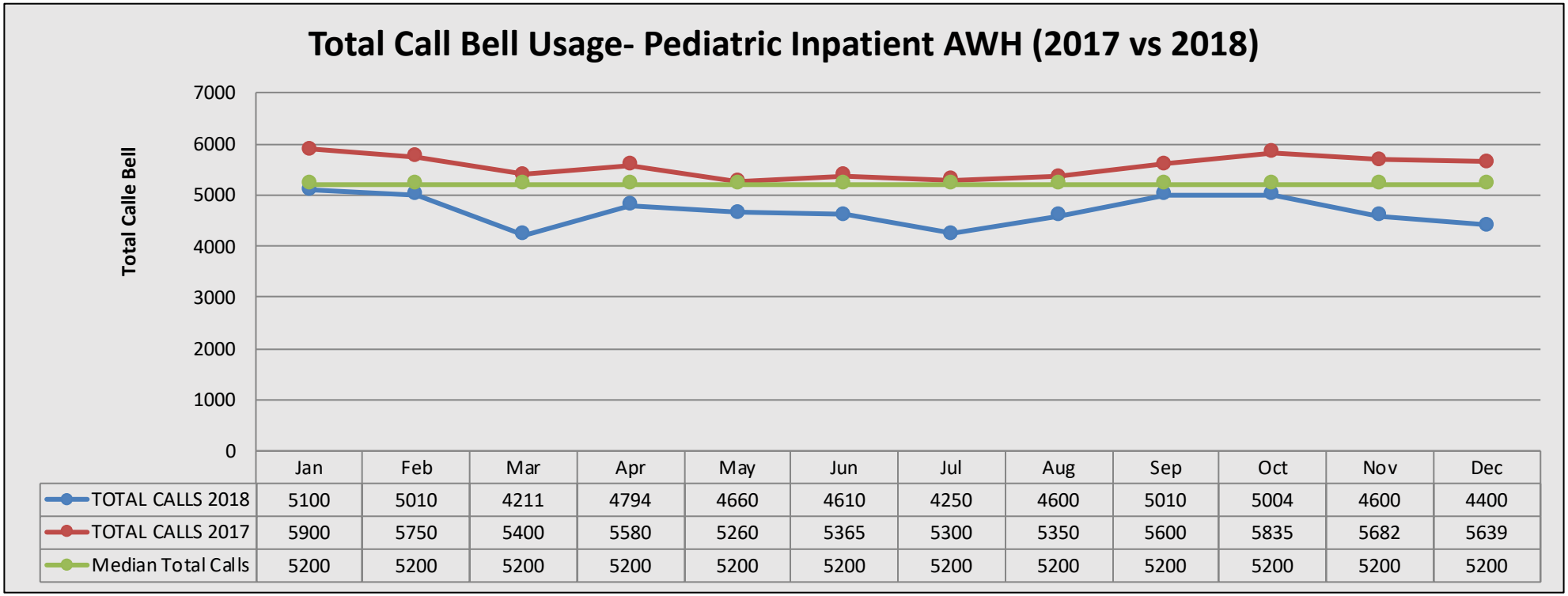
OUTCOME



	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
Target	40	40	40	40	40	40	40	40	40	40	40	40
Infiltration Rate	67	161	92	43	63	134	24	17	35	30	36	26
Median 2018	80	80	80	80	80	80	80	80	80	80	80	80

The reported peripheral intravenous infiltration rate was decreased. There is a shift at 6 data point from median, from the month of July to December 2018

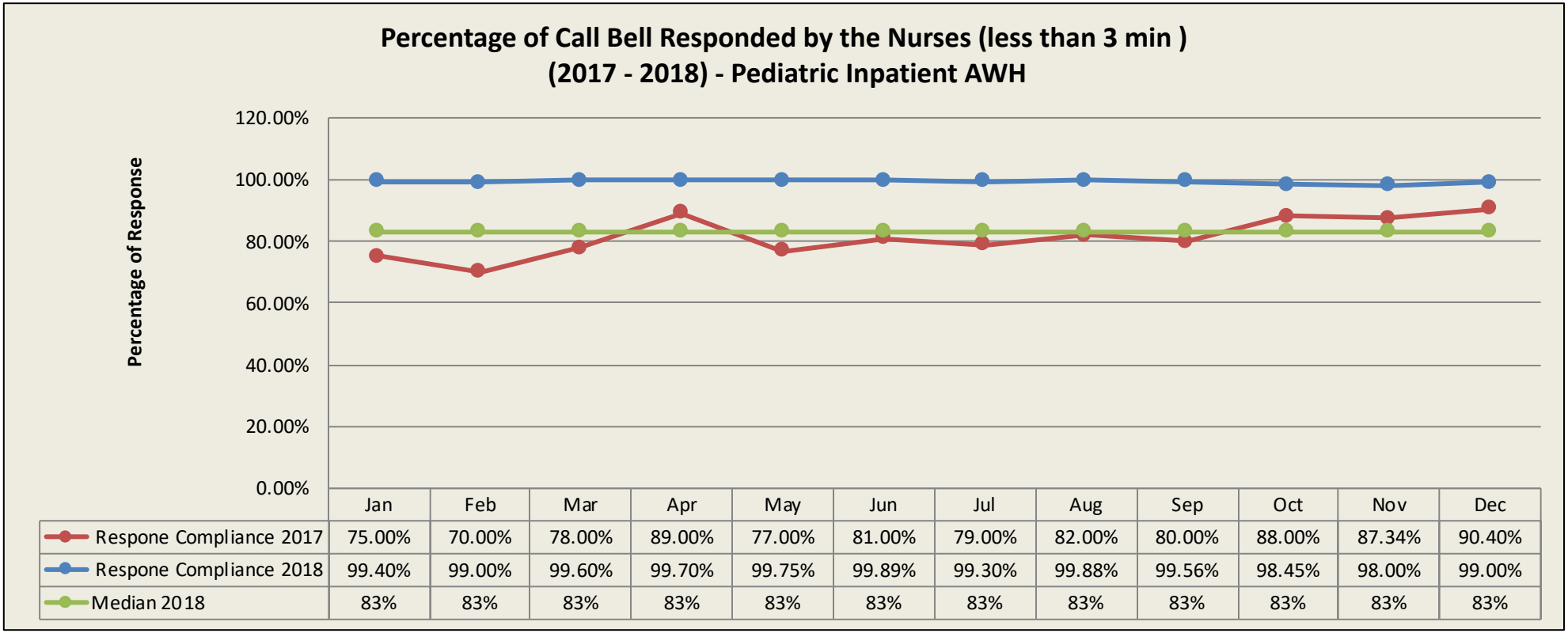
OUTCOME



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
TOTAL CALLS 2018	5100	5010	4211	4794	4660	4610	4250	4600	5010	5004	4600	4400
TOTAL CALLS 2017	5900	5750	5400	5580	5260	5365	5300	5350	5600	5835	5682	5639
Median Total Calls	5200	5200	5200	5200	5200	5200	5200	5200	5200	5200	5200	5200

The number of **call bell usage** report showed that there was a significant decrease of call bell usage from (**33255 in 2017) to (28385 in 2018)**. So it reduced by **14%**.

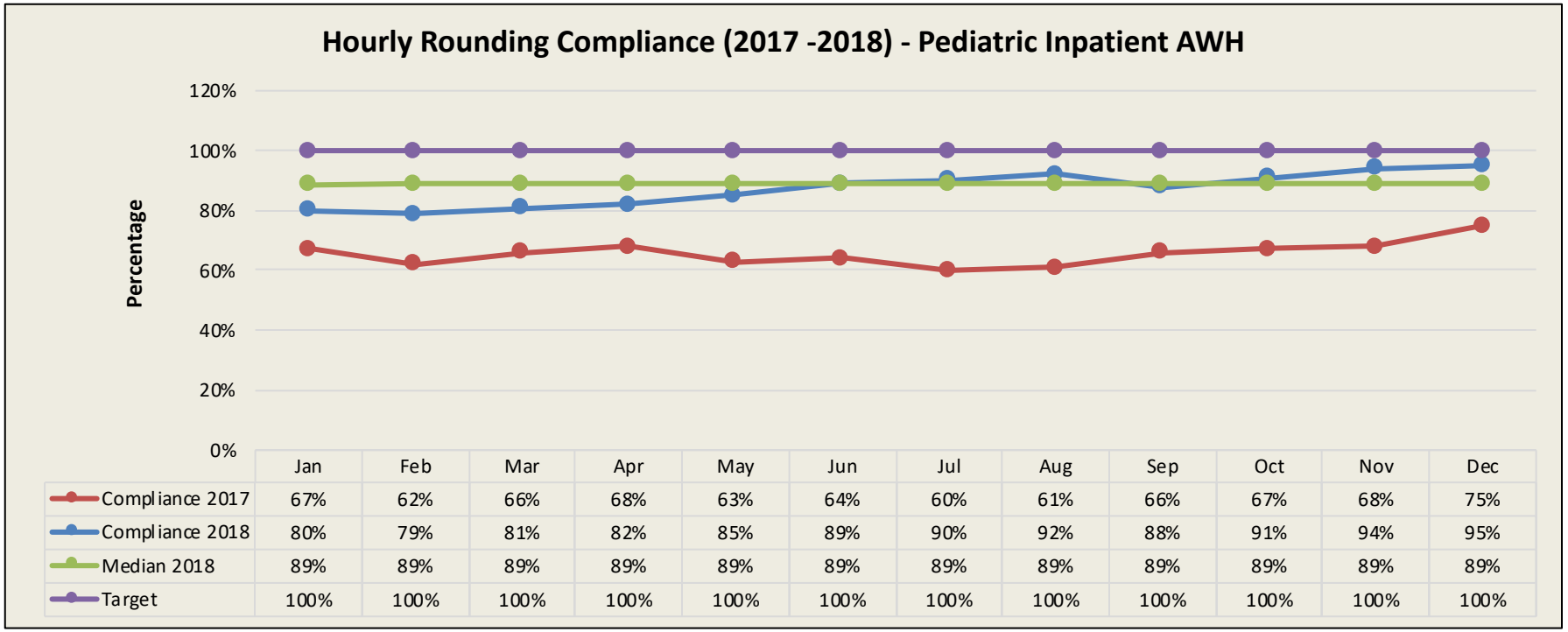
OUTCOME



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Respone Compliance 2017	75.00%	70.00%	78.00%	89.00%	77.00%	81.00%	79.00%	82.00%	80.00%	88.00%	87.34%	90.40%
Respone Compliance 2018	99.40%	99.00%	99.60%	99.70%	99.75%	99.89%	99.30%	99.88%	99.56%	98.45%	98.00%	99.00%
Median 2018	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%	83%

The staff response to the call bell less than 3 minutes has been significantly improved

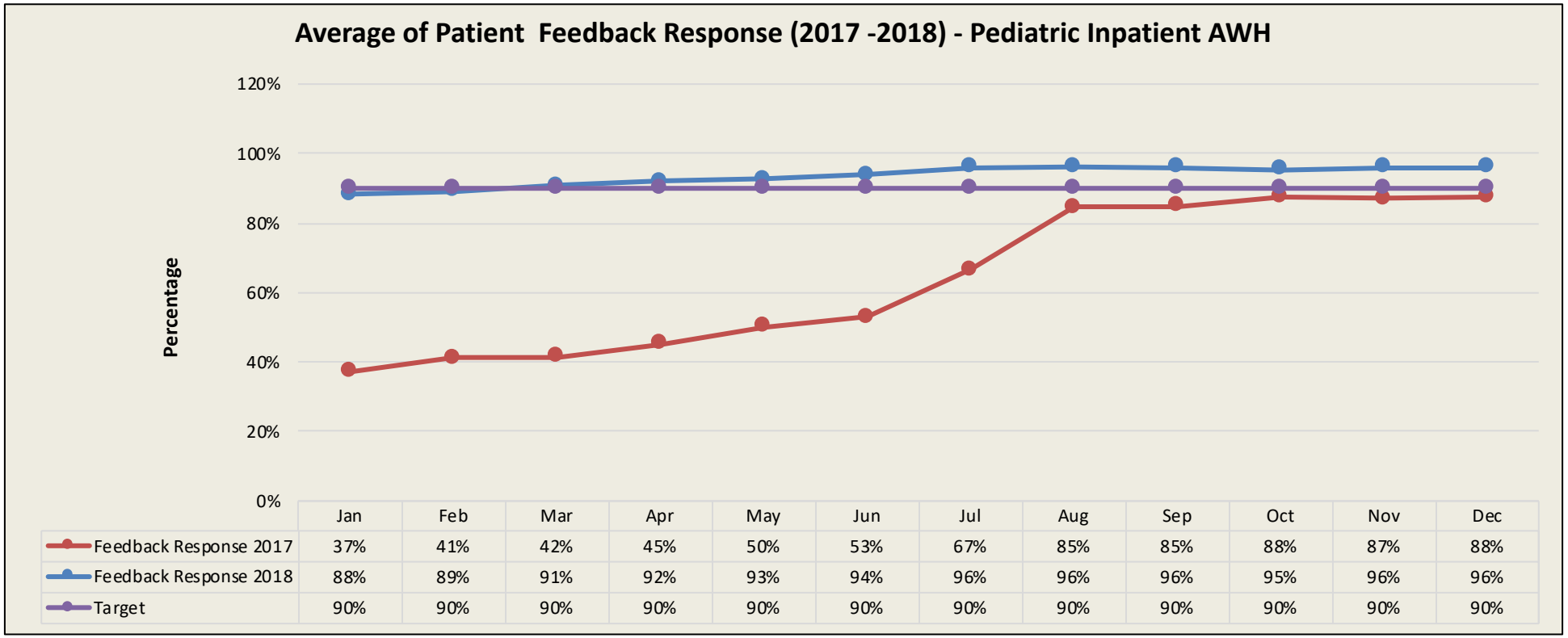
OUTCOME



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Compliance 2017	67%	62%	66%	68%	63%	64%	60%	61%	66%	67%	68%	75%
Compliance 2018	80%	79%	81%	82%	85%	89%	90%	92%	88%	91%	94%	95%
Median 2018	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%	89%
Target	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

The percentage of hourly rounding compliance increased

OUTCOME



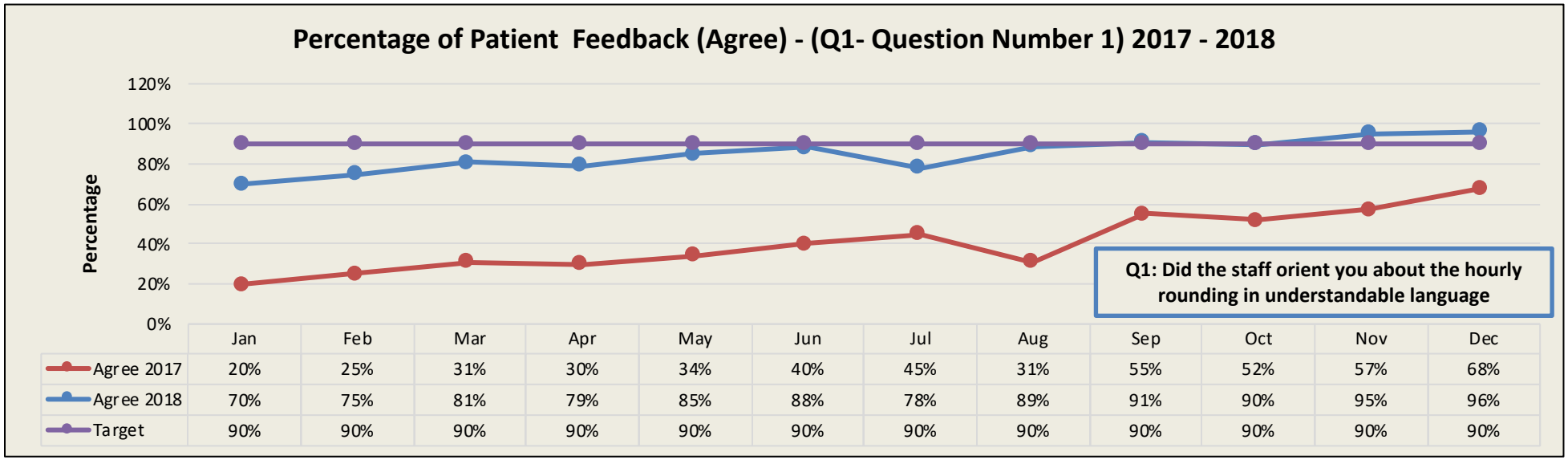
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Feedback Response 2017	37%	41%	42%	45%	50%	53%	67%	85%	85%	88%	87%	88%
Feedback Response 2018	88%	89%	91%	92%	93%	94%	96%	96%	96%	95%	96%	96%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

Average of patient feedback response has been increased

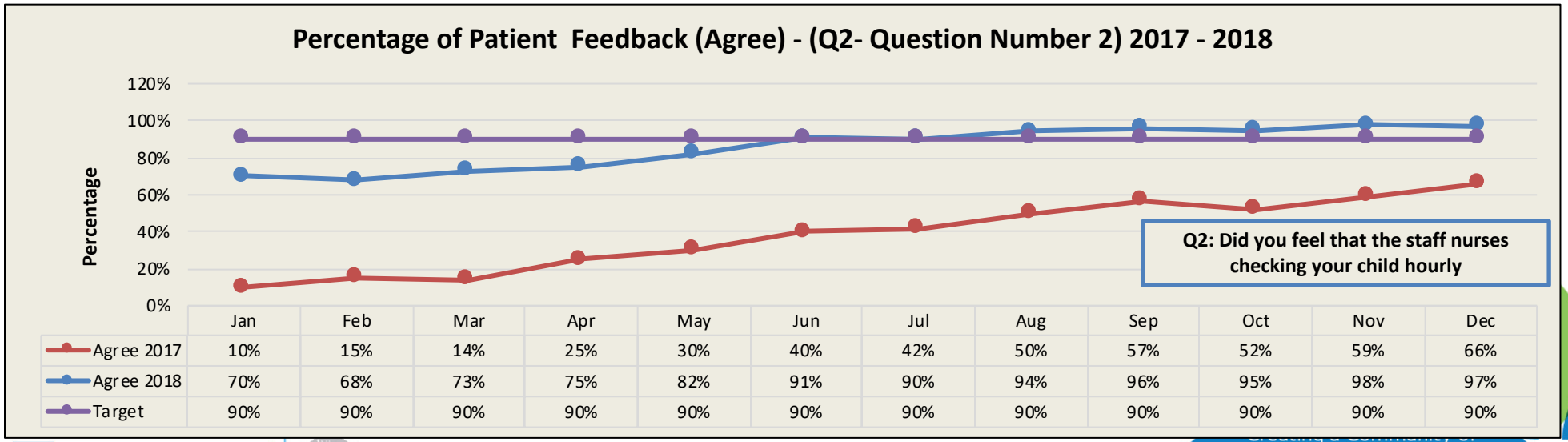
OUTCOME

Patient's Feedback form (Hourly Rounding)	
Q1	Did the staff orient you about the hourly rounding in understandable language?
Q2	Did you feel that the staff nurses checking your child hourly?
Q3	Did you feel that it's effective project/process?
Q4	Did this project help you ensure your child's safety?
Q5	Do you know how to protect your child from fall?
Q6	Did the staff check the cleaning of the equipment attached to your child?

OUTCOME

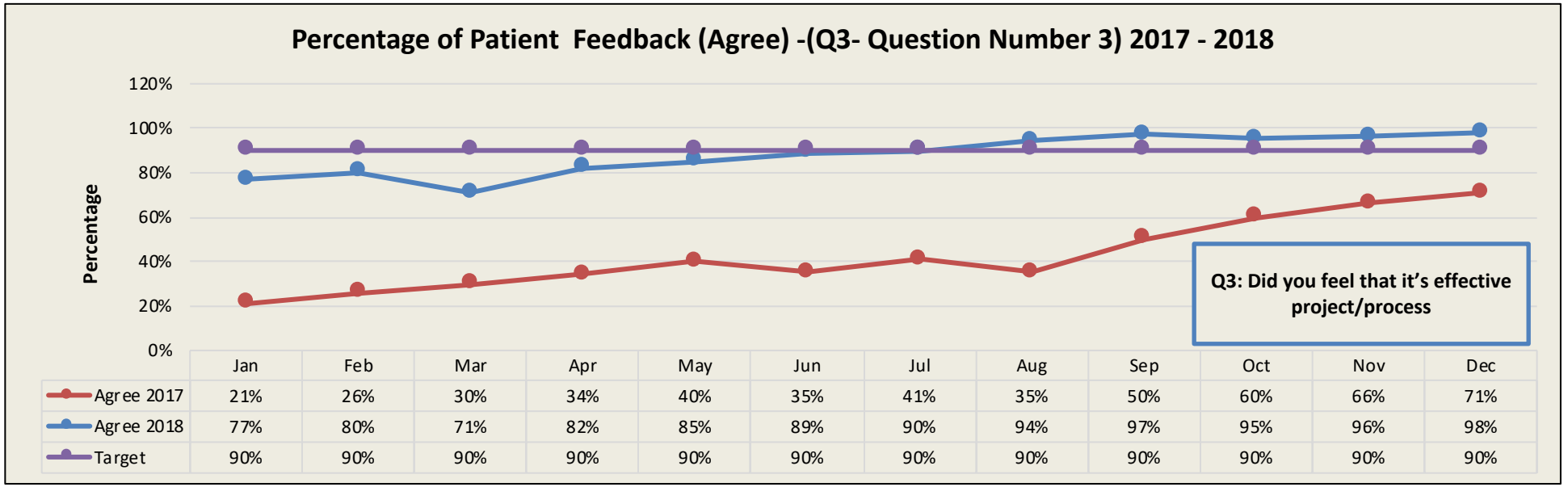


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Agree 2017	20%	25%	31%	30%	34%	40%	45%	31%	55%	52%	57%	68%
Agree 2018	70%	75%	81%	79%	85%	88%	78%	89%	91%	90%	95%	96%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

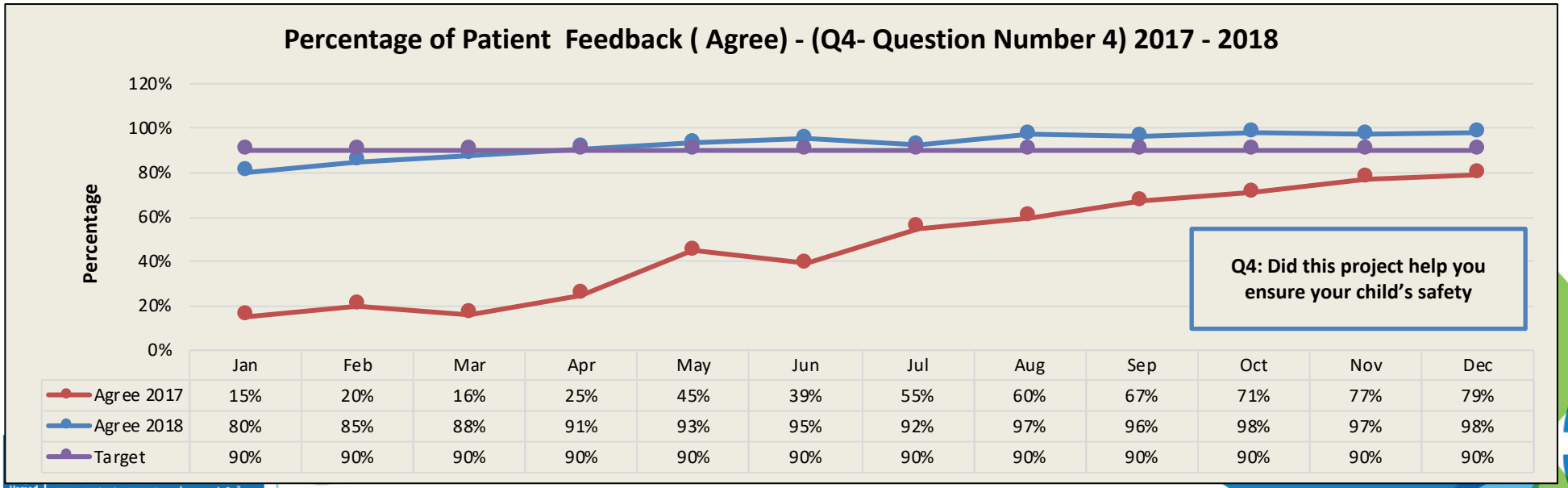


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Agree 2017	10%	15%	14%	25%	30%	40%	42%	50%	57%	52%	59%	66%
Agree 2018	70%	68%	73%	75%	82%	91%	90%	94%	96%	95%	98%	97%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

OUTCOME



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Agree 2017	21%	26%	30%	34%	40%	35%	41%	35%	50%	60%	66%	71%
Agree 2018	77%	80%	71%	82%	85%	89%	90%	94%	97%	95%	96%	98%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Agree 2017	15%	20%	16%	25%	45%	39%	55%	60%	67%	71%	77%	79%
Agree 2018	80%	85%	88%	91%	93%	95%	92%	97%	96%	98%	97%	98%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

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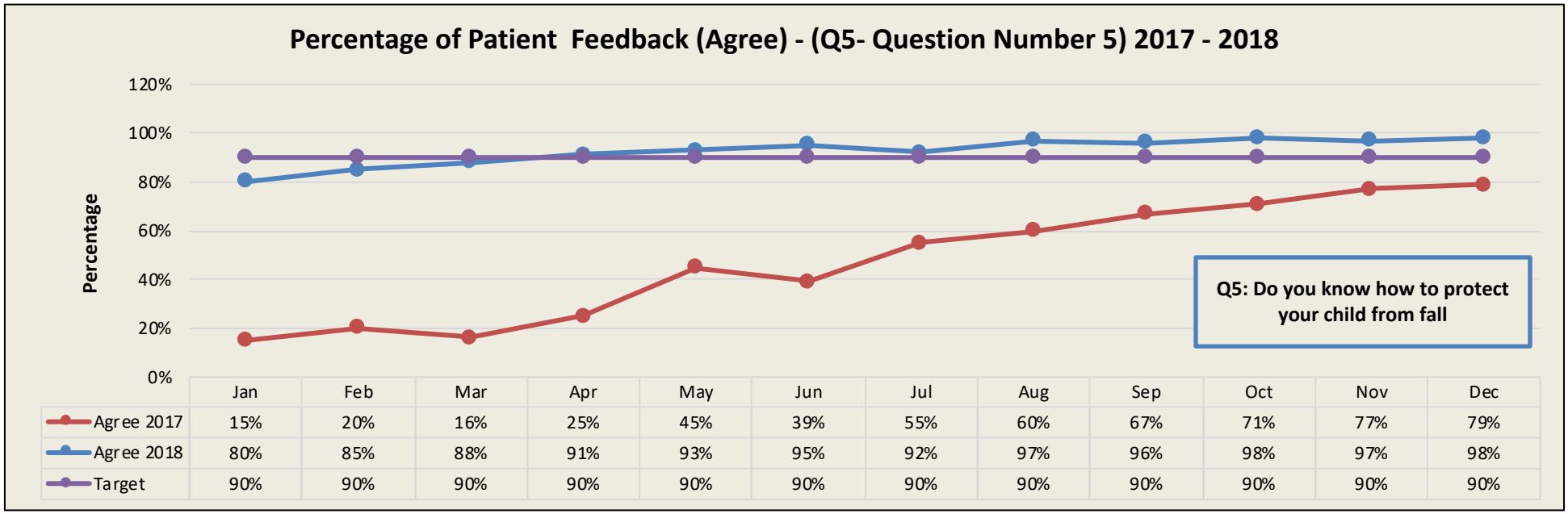
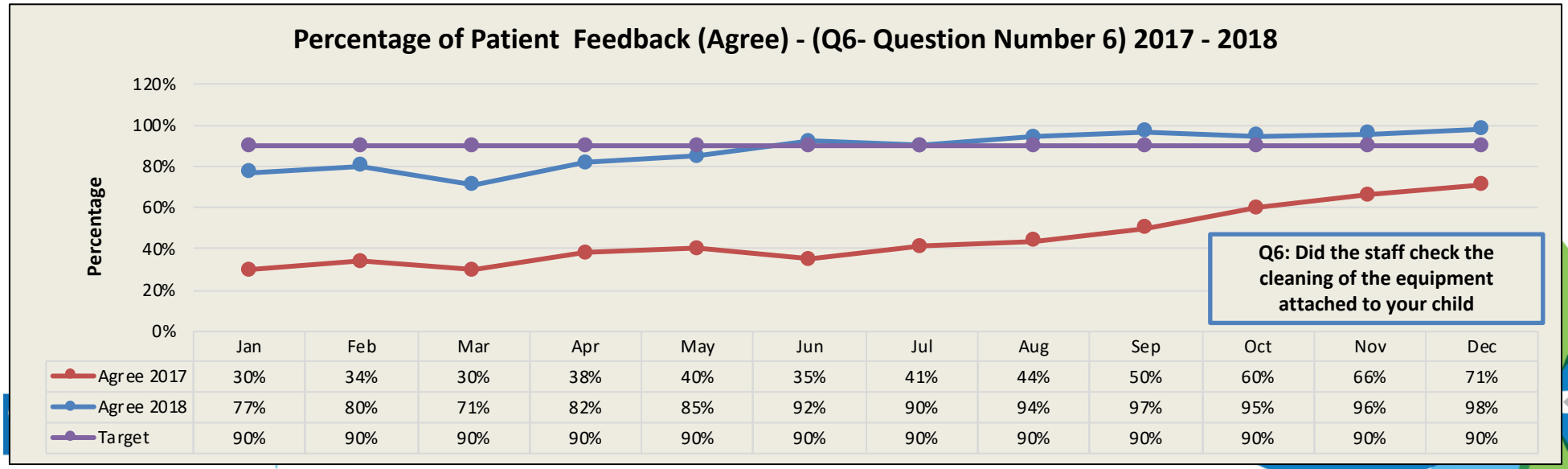


	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Agree 2017	15%	20%	16%	25%	45%	39%	55%	60%	67%	71%	77%	79%
Agree 2018	80%	85%	88%	91%	93%	95%	92%	97%	96%	98%	97%	98%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Agree 2017	30%	34%	30%	38%	40%	35%	41%	44%	50%	60%	66%	71%
Agree 2018	77%	80%	71%	82%	85%	92%	90%	94%	97%	95%	96%	98%
Target	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%

“Patients can’t measure quality of clinical care; but they can measure quality of experience”

Survey

“To help us understand your expectations and provide quality services for upcoming events, we are asking for a few minutes of your time to fill out the session survey which can be found on the forum Mobile App.”

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Thank you.