Massachusetts General Hospital
Patient Care Services

Hourly Safety Rounds Tool Kit

MAY 2011
Frequently Asked Questions, Hourly Safety Rounds

What is new about hourly safety rounds?
Nurses have always assessed their patients on a regular basis. What’s new about hourly safety rounds is that they are evidence-based, predictable, need-driven, and scripted for consistency.

What are the proven outcomes of hourly safety rounding?
- Decreased patient falls
- Decreased skin breakdown
- Improved patient satisfaction
- Improved nursing satisfaction including decreased call light usage and distance walked each day by nursing staff

How will we know if hourly safety rounds are working?
- Review quarterly fall rates
- Review quarterly pressure ulcer rates
- Review HCAPH scores/patient comments
- Review/discuss hourly safety rounds regularly at staff meetings

What are key elements that need to be in place for hourly safety rounds to be successful?
- Involvement of patients, families, nurses, patient care associates, and the other roles and disciplines comprising the Care Team
- Predictability (rounding every hour between 6:00AM and 10:00PM and then every two hours between 10:00PM and 6:00AM)
- Focus (use of the 7P’s)
- Scripting (using the same message for consistency)
Resources for hourly safety rounds?

- Hourly Safety Rounds Toolkit
- Nursing Director, Clinical Nurse Specialist, PCS Office of Quality and Safety Staff
- Unit/Practice-Based Nursing Sensitive Indicator Manual

Do hourly safety rounds apply to ICU settings?

- Yes. When 7P’s cannot be used with the patient, some of them can be used with the patient’s family
HOURLY SAFETY ROUNDS

PATIENT CARE SERVICES

OFFICE OF QUALITY AND SAFETY

May 2011
SAFETY ROUNDS: AN EVIDENCE-BASED APPROACH


- Found that a protocol which incorporates **specific actions** into nursing rounds either hourly or once every two hours:
  - decreased patient falls by 50%
  - decreased skin breakdown by 14%
  - increased patient satisfaction scores by 8.9 Points
  - decreased call light use by 38%
  - reduced distance walked each day by nursing staff by 20%
THE 7 P’s

Presence

- Person
- Plan
- Priorities

- Personal Hygiene
- Pain
- Position

Part of first Safety Round at beginning of shift, and may include interaction with Others (e.g., family)

Part of each Safety Round
SAFETY ROUNDS: THE PATIENT CARE SERVICES (PCS) STRATEGIC PLAN

• PCS 2011 Strategic Plan Goal #1: Enhance Responsiveness To Patients and Families by Meeting Or Exceeding Expectations

• Tactic #2: Implement Safety Rounds on All Inpatient Care Units (Including ICUs) by January 1, 2011
GUIDING PRINCIPLES FOR SAFETY ROUNDS

• **RN Accountability**: With attempt to involve all role groups and disciplines (e.g., Operations Associate response to call lights, plan for other disciplines to communicate patient needs to nursing, importance of Unit Service Associate engagement in Safety Rounds, etc.).

• **Sustainability**: Importance following the metrics (e.g., falls, pressure ulcers, patient satisfaction).

• Rounds must be **Focused and Predictable**: Importance of scripting and clarity about frequency of rounds.
HOURLY SAFETY ROUNDS RESOURCES

- PCS Office of Quality and Safety Staff (#3-0140)
- Nursing Directors and Clinical Nurse Specialists
- Knight Nursing Center for Clinical and Professional Development
**Scripting for The Seven P’s**

<table>
<thead>
<tr>
<th>“P”</th>
<th>Script</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person</td>
<td>Knock on door.</td>
</tr>
<tr>
<td></td>
<td>Hello Mr/Mrs/Ms <em>(name of patient)</em>.</td>
</tr>
<tr>
<td></td>
<td>I am <em>(name of nurse)</em>.</td>
</tr>
<tr>
<td></td>
<td>I will be your nurse for <em>(time frame)</em>.</td>
</tr>
<tr>
<td></td>
<td>I, or another member of your team, will be making rounds every hour to make sure you have what you need.</td>
</tr>
<tr>
<td>Plan</td>
<td>I would like to remind you of your plan for today.</td>
</tr>
</tbody>
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Scripting for The Seven P’s

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<tbody>
<tr>
<td>Position</td>
<td>Would you like help with changing your position?</td>
</tr>
<tr>
<td></td>
<td>Note: Make sure the call light, telephone, TV remote control, bed light, bedside table, glasses, water, trash receptacle, and tissues are all within the patient’s reach.</td>
</tr>
</tbody>
</table>
# Scripting for The Seven P’s

<table>
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<tr>
<th>“P”</th>
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</thead>
<tbody>
<tr>
<td><strong>Priorities</strong></td>
<td>What’s the most important thing you would like to get done today?</td>
</tr>
<tr>
<td><strong>Personal Hygiene</strong></td>
<td>Do you need help to go to the bathroom?</td>
</tr>
<tr>
<td><strong>Pain</strong></td>
<td>How is your pain on a scale of 0-10?</td>
</tr>
</tbody>
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Scripting for The Seven P’s

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<tr>
<td>Presence</td>
<td>Is there anything else I can do for you?</td>
</tr>
<tr>
<td></td>
<td>I will be back in one hour.</td>
</tr>
</tbody>
</table>
**Frequency and The Seven P’s**

PRESENCE > Always

PERSON

PLAN

PRIORITIES

PERSONAL HYGIENE

PAIN

POSITION

Part of the **first** hourly safety round at beginning of the shift

Part of **each** hourly safety round
Hourly Safety Rounds Toolkit Checklist

- Education and engagement of all role groups and disciplines
- Rounds performed hourly between 6:00AM and 10:00PM
- Rounds performed every two hours between 10:00PM and 6:00AM
- Rounds performed by both RNs and PCAs
- Scripting is used
- The “Seven Ps” are used
- Falls data reviewed quarterly
- Pressure Ulcer data reviewed quarterly
- Patient Satisfaction data reviewed quarterly