

# Purposeful Hourly Rounding: Creating Realistic Expectations to Drive Successful Implementation

Katie Galvan, BSN, RN, CMSRN

Matthew Frye, BSN, RN, CMSRN

# Purpose

To share our experiences with the continuous improvement model to implement effective purposeful hourly rounding

# Objectives

- Describe three perceived barriers to performing purposeful hourly rounding
- Describe three ways in which a leader can engage staff in creating solutions to purposeful hourly rounding

# Background

- We know that Purposeful hourly rounding improves patient satisfaction, quality, and safety
- Purposeful hourly rounding has been a challenge in implementation and sustainability
- Worked with the team to identify barriers and eliminate them in order to implement and sustain

# Purposeful Hourly Rounding

- Create open communication with bedside caregivers
- Foster dialogue that was *real*
- Make these discussions safe

## Purposeful Hourly Rounding, cont'd

- What does it look like?
- What should it look like?
- What are the barriers to rounding?
- How do we remove those barriers?

# Purposeful Hourly Rounding Pilot

- One unit was challenged with creating a sustainable PHR pilot
- Unit leadership met with the organization's Continuous Improvement team
- Frontline caregivers were part of the PHR discussion throughout various stages of the pilot

# Barriers Identified

Staff have found these barriers:

- Rounding during codes/emergency situations
- Difficulty with assignment acuity
- Rounding during lunch break/time off the unit
- Communication who will round at what time



# Engaging staff into decisions

- Give staff an outlet to be heard
- Create solutions together
- Make the “ask” attainable and appropriate

# Give staff an outlet to be heard

- Met with the hospital and unit based nurse practice councils
- Met with several unit staff meetings
- Daily staff huddles at 7am and 7pm
- Nurse leader rounding on staff with real time feedback
- Established an atmosphere of trust so staff can be open about their challenges

# Create solutions together

- Create procedure for who is responsible to round at what time
- Created an acuity rating system for staffing assignments
- Discussed discrepancies within our own internal policies and work to align with our solutions
  - Pain
  - Sleep
  - Delirium
  - Purposeful Hourly Rounding SOP

# Make the *ask* attainable

At a minimum: Rounding occurs every one hour between the hours of 6 am to 10 pm and every two hours between 10 pm to 6 am

## Awake, Fall Risk:

Address the 4 P's with each round

**Pain** (Assess per the CCHS Pain Management of the Adult Patient Protocol)

**Personal Needs** (toileting)

**Position**

**Possessions**



## Awake, NOT a fall risk:

Address with each round

**Observe for the 4 Ps and Address Needs**

"Is there anything else that I can do for you? I have the time"



## Sleeping

**Visualize** every hour + **Address the 4 Ps** as clinically indicated and while awake



Always: •Perform caregiver introductions •Explain the purpose of rounding •Make a closing statement