Title:
A Step Forward: Implementation of Hourly Rounding, Step Tracking, Staff Perceptions of Barriers, and Solutions

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Session Title:
Nurse Rounding
Slot:
G 04: Monday, 30 October 2017: 1:15 PM-2:30 PM
Scheduled Time:
1:15 PM

Keywords:
Barriers and Solutions, Hourly Rounding and Nursing Perceptions

References:

Brosey, L.A. & March, K.S. (2014, September 16). Effectiveness of structured hourly rounding on patient satisfaction and clinical outcomes. *Journal of Nursing Care Quality*, 1-7

Fabry, D. (2015). Hourly rounding: Perspectives and perceptions of the frontline nursing staff. *Journal of Nursing Management, 23*, 200-210.

Kessler, B., Claude-Gutekunst, M., Donchez, A.M., Dries, R.F. & Snyder, M.M. (2012). The merry-go-round of patient rounding: Assure your patients get the brass ring. *MEDSURG Nursing, 21*(4), 240-245.

Krepper, R., Vallejo, B., Smith, C., Lindy, C., Fullmer, C., Messimer, S...Myers, K. (2012). Evaluation of a standardized hourly rounding process (SHaRP). *Journal for Healthcare Quality, 36*(2), 62-69.

Olrich, T., Kalman, M. & Nigolian, C. (2012). Hourly rounding: A replication study. *MEDSURG Nursing, 21*(1), 23-26.

Abstract Summary:
This session will discuss a Midwest community hospital's journey to determine nursing staff perceptions of barriers and solutions to hourly rounding; while also discussing implementation of an electronic hourly rounding system and it's effect on patient falls, call lights, and nursing work in steps.
Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to describe the benefits of hourly rounding to staff.	Description of data analysis showing increased ownership of the hourly rounding process and no increase in nursing work as measured in steps.
The learner will be able to describe the benefits of hourly rounding to patients.	Description of data analysis showing decreased falls and decreased call light use.

The learner will be able to define implementation strategies for hourly rounding.	Description of implementation of an electronic hourly rounding tool.

Abstract Text:

Purpose: This session will discuss a Midwest community hospital's journey to determine nursing staff perceptions of barriers and solutions to hourly rounding; while also discussing implementation of an electronic hourly rounding system and it's effect on patient falls, call lights, and nursing work in steps. Leadership and nursing staff investment in patient safety research is essential to successful implementation and sustainability of changes (Brosey & March, 2014; Kessler et al., 2012; Krepper et al., 2012; Olrich, Kalman & Nigolian, 2012). Hourly rounding is employed in many hospitals to improve patient safety, and patient and nurse satisfaction, and when implemented successfully, can decrease call lights and patient falls (Brosey & March, 2014; Kessler et al., 2012; Olrich, Kalman & Nigolian, 2012). Little data is available regarding nursing perceptions, barriers, and solutions surrounding hourly rounding (Fabray, 2015; Krepper, et al., 2012). Informal interviews with nursing staff showed a perception that hourly rounding increased work and steps.

Methods: A multi-year, IRB-approved, qualitative pre- and post- implementation research study was used to establish nursing staff perceptions surrounding hourly rounding, including convenience, compliance, and support; while determining verbatim barriers and solutions. Additionally, nursing staff steps were monitored using electronic step trackers; while simultaneously assessing on-time rounds versus patient falls and call light use. Study interventions included education on hourly rounding purpose and benefits, and implementation of an electronic hourly rounding tool.

Results: Statistical analysis showed significant ($p<0.001$) improvements in staff ownership of the hourly rounding process, as well as all categories surrounding the electronic hourly rounding tool. Staff described fewer issues with acuity and staffing as barriers to hourly rounding, self-identifying that hourly rounding caused no increase in work; while also reporting increased knowledge about hourly rounding. Analysis also showed higher on-time hourly rounding correlates to fewer patient call lights, and strongly correlates to fewer patient falls. Hourly rounding does not significantly increase day-shift nursing staff

steps (staff work), but does strongly correlate to increased night shift steps.

Conclusion: Hourly rounding is essential to help maintain patient safety, and patient and staff satisfaction. Patients suffer fewer falls, while staff experience decreased alarm fatigue with fewer call lights. An electronic hourly rounding system can help monitor that hourly rounds are being completed; however, staff buy-in is crucial for the culture change necessary for the successful implementation and maintenance of hourly rounding.