L6: Transforming Care at the Bedside: A Strategy to Implement Patient and Family Centered Care

Pat Rutherford RN, MS
Vice President, IHI
Objectives

• Describe the key strategies that have been successful in transforming care at the bedside

• Explain how the TCAB model has been adapted and adopted for use globally

• Identify high leverage changes that have been successful in achieving the goals of patient and family centered care on medical/surgical units
Agenda

• Key Strategies for Transforming Care at the Bedside – the “how”
• Key Changes for Transforming Care at the Bedside – the “what” (including adaptations outside of the US)
• Changes for Transforming Patient and Family Centered Care on Med/Surg Units
KEY STRATEGIES FOR TRANSFORMING CARE AT THE BEDSIDE – THE “HOW”
Transforming Care at the Bedside

Launched in 2003, Transforming Care at the Bedside (TCAB) is a national program of the Robert Wood Johnson Foundation (RWJF) and the Institute for Healthcare Improvement (IHI) that engages leaders at all levels of the organization to:

- improve the quality and safety of patient care on medical and surgical units
- increase the vitality and retention of nurses
- engage and improve the patient’s and family members’ experience of care
- improve the effectiveness of the entire care team
System-Level Redesign

Every system is perfectly designed to achieve exactly the results it gets.

New levels of performance can only be achieved through dramatic system-level redesign
TCAB: Integration of Models, Designs, and Conceptual Frameworks

Pursuing Perfection

Idealized Design™

IDEO

Complex Adaptive Systems

and many more…
Transformational Design Principles for TCAB

- Designing reliable processes (evidence-based care)
- Engaging front-line staff in QI (testing & learning)
- Partnerships with patients and family members
- Reduce waste and increase time in direct care
- Develop transformational leaders at all levels of the organization

and....

- Use measurement over time for learning and improvement
IHI’s Idealized Design Process…. the “how” of TCAB

• Link TCAB aims to the hospital’s strategic plan
• Generate New Ideas for Prototype Testing
  ✓ “Snorkel” (adaptation of IDEO’s “Deep Dive”)
  ✓ Adapt strategies from other Industries
  ✓ Adapt “best practices”
  ✓ Create a Learning Community (Site Visits, Storyboard Sessions, Collaborative Learning, etc.)
• Test New Ideas and Measure Outcomes
• Implement and Spread Successful Changes
Seton NW TCAB “Snorkel”…. Engaging Front-line Staff
How might we….enable the patient to be the source of control?

“Liberalized Diets”
Learning from Other Industries

Eliminating the waste of movement...
Learning from Other Industries

Eliminating the waste of movement…
Adapting Best Practices

Six Changes That Save Lives

• Deploy Rapid Response Teams
• Deliver Reliable, Evidence-Based Care for Acute Myocardial Infarction (Heart Attacks)
• Prevent Adverse Drug Events (ADEs)
• Prevent Central Line Infections
• Prevent Surgical Site Infections
• Prevent Ventilator-Associated Pneumonia

100k Lives Campaign
SOME IS NOT A NUMBER. SOON IS NOT A TIME.
Adapting Best Practices

Changes that Reduce Harm

• Prevent Pressure Ulcers
• Reduce Methicillin-Resistant *Staphylococcus aureus* (MRSA) Infections
• Prevent Harm from High-Alert Medications
• Reduce Surgical Complications
• Deliver Reliable, Evidence-Based Care for Congestive Heart Failure
Learning Community/Site Visits

Griffin Site Visit

Renovations at NSLIJ
Learning Community and Storyboard Rounds
Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

ACT

PLAN

STUDY

DO

API Associates in Process Improvement
Use of Measurement for Learning

Quantitative:
- Outcome measures
- Process measures
- Diagnostics

Qualitative:
- Success stories
- Anecdotes
- Testimonials
Evaluating Results and Spreading Successes

Time Order (Monthly Data)

Observed Data

Design Target

Change 1
Change 2

Pilot Unit #1
Pilot Unit #2
All Med/Surg Units
KEY CHANGES FOR TRANSFORMING CARE AT THE BEDSIDE – THE “WHAT”
TCAB Themes and High Leverage Changes….the “what” of TCAB

- Transformational Leadership
- Safe and Reliable Care
- Vitality and Teamwork
- Patient-Centered Care
- Value-added Care Processes
Transforming Care at the Bedside
October 2008

TRANSFORMING CARE AT THE BEDSIDE: All medical and surgical units are transformed and have achieved and sustained unprecedented results.

SUCCESSFUL CHANGES THAT ACHIEVED NEW LEVELS OF PERFORMANCE ON THE PILOT SITE(S) ARE SPREAD TO ALL MED/SURG UNITS

SAFE AND RELIABLE CARE: Care for moderately sick patients who are hospitalized is safe, reliable, effective and equitable.
- Codes on med/surg units are reduced to zero
- Patient harm from high hazard drugs is reduced by at least 50% per year
- Incidents of patient injury from falls (moderate or higher) are reduced to 1 or less per 10,000 patient days
- Hospital-acquired pressure ulcers are reduced to zero

VITALITY AND TEAMWORK: Within a joyful and supportive environment that nurtures professional formation and career development, effective care teams continually strive for excellence.
- Increase staff vitality and reduce annual voluntary turnover by 50%

PATIENT-CENTERED CARE: Truly patient-centered care on medical and surgical units honors the whole person and family, respects individual values and choices, and ensures continuity of care. Patients will say, "They give me exactly the help I want (and need) exactly when I want (and need it)."
- 95% of patients are willing to recommend the hospital
- Readmissions within 30 days are reduced to 5% or less

VALUE-ADDED CARE PROCESSES: All care processes are free of waste and promote continuous flow
- Nurses spend 60% or more of their time in direct patient care

GOALS / NEW LEVELS OF PERFORMANCE

LEADERSHIP LEVERAGE POINTS

KEY DESIGN THEMES

HIGH LEVERAGE CHANGES

CREATE EARLY DETECTION & RESPONSE SYSTEMS INCLUDING EARLY WARNING SYSTEMS
DEVELOP NOCISE & PALLIATIVE CARE PROGRAMS
BUILD CAPABILITY OF FRONTLINE STAFF IN INNOVATION & PROCESS IMPROVEMENT
IMPLEMENT FRAMEWORK FOR NURSING PRACTICE BASED ON THE FORCES OF MAGNETISM
DEVELOP M.D. LEVEL LEADERS & CLINICAL LEADERS TO LEAD TRANSFORMATION
OPTIMIZE COMMUNICATIONS AND TEAMWORK AMONGST CLINICIANS & STAFF
OPTIMIZE TRANSITIONS TO HOME OR OTHER FACILITY

CREATE PATIENT-CENTERED HEALING ENVIRONMENTS
MULTIDISCIPLINARY ROUNDS INVOLVING PATIENTS & FAMILY MEMBERS (CUSTOMIZING CARE TO PATIENT'S VALUES, PREFERENCES & EXPRESSED NEEDS)

CREATE AGILITY / ADAPTABLE BEERS
ELIMINATE WASTE & IMPROVE WORK FLOW IN ADMISSION PROCESS, MEDICATION ADMINISTRATION, HANDOFFS, ROUTINE CARE & DISCHARGE PROCESS

GREEN = BEST PRACTICES EXIST ON 50 OR MORE MED/SURG UNITS
YELLOW = BEST PRACTICES EXIST ON 5 MED/SURG UNITS
RED = INNOVATION AND TESTING OF NEW IDEAS ARE NEEDED
The Leadership Challenge

• Model the Way
• Inspire a Shared Vision
• Challenge the Process
• Enable Others to Act
• Encourage the Heart

_The Leadership Challenge_
_Kouzes and Posner, 2002_
Transformational Leadership

“Successful changes on the TCAB units will be adapted and spread to all medical and surgical units.”

High Leverage Changes:

- Establish, oversee and communicate system level aims for TCAB units and the spread of TCAB innovations
- Align system measures, strategy, projects and a leadership learning system
- Build improvement capability at all levels of the organization
- Get the right team “on the bus” -- CEO, CNO, CMO, CFO, and COO
Transformational Leadership

Results of the Leadership Survey:

• Because of TCAB, frontline staff more likely to initiate change. (18 of 19 agree)

• Because of TCAB, quality improvement department works more collaboratively. (13 of 19 agree)

• Because of TCAB, more collaboration among department leaders. (15 of 19 agree)

• After collaboration ends, nurses will be less involved in change. (16 of 19 disagree)

• After collaboration ends, meetings will continue. (17 of 19 agree)

• Pilot and spread unit managers agree that TCAB innovations developed could be implemented without TCAB unit teams, but unit staff involvement in decision making on adoption contributed or contributed greatly to improving care delivery. (16 of 18 agree)
Would you be satisfied if:

- Your car started 70% of the time?
- You received a paycheck 80% of the time?
- The light-switch worked 90% of the time?

Clean.

Hand Hygiene... What Are You Satisfied With?
TCAB: Safe and Reliable Care

“Care for moderately sick patients who are hospitalized is safe, reliable, effective, and equitable.”

High Leverage Changes:
• Develop a rapid response team or early recognition system
• Develop hospice and palliative care programs
• Prevent patient injury from falls
• Prevent hospital-acquired pressure ulcers
• Reduce harm from high hazard medication errors
TCAB: Safe and Reliable Care

**Codes on Unit**
*Target = zero*

**Harm from falls per 1000 patient days**
*Target = 1 per 10,000 patient days*
"I'll be happy to give you innovative thinking. What are the guidelines?"
TCAB: Vitality and Teamwork

“Within a joyful and supportive environment that nurtures professional formation and career development; effective care teams continually strive for excellence.”

High Leverage Changes:

• Building capabilities of front-line staff in innovation and process improvement
• Develop mid-level Managers and Clinical Leaders to lead transformation
• Implement a framework for professional nursing practice based on the “forces of magnetism”
• Optimize communications and teamwork amongst clinicians and staff
TCAB: Vitality and Teamwork

Voluntary Turnover (% by year)
(NQF Endorsed measure NSC-15.1)

Target = 5% or less

National RN Turnover Rates
2004 – 13.9% to 16.8%
2005 – 12.1% to 13.5%
Dogbert's Tech Support

Please fill out the online customer satisfaction survey.

Um... but you haven't even tried to help me yet.

I like to base my help on how happy you expect to be.
"Truly patient-centered care on medical and surgical units honors the whole person and family, respects individual values and choices, and ensures continuity of care. Patients will say, “They give me exactly the help I want (and need) exactly when I want (and need) it.”

**High Leverage Changes:**
- Create patient and family-centered healing environments
- Involve patients and family members in QI Teams
- Create an ideal “transition home”
- Initiate multidisciplinary rounds involving patients and family members (customizing care to patient’s values, preferences and expressed needs)
TCAB: Patient Centered Care

**Patient Satisfaction**
*Target = 95% in top box for willingness to recommend hospital*

**Readmissions within 30 days**
*Target = 5% or less per year*
"Introducing the government's new, cost-effective nursing model..."
TCAB: Value-Added Care Processes

“All care processes are free of waste and promote continuous flow.”

High Leverage Changes:

• Optimize the physical environment for patients, clinicians and staff
• Eliminate waste and improve workflow in admission process, medication administration, handoffs, routine care and discharge process
“Go and See.....”
TCAB: Value-Added Care Processes

Nurse's Time in Direct Care

Target = 70% nurse's time at bedside

- Median all units
- Best results & most improved

Institute for Healthcare Improvement
In Collaboration with Alzahab
TCAB: Intervention in the 1000 Lives Campaign in Wales

Aim: To save 1000 lives and to avoid up to 50,000 episodes of harm in Welsh healthcare between 21 April 2008 and 21 April 2010

— Improving Leadership for Quality
— Reducing Healthcare Infections
— Improving Critical Care
— Reducing surgical complications
— Improving Medical & Surgical Care
— Transforming Care at the Bedside (TCAB)
TCAB Results in Wales

- Pressure Ulcer Incidence fallen from 14% to 0.6
- All sites achieved a greater than 50% reduction in pressure ulcers
- Many are seeing a reduction in falls
- Time in direct care has significantly increased with the best units achieving >60% (60-85%)
Transforming care at the Bedside
the Swedish experience
How does Nurses spend their time?

- Direct patient time: 35%
- Administration, information, communication: 40%
- Improvement work: 15%
- Others: 10%
Example of our results

Nurse

Nurse in unit working with TCAB

Nurse in unit not working with TCAB
Patient and caregiver part of the same system

Promise idea

Round where the patient is an active part of the team

Förbättringside
Resultatbästa och dagliga avstämningssöten

Syfte

- Öka patientens vänlika och respektfull behandling
- Inför en mer individerad värdefull behandling
- Bättre samarbete mellan professionsgrupper
- Bättre kvalitet av patientens vård

Idé

- Denna förändring ska lyfta patienternas kvalitet
- Öka patientens levnadskvalitet
- Öka patientens hälsa
- Öka patientens sjukvård

Arbetsmässigt

- Säkerhetsåtgärder och patientens säkerhet
- Förbättra patientens vänlika behandling
- Förbättra patientens behandling
- Förbättra patientens kontakt med vårdpersonalen
TCAB articles in AJN Supplement
TCAB Resources

RWJF’s Website
http://www.rwjf.org/qualityequality/product.jsp?id=30051

IHI’s Website
http://www.ihi.org/IHI/Programs/StrategicInitiatives/TransformingCareAtTheBedside.htm
http://www.ihi.org/IHI/Programs/InnovationCommunities/TransformingCareattheBedside.htm

AJN Supplement
http://journals.lww.com/ajnonline/Pages/TCAB.aspx
CHANGES FOR TRANSFORMING PATIENT AND FAMILY CENTERED CARE ON MED/SURG UNITS
What is the current status of Patient & Family-Centered Care in your organization?
PFCC Self-Assessment Tools

- Family Voices

- Institute for Family Centered Care. Strategies for leadership. Patient and Family Centered Care. A Hospital Self Assessment Inventory.

- IHI’s Patient- and Family-Centered Care Organizational Self-Assessment Tool.
  [http://www.ihi.org/IHI/Topics/PatientCenteredCare/PatientCenteredCareGeneral/EmergingContent/PFCCOrgSelfAssess.htm](http://www.ihi.org/IHI/Topics/PatientCenteredCare/PatientCenteredCareGeneral/EmergingContent/PFCCOrgSelfAssess.htm)

- American Hospital Association-Mckesson *Quest for Quality Prize®* Criteria
What is the vision for Patient & Family-Centered Care in your organization?
“Start with the End in Mind”

What do you hope to “transform”? Describe the scenes from your video that you will film in May 2014.
Where we want to be!

Where we are!

How do you bridge the gap?

Where we want to be!

Where we are!
What *changes* can you make to achieve your vision for Patient & Family-Centered Care?
Seton NW: “Snorkel” to Engage Front-Line Staff
Set-up and Supplies Needed

- LCD projector with speakers and projection screen
- Large enough room for small group work
- Room set-up with small tables
- Lots and lots of light colored post-its and fat markers (black or blue “sharpies”)
- Voting dots in strips of 8-10
- Multiple flip charts (one for each small group – at least one per two tables)
- Masking tape
Outline of “Snorkel”

- Establish Project Vision
- What do we know about …?
- Propose a Design Challenge
- Storytelling
- How might we….?
- Brainstorming
- Select top ideas (multi-vote)
- Prioritize ideas for development
- Design first series of tests
Our Design Challenge

How can we design care to meet the unique values, preferences and needs for every patient?
Storytelling

• In lieu of doing actual observations, use storytelling to “observe” actual experiences (both positive and negative)

• Recall an actual story or experience which relates to the specific design challenge (personal, friend or family member or work-related experience)
  
  ✓ *Who was involved?*
  
  ✓ *What happened?*
  
  ✓ *How did individuals feel and react?*

• Tell stories in small groups (nor more than 2 minutes each)
How might we....

Examples of specific themes that emerged from the storytelling (more specific ideas than the broad design challenge)

1. ??

2. ??

3. ??

Ideas should be actionable
Rules for Brainstorming

Chose one or two “how might we scenarios…."

- encourage wild ideas
- go for quantity – want more than 500 ideas
- defer judgment
- be visual – draw pictures
- one conversation at a time
- build on ideas of others
- stayed focused on topic (“how might we…" scenarios)

Write each idea on a post it note
Multi-voting to Select Top Ideas

• Cluster together similar ideas from brainstorming exercise

• Use 8 – 10 dots to vote:
  ✓ What are your personal favorites?
  ✓ What idea would you most like to try on your unit?
  ✓ What idea do you think will have the biggest impact toward achieving the “how might we…”

• Participants can distribute their dots however they want — all on one idea, each dot on a separate idea, or anything in between

• Report out on favorite ideas (where there are most dots)
Matrix of Change Ideas

Place concepts in matrix. Strive for easy, low-cost solutions. Translate high-cost solutions into low-cost alternatives.
Matrix of Change Ideas

Place concepts in matrix. Strive for high-impact, low-cost solutions. Translate high-cost solutions into low-cost alternatives.
Sequential Testing and Implementation

Theory and Prediction

Developing a change

Testing a change

Test under a variety of conditions

Implementing a change

Make part of routine operations

Sustaining the improvement and spreading the change to other locations

Act

Plan

Study

Do
Top 10 Changes:
Patient & Family-Centered Care on Med/Surg Units
Even in an age of hype, calling something “the blockbuster drug of the century” grabs our attention. In this case, the “drug” is actually a concept—patient activation and engagement—that should have formed the heart of health care all along.

The topic of this thematic issue of Health Affairs, patient engagement is variously defined; the Institute for Healthcare Improvement describes it as “actions that people take for their health and to benefit from care.” Engagement’s close cousin is patient activation—“understanding one’s own role in the care process and having

and achieve its full potential to improve health and care.

A number of articles place the onus

Demonstrations at Seattle-based Group Health and elsewhere have already shown that fully informed patients often choose less invasive and lower-cost treatment than their doctors recommend—and that variation in practice patterns among different physicians also narrows as a result.

But while many physicians have bought into shared decision making, others haven’t. Grace Lin and coauthors describe a largely unsuccessful attempt to spread the use of decision aids—typically, brochures or videos that spell out pros and cons of various treatment options and can lay the groundwork for discussions between patients and physicians. In their case study of five primary care practices in California, the effort ran into a number of obstacles—including some physicians’ reluctance to give up their traditional decision-making roles, their lack of training in communication, and their complaint that they simply lacked the time.
Clinicians need to learn how to ask, “What matters to you?” as well as “What is the matter?”
Patient and Family Advisors

• Vision and goal setting
• Participate on QI teams
• Train/orient clinicians and staff
• Review teaching materials
• Help to design measures to assess progress
Admission Trio Team

The Trio:
Physician
Nurse
Pharmacist

- Interdisciplinary assessment
- Single plan of care
- Med reconciliation
- Reduced documentation
Organizing Care Around the Patient’s Experience

Upon admission, an interdisciplinary care team directly engages patients to develop a mutually agreeable care plan.

Results:
- Average length-of-stay reduced by 10%-15%
- 95% of patients score satisfaction as “5/5,” improved from 68%
- 25% reduction in direct and indirect costs of inpatient care
- Reduced errors – eliminated medication reconciliation errors
- Improved care protocol compliance
Nurse-to-Nurse Bedside Report
Multidisciplinary Rounds at the Bedside
Example of a Bedside White Board

**Daily Goals**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Room Number: 408-B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Call Me:</td>
<td>Phone #: 319-369-7561</td>
</tr>
<tr>
<td>One Thing You Should Know About Me:</td>
<td>Today's Date:</td>
</tr>
<tr>
<td></td>
<td>Anticipated Discharge Date:</td>
</tr>
<tr>
<td>The Most Important Thing To Me During My Hospital Stay:</td>
<td>Plan and Goals For The Day:</td>
</tr>
<tr>
<td>Health Care Team:</td>
<td>Test - Treatments - Procedures:</td>
</tr>
<tr>
<td>Nurse:</td>
<td>Pain Management Goal:</td>
</tr>
<tr>
<td>Tech:</td>
<td>Our Goal is to ALWAYS help control your pain:</td>
</tr>
<tr>
<td>Doctor:</td>
<td>Pain Scale:</td>
</tr>
<tr>
<td>Therapists:</td>
<td>0 1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Diet:</td>
<td>My Pain Goal:</td>
</tr>
<tr>
<td>Activity:</td>
<td>My Last Pain Medication:</td>
</tr>
<tr>
<td>Safety Alerts/ Special Needs:</td>
<td>Family - Patient Comments:</td>
</tr>
<tr>
<td></td>
<td>Key Contact Person:</td>
</tr>
<tr>
<td>Quiet Time</td>
<td>St. Luke's Hospital</td>
</tr>
<tr>
<td>12:30 pm to 1:30 pm / 2:00 am to 4:00 am</td>
<td></td>
</tr>
</tbody>
</table>

*St. Luke's Hospital*
A better place to be Mission: To give the healthcare we'd like our loved ones to receive.
Engage Family Caregivers

- 46% of family caregivers performed medical/nursing tasks
- 78% of family caregivers managed medications
- 53% of family caregivers served as care coordinators

**Improving Health Literacy**

- **NEW CONCEPT:** Health Information, Advice, Instructions or Change in Management
- **Explain / Demonstrate New Concept**
  - PatientRecalls and Comprehends/ Demonstrates Mastery
- **Assess Patient Recall & Comprehension Ask Patient to Demonstrate**
- **Clarify & Tailor Explanation**
- **Re-assess Recall & Comprehension Ask Patient to Demonstrate**
- **Adherence/ Error Reduction**
Coaching to Always Use Teach-back

Giving staff knowledge on teach-back and its effectiveness is important. But, to change from a long-standing patient education habit of asking yes/no questions like “Do you have any questions?” to one of using teach-back to confirm understanding via the patient’s own words, takes coaching.

Tools and Videos

- Coaching Tips (PDF)
- Observation Tool (PDF)
- Conviction and Confidence Scale (PDF)
- Making Teach-back an Always Event (PDF)
- Manager Perspective on Coaching (VIDEO)
- Coaching Keys (VIDEO)
- Coaching Overview (VIDEO)
- Coaching: Overcoming Obstacles (VIDEO)
- Coaching a Nurse to Always Use Teach-back (VIDEO)
- Coaching a Physician to Always Use Teach-back (VIDEO)

IOWA HEALTH SYSTEM

Working together. Making a difference.
# How to Create A Pill Card (AHRQ)

<table>
<thead>
<tr>
<th>Name</th>
<th>Used For</th>
<th>Instructions</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
<th>Night</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Smith</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy phone number: 123-456-7890</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Used For</td>
<td>Instructions</td>
<td>Morning</td>
<td>Afternoon</td>
<td>Evening</td>
<td>Night</td>
</tr>
<tr>
<td>---------------</td>
<td>----------</td>
<td>---------------------------------------</td>
<td>---------</td>
<td>-----------</td>
<td>---------</td>
<td>-------</td>
</tr>
<tr>
<td>Simvastatin 20mg</td>
<td>Cholesterol</td>
<td>Take 1 pill at night</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furosemide 20mg</td>
<td>Fluid</td>
<td>Take 2 pills in the morning and 2 pills in the evening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin 70/30</td>
<td>Diabetes (Sugar)</td>
<td>Inject 24 units before breakfast and 12 units before dinner</td>
<td>24 units</td>
<td></td>
<td>12 units</td>
<td></td>
</tr>
</tbody>
</table>
Intentional (Hourly) Rounding Checklist

Rounding occurs on all patients. Explain process to patients on admission. Use key words ‘our goal is to provide better than expected care’

Schedule: Nurses round on odd hours; NA/PMC round on even hours

Rounding Checklist:
- Pain Assessment
- Toileting – Assist patient to restroom
- Positioning
- Environmental scan
  - Fall risk hazards: bed in low position, cords secured
  - Ensure items are within reach: phone, water, tissue, urinal, bedside table, trashcan, & call light within reach
  - Comfort: temperature of room, blankets, pillows
- Ask “Is there anything else I can do for you? I have the time.”
- Remind the patient that a staff member (let them know who) will be back in about an hour to round on them again.
Intentional (Hourly) Rounding

- 38% reduction in call lights
- 12 point mean increase in patient satisfaction
- 50% reduction in patient falls
- 14% reduction in pressure ulcers

Alliance for Health Care Research
Human Connections and Empathy